

May 12, 2022

TO:

Acting Assistant Director Custody Management

FROM:

Lead Compliance Inspector The Nakamoto Group, Inc.

SUBJECT: Annual Inspection of the Northwest ICE Processing Center

The Nakamoto Group, Inc. performed an annual inspection for compliance with the ICE Performance-Based National Detention Standards (PBNDS) 2011 of the Northwest ICE Processing Center in Tacoma, Washington during the period of May 10-12, 2022. This is a CDF.

The annual inspection was performed under the guidance of Lead Compliance Inspector.

Team members were:

Subject Matter Field	Team Member	
Safety		
Security		
Medical Care		
Detainee Rights		
Medical Care		

Type of Inspection

This is a scheduled annual inspection to determine overall compliance with the ICE PBNDS 2011 for Over 72-hour facilities. The facility received a rating of Meets Standards during the May 2021 inspection.

Inspection Summary

The Northwest ICE Processing Center is currently accredited by:

- The American Correctional Association (ACA) Yes
- The National Commission on Correctional Health Care (NCCHC) Yes
- The Joint Commission (TJC) No
- Prison Rape Elimination Act (PREA) Yes

Standards Compliance

The following information is a summary of the standards that were reviewed and overall compliance that was determined as a result of the 2021 and 2022 PBNDS annual inspections:



2021 Annual Inspection	
Meets Standards	41
Does Not Meet Standards	0
Repeat Finding	0
Not Applicable	2

2022 Annual Inspection			
Meets Standards	40		
Does Not Meet Standards	0		
Repeat Finding	0		
Not Applicable	3		

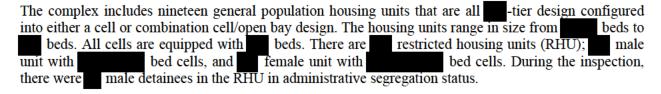
The inspection team identified seven (7) deficient components in the following five (5) standards:

Environmental Health and Safety – 3 Staff-Detainee Communication – 1, which is a repeat deficiency Hunger Strikes – 1 Medical Care – 1 Significant Self-Harm and Suicide Prevention and Intervention – 1

Facility Snapshot/Description

The Northwest ICE Processing	Center is located on the tide fl	ats of Port of Tac	oma, thirty miles south of
Seattle. The facility is owned a	nd operated by The GEO Gro	oup, Inc. (GEO). O	On the first day of the in-
spection, the facility housed	detainees, which included	males and	females. The facility has
an operational capacity of	beds. The facility houses all o	custody levels.	
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The facility was constructed in ______ The complex perimeter is comprised of exterior building walls and partial fencing runs that are supplemented with razor ribbon on top and bottom. There is a perimeter road that encircles the complex; it is continuously patrolled by an armed officer in a vehicle. Surveillance cameras offer visibility around the entire perimeter, into the housing units, the common areas, and interior movement corridors. All exterior building doors are under constant camera surveillance and controlled by master control staff. The building is equipped with a 254-surveillance camera network that is monitored 24 hours a day. All officers carry a radio.



The facility has dedicated some of its housing units to serve as COVID-19 quarantine/observation wings. There were two active COVID-19 cases on site during this inspection. The health care unit is a licensed infirmary and has nine beds used for patient observations and treatment; two of these rooms have negative air pressure.

All housing areas are managed by direct supervision. All general population and RHU detainees have daily access to out-of-cell recreation for at least one hour. Each of the general population housing units has an outdoor recreation area with direct access from the unit. Each general population housing unit has a dayroom accessible daily from 4:00 a.m. to 11:30 p.m. Tablets, televisions and telephones are available for use in the dayrooms during these hours. Tablets provide detainees the ability to: submit ICE/ERO and facility requests; file grievances; read books; play games; send/receive text messages; make telephone calls, listen to music, watch movies, view the LexisNexis collection and retrieve the facility handbook and National Detainee Handbook.



Currently, all general visits are non-contact through a remote fee-based video-visit format. All legal visits may be on-site or via a remote video-visit format; legal video-visits are free of charge. In an effort to restore visiting privileges to pre-COVID-19 conditions, the facility officer in charge (OIC) and assistant ICE OIC have designed and approved a plan for the restoration of on-site non-contact general visitation and on-site contact legal visitation scheduled to commence in June 2022.

The inspectors conducted fourteen confidential detainee interviews during the inspection; none required the use of a language line because the interviewing inspector was bi-lingual. Detainees were interviewed in a private office setting. Nine informal interviews were also conducted throughout the inspection in the housing units and health care unit. The detainees' stay at the facility ranged from one month to three years of detention. All but one of the detainees stated they felt safe at the facility and had not been threatened or mistreated by staff or other detainees. The sole dissenter stated he was harassed by one officer one time, but would not identify the officer. The specifics of that allegation were discussed with command staff by the detainee rights subject matter expert (SME). Most of the detainees had used the law library. Several of the detainee were unaware of the Office of Inspector General (OIG) and its purpose; they were informed of its role and were provided contact instructions. There were no registered concerns regarding visitation, recreation or telephone access. All detainees stated they received and signed a receipt for the facility handbook and the National Detainee Handbook during intake. Most detainees stated they did not like the food, for a variety of reasons. These concerns were discussed with the food service administrator by the safety SME. All cycle menus have been approved by a registered dietician as meeting or exceeding the nutritional requirements set by the recommended dietary allowances. There is ample entrée variety in the 35-day menu, and the daily caloric target is over 3,000 calories. No further action was necessary.

Some detainees complained about the cleanliness of their living areas. Tours throughout the housing units during the inspection did not reveal any evidence to support those allegations. It must be noted; however, that in October 2021 a State of Washington court case ruled that facility detainees engaged in the voluntary work program must be paid twenty dollars per hour for their work assignments. Since that ruling, all detainees have been removed from all work assignments in the facility; they did not like that outcome. Currently, all cooking, cleaning, barbering, laundry and other daily duties are now performed by GEO employees/officers or outside contractors.

Some concerns were raised about the accessibility to ICE/ERO personnel. ICE/ERO personnel are on site at least five days a week. Logbook entries of ICE/ERO staff tours of the housing units reveal a frequent presence in all the housing units. Their tour schedule; however, does not hold fast with their pledged and posted weekly visitation schedule.

Overall, the detainees were content with their detention in the facility, its living environment, treatment by staff and the overall sanitation levels of their living environment. Access to programs was not an expressed concern. The facility is maintaining an above average level of cleanliness.

Medical services are provided by IHSC, STGI and GS contract employees, and GEO employees. Food service operations are managed by GEO employees. Detainee telephone, tablet and video visitation services are provided by Talton Communications. Detainees are not charged medical co-pays.

Areas of Concern/Significant Observations

The facility is providing the following optimal levels of service, as described in the standards in: 2.1 – Admission and Release, strip searches of transgender detainees are observed by medical staff; 2.12 – Special Management Units, administrative segregation status detainees receive daily outdoor recreation for at least two hours; and disciplinary segregation status detainees receive daily outdoor recreation for at least one hour; 2.15 – Use of Force and Restraints, use of force audiovisual records are retained by the facility



for at least one year after litigation or any investigation has concluded or been resolved; 4.3 – Medical Care, the facility has NCCHC accreditation; 4.4 – Medical Care for Women, OB-GYN health care complies with NCCHC standards; 4.6 - Significant Self-Harm and Suicide Prevention and Intervention, prevention, treatment and therapeutic aftercare for suicidal detainees or detainees at risk for self-harm are within NCCHC standards: 4.7 – Terminal Illness, Advance Directives and Death, medical care for terminally ill detainees adheres to NCCHC standards; 5.4 – Recreation, general population detainees receive more than four hours of daily outdoor recreation, administrative segregation status detainees receive more than two hours of daily outdoor recreation and disciplinary segregation status detainees receive more than one hour of daily recreation outside of their cells; 5.6 - Telephone Access, telephones are provided in all the housing units at ratios of at least one telephone for ten detainees; and 6.3 - Law Libraries and Legal Materials, detainees are provided law library access hours for more than fifteen hours per week.

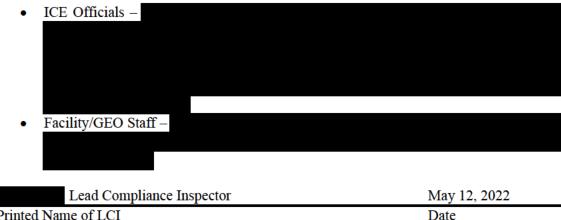
This was a hybrid inspection in which some inspectors worked remotely. Remote inspectors were unable to personally observe practices and procedures within the facility and relied upon photographs and/or videos to validate the observation of many standards.

Recommended Rating and Justification

The Lead Compliance Inspector recommends that the facility receive a rating of Meets Standards unless unobserved practices and conditions are contrary to what was reported to the inspection team. The facility complies with the ICE Performance-Based National Detention Standards (PBNDS) 2011 for Over 72hour facilities. No (0) standards were rated as Does Not Meet Standard and three (3) standards were Not Applicable (N/A). All remaining forty (40) standards were found to be Meet Standards.

LCI Assurance Statement

The findings of compliance and noncompliance are accurately and completely documented on the G-324A Inspection Form and are supported by documentation in the inspection file. An outbrief was conducted at the facility with some participating telephonically, and in addition to the on-site and remote Nakamoto Group, Inc. Inspection Team, the following were present:



Printed Name of LCI