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Immigration and Customs Enforcement  
Office of Professional Responsibility  
Inspections and Detention Oversight  
Washington, DC 20536-5501

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# Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations  
Seattle Field Office  
Northwest Detention Center  
Tacoma, Washington

January 10 – 12, 2012

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**COMPLIANCE INSPECTION  
NORTHWEST DETENTION CENTER  
SEATTLE FIELD OFFICE**

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## EXECUTIVE SUMMARY

The Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducted a Compliance Inspection (CI) of the Northwest Detention Center (NWDC) in Tacoma, Washington, from January 10 – 12, 2012. NWDC, which opened on April 23, 1994, is a Contract Detention Facility (CDF). In November 2005, the GEO Group, Inc. (GEO) acquired NWDC. The facility is currently under contract with U.S. Immigration and Customs Enforcement (ICE), Office of Enforcement and Removal Operations (ERO) to house all security classification levels of adult male and female detainees for periods in excess of 72 hours. Immigration Health Services Corps (IHSC) provides medical care at NWDC, and the facility maintains current accreditations with the American Correctional Association (ACA), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and the National Commission on Correctional Health Care (NCCHC).

NWDC has a total bed capacity of 1,579. At the time of the inspection, NWDC housed a total of 1,358 ICE detainees: 665 Level 1 males, 396 Level 2 males, 118 Level 3 males, 145 Level 1 females, 33 Level 2 females, and 1 Level 3 female. GEO currently has two housing units that exclusively accommodate female detainees. When necessary, facility managers adjust housing assignments according to the gender ratio of the detainee population. Under the current contract, ICE must maintain a minimum population of 1,181 detainees at a rate of \$100.65 per day. ICE pays \$62.52 per day for each detainee exceeding 1,181.

ERO Detention Standards Compliance Unit contractor MGT of America, Inc., conducted annual reviews of the ICE Performance Based National Detention Standards (PBNDS) at NWDC during 2010 and 2011. MGT rated the facility overall as “Meets Standards,” and found NWDC to be in compliance with all detention standards reviewed. In March 2010, ODO conducted a Quality Assurance Review (QAR) at NWDC. ODO cited 49 deficiencies in 28 of the 41 PBNDS inspected. In January 2011, ODO performed a Follow-up Inspection and identified five recurring deficiencies in four PBNDS.

During this CI, ODO reviewed 15 PBNDS. ODO verified that NWDC was in full compliance with 13 of the 15 PBNDS reviewed. ODO recorded only three deficiencies in the following two standards: Disciplinary System (1 deficiency), and Use of Force and Restraints (2). This report details all deficiencies and refers to specific, relevant sections of the PBNDS. ERO will be provided a copy of the report to assist in developing corrective actions to resolve the three identified deficiencies.

The ERO Field Office Director in Seattle, Washington (FOD/Seattle) is responsible for NWDC compliance with ICE policies and the ICE PBNDS. ERO has a staff of (b)(7) full-time employees physically located on-site at the facility. Staff is comprised of an Assistant Field Office Director (AFOD), (b)(7)e Supervisory Detention and Deportation Officers (SDDO), a Contracting Officer’s Technical Representative (COTR), (b)(7) Detention Services Manager (DSM), (b)(7)e Deportation Officers (DO), (b)(7)e Enforcement and Removal Assistants (ERA), (b)(7)e student aids, (b)(7)e Supervisory Immigration Enforcement Agent (SIEA), (b)(7)e Immigration Enforcement Agents (IEA), and (b)(7) Field Medical Coordinator (FMC).

GEO employs a total of (b)(7)e personnel. All GEO positions are currently filled. The Warden is the highest ranking GEO employee at NWDC and is responsible for oversight of daily operations. The Warden is assisted by an Administrative Assistant, a Compliance Administrator, a Human Resources Specialist, and a Business Manager. The Business Manager oversees accounting, food service, payroll, the physical plant, and the warehouse. An Associate Warden provides direct oversight of supervisory operations personnel, which includes a full-time Chaplain, a Chief of Security, (b)(7)e Classification Officers, a Fire and Safety Manager, (b)(7) Ground Transportation Manager, (b)(7)e Recreation Officers, and a Training Administrator. The remaining staff of first and second level supervisory personnel and associated subordinates is comprised of (b)(7)e Lieutenants, (b)(7)e Detention Officers, (b)(7)e Ground Transportation Officers, janitors, cooks, and physical plant workers. GEO personnel are responsible for facility security, maintenance, and food service. The Keefe Group provides commissary services through a contract with GEO.

Healthcare is provided by IHSC, and augmented by medical personnel contracted by IHSC through STG, Inc. The clinic is open 24 hours a day, seven days a week, and is administered by an Acting Health Services Administrator (AHSA). The Clinical Director position is vacant. Currently, clinical oversight is provided by the Regional Clinical Director, who is based at NWDC. The clinic has seven examination rooms, a nine-bed Short Stay Unit, four negative pressure rooms for tuberculosis (TB) isolation, and a two-chair dental suite.

