

Reception report

Run on : 28/05/2017 by TimmsN

----- Protective Marking: OFFICIAL SENSITIVE -----

Port Reference: C1346228

CID Ref: 11382233

Port:

First name: **D1914**

Eyes: Brown

Surname: **D1914**

Height: 176cm

Date Of Birth: **DPA**

Hair: Brown

Gender: Male

Glasses: No

Nationality: ROMANIA

Room: GB/E007/A

Religion: **DPA**

Arrival Date: 29/03/2017 23:34

Build: Medium

Departure Date:

Category: Detention Order

Reason:

Alias: **D1914**

D1914

Medical Special Needs: No Special Needs

Other Special Needs: Criminal activity, May be violent

Arrival Details: Police Station

Principal Language: Romanian

Languages:

English Fluency: Good Understanding

Diet: Non

Distinguishing Marks: Tat right arm, Large scar down front of torso

Obvious Illness:

Obvious Injury:

Compact Issued: No

Information Pack Issued: Yes

Seen by Healthcare:

Drink Offered: Yes

Drink Accepted: Yes

Food Offered: Yes

Food Accepted: Yes

Fingerprint Taken: Not Taken

Fingerprint Type:

Fingerprint Location:

Next of Kin Details: Wife -

DPA

Name Irrelevant

Property Details:

<u>Seal Number</u>	<u>Location</u>	<u>Deposit Date</u>	<u>Item List</u>	<u>Lost?</u>
On Person	On Person	29/03/2017	358273060978617/02, Bedding, hygiene packs, food and drink accepted, phone call offered, Talk5 card, Own clothing taken, 2 x SIM cards taken, clothing and paperwork from visitor, clothes belt from visit	
323	BH Detainee Reception Files	29/03/2017		
cv3570981	BH Secure Store	29/03/2017		
cv3570980	Brook House Safe	29/03/2017		
cv3570978	BH Baggage Store	29/03/2017		
3529834	BH Baggage Store	17/04/2017		
3528538	BH Baggage Store	28/05/2017		
3528331	BH Baggage Store	28/05/2017		

Library Items:

<u>Date Loaned</u>	<u>ISBN</u>	<u>Title</u>	<u>Type</u>
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Family Members:

<u>Relationship</u>	<u>Forename</u>	<u>Surname</u>	<u>DOB</u>	<u>CID Reference</u>
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Movement Details (historic):

----- Protective Marking: OFFICIAL SENSITIVE -----

CJS000994_0005

First 24 Hour Interview

Suicide & Self Harm Issues	
Have you ever attempted suicide?	YES <u>NO</u>
If volunteered please give details (include method, how long ago, How many times)	
Have you ever self harmed?	<u>YES</u> NO
If volunteered please give details (include method, how long ago, How many times)	years AGO does not like talking about it
Have you ever received any help regarding self harm?	YES <u>NO</u>
If volunteered please give details	
Have you ever suffered with depression?	YES <u>NO</u>
If volunteered please give details	
Do you feel suicidal or likely to self harm now?	YES <u>NO</u> If yes open ACDT
Explain about ACDT, Safer Community Orderlies, Samaritans phone	
If yes answered to any of these questions refer to safer community coordinator	

Do you have any issues or concerns living within the multi-cultural population at Brook House?	YES <u>NO</u>
Basic toiletries issued?	<u>YES</u> NO
Detainee shown to room, Emergency room call button explained? Cleanliness Checked	<u>YES</u> NO
Informed of Induction Presentation and Centre Tour (0930hrs following morning after arrival)	<u>YES</u> NO

DCO Name	Time and Date	
<i>A Powell</i>	<i>29/3/17</i>	signature

Induction Tour & Talk Checklist

During the Induction tour all areas which detainees will have access are to be visited and an explanation of the area and how it can be accessed is to be given.

The following areas are to be visited:

- ☐ Healthcare
- ☐ Gymnasium (inform detainees of induction Mon, Wed & Fri)
- ☐ Immigration (visits detainees will be seen within 72 hrs)
- ☐ Visits area (times & process)
- ☐ Detainee Shop
- ☐ Access to Welfare Officer
- ☐ Access to Education / Art
- ☐ Religious Departments (timetable of services)
- ☐ Library
- ☐ Internet
- ☐ Cultural Kitchen
- ☐ Welfare Office
- ☐ Courtyard Activities

The following aspects are to be covered during the Induction talk

- ☐ Care Officer Scheme
- ☐ Acceptable Behaviour
- ☐ Regime Timetable
- ☐ Safer Community Issues (ACDT, Anti Bullying,
- ☐ Removal from Association Rule 40
- ☐ Diversity
- ☐ Access to Work
- ☐ Communications (Phones, faxes etc.)
- ☐ Property/ Clothing/ Laundry
- ☐ Money
- ☐ Complaints Procedure
- ☐ Searching of Detainees
- ☐ Incentives Scheme
- ☐ DCM Helpdesk

*Has been here
over 1 week no tour.
longer requires tour.
7/2/17 DCM Helpdesk*

<u>DCO Name</u>	<u>Date & Time</u>	<u>Signature</u>

DETAINEE PERSONAL ISSUED ITEMS

Detainee Name: D1914 CID: 11382233	Arrival Date :
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ITEM	ISSUED	DESCRIPTION IF DAMAGE OR MISSING
PILLOW	Yes / No	
PILLOW CASE	Yes / No	
SHEET	Yes / No	
QUILT	Yes / No	
QUILT COVER	Yes / No	
TOWEL	Yes / No	
PLATE	Yes / No	
BOWL	Yes / No	
CUP	Yes / No	
SPOON	Yes / No	
KNIFE	Yes / No	
FORK	Yes / No	
PHONE	Yes / No	
PHONE CHARGER	Yes / No	

I, Detainee **D1914**, understand that I am responsible for the items I have been issued with, and it is my responsibility to take care of them while at Brook House. I also understand and agree that I am liable for the loss or damage to the above items and if I fail to return them when I leave Brook House, I will be charged the cost of replacement which will be deducted from my account when I leave.

Detainee Signature

signature

Date: 08/05/17

DCO Name: K. SANDERS

DCO Signature

signature

Date: 08/05/17

The followings items can also be purchased from the shop.

Knife, Fork, Spoon, Plate, Bowl and Cup.

Original to be kept in Detainees office file and a copy given to the Detainee

First Night Observations (to be completed on Beck or Eden wing)

First Night Observations	Completed	Comments
Observation between 21:00 – 00:00	NOT COMPLETED	Time ...
Observation between 00:01 – 03:00		Time ...
Observation between 03:01 – 07:00		Time ...
DAT and History sheet updated		
DCO Name	Time and Date	Signature
DCM Name	Time and Date	Signature

Wing Handover	Time and Date:
Is new PEEP required	YES NO
Is a disabled room required	YES NO
Induction Officer:	Signature:
Wing Officer:	Signature:

Care Officer Wing Induction

Detainee Name: D1914		Wing:	Room:
Officer's name carrying out induction:		Date: 7/4/17	
Appointed Care Officer Name: B Wright			
Have you been in detention before?		Yes/No <input checked="" type="radio"/>	
If yes when and where:			
Do you smoke?		Yes/No <input checked="" type="radio"/>	
Have you used drugs for recreational use?		Yes/No <input checked="" type="radio"/>	
Is the detainee on any current level of:		ACDT	ABS
Date opened:			
Is the detainee suitable to share?		Yes/No <input checked="" type="radio"/>	
If no please indicate why: Other (reason)		Medical	Security
Does the detainee have Bail/Appeal date set?		Yes/No <input checked="" type="radio"/>	
If yes what are the dates:			
Have RD's been set?		Yes/No <input checked="" type="radio"/>	
If yes what date and how does the detainee feel about going home:			
Is the detainee aware of the opportunities for paid work and enhanced wing? <input checked="" type="radio"/> Yes/No			
Has the detainee had a tour of the wing/centre? <input checked="" type="radio"/> Yes/No			
If no please organise			
Detainee Signature		D1914	
Officer Signature:		Date of next review:	

Please update DAT system, History sheet and Observations