The medical staff includes a contract physician, a part-time contract psychiatrist, an IHSC dentist and dental hygienist, a contract dental technician, (b)(7)e HSC and (b)(7)e contract physician's assistants, (b)(7) IHSC and (b)(7)e contract nurse practitioner, (b)(7)e IHSC and (b)(7)e contract registered nurses (RN), (b)(7)e contract licensed practical nurses, (b)(7) ontract psychologists, (b)(7)e HSC social worker, (b)(7) IHSC pharmacist, (b)(7)e contract pharmacy technicians, (b)(7)e contract medical records technicians, and a contract administrative assistant.

Overall, ODO determined NWDC to be a well-managed detention facility. The inspection team noted no life-safety concerns within the complex, and inspectors observed a better than satisfactory quality of life among detainees. The three deficiencies discovered during the inspection related to documentation discrepancies rather than shortcomings with respect to practices and procedures. ODO found the detainee handbook does not state the facility will not discriminate against detainees based on sexual preference. ODO also found, following uses of force on detainees, the After-Action Reviews did not contain close-ups of the detainee's body during the medical examination to visually record the presence or absence of injuries to the detainee.

ODO identified one area of concern. While reviewing the use of force incident packets, ODO found all five packets reviewed did not contain the required corresponding medical reports. NWDC informed ODO the corresponding medical reports for each use of force incident are secured and maintained by IHSC in the medical clinic; IHSC does not distribute copies of the medical reports. Therefore the NWDC Warden, who is a GEO employee, was not able to review the corresponding medical reports when reviewing the use of force reports. ODO recommends the medical reports be included in the incident packet to facilitate easy accessibility of the

information, and to enable timely and efficient reporting regarding the absence and/or presence of detainee injuries resulting from a use of force incident.

ICE personnel at NWDC are assigned docket control and detention management responsibilities. ICE staff visit the detainee housing units weekly, as does the COTR and the DSM. The DSM keeps track of staff visits to the housing units via spreadsheets, which he uses for accountability and for statistical reporting to ICE Headquarters. In addition to tracking staff-detainee communication, the DSM also maintains thorough documentation regarding responses to detainee requests, food service daily menus and portion sizes, and housing pod visitation logs. The level of personal involvement displayed by the DSM and the COTR in the daily operations of the facility, as well as their proactive participation in weekly dialogue with ICE detainees, ICE staff, and GEO managers, directly correlates to the favorable outcome of this inspection. The DSM and COTR are exemplary; their work ethic and efficiency could be applied by ERO nationally as a model for staff-detainee communication and inter-agency cooperation with regard to detainee custody, care, and the conduct of daily operations.

ODO observed a high level of personal involvement by the ICE and GEO management teams. Staff interviews and facility visitation logs verified that, at a minimum, the FOD and Deputy FOD (DFOD) visit the facility once each week, and enter the housing pods once each month. The FOD/Seattle main office is located off-site from NWDC, but the FOD established a secondary office at the facility as a base of operations to ensure proper oversight of NWDC. There is a meeting each Tuesday between ICE and GEO command staff. The meeting minutes confirm the attendance of the FOD, DFOD, and the Warden. The Warden visits the detainee living areas bi-weekly and visits the Special Management Units (SMU) more often. The Warden requires the same level of detainee attention from the Associate Warden, the Training Coordinator, and the Chief of Security. The Warden requires these key personnel to visit the SMU daily to ensure segregated detainees are being cared for appropriately. Throughout the inspection, ODO noted the close cooperation between GEO and ICE officials on detention issues.

During the intake process, nursing staff perform medical screenings to identify chronic care issues and medication needs for detainees. Medical personnel conduct chest X-rays to screen for the presence of TB. ODO reviewed medical records and confirmed that all detainees undergo intake screenings within the required 12 hours after arrival at the facility. Policy at the NWDC provides that an RN is authorized to perform a physical exam (PE) on a “Healthy Adult with No Chronic/Mental Health Issues” within 14 days of arrival. ODO verified that applicable staff members are trained in this function. All of the 16 chronic care cases reviewed had received a PE by a provider either the same day or the following day. ODO cites this as a best practice.

Detainees are afforded access to health care services via a medical triage system (sick call) conducted daily beginning at 6:00 a.m. This face-to-face triage takes place in the clinic. RNs prioritize complaints using a “Sick Call Triage Form,” which is reviewed by a mid-level practitioner such as a Nurse Practitioner or a Physician’s Assistant. Detainees housed in the SMU complete a “Request for Medical” slip printed in English and Spanish. The slips are picked up each day by nursing staff making daily medical rounds. ODO reviewed logs and

confirmed the required daily rounds to the SMU by nursing staff. Dental staff performs face-to-face triage using the “Dental Triage Assessment Form.” Examination of the Sick Call Log and medical records verified that detainees are seen at sick call in a timely manner. Follow-up appointments and referrals were completed as indicated, and documented in a computer database.

NWDC medical staff uses a Medical/Psychiatric Alert to identify detainees who have special medical or psychiatric needs at the time of transfer. NWDC exceeds the detention standard by using a “Medical Hold” to notify ICE staff if a detainee cannot be released or transferred until medically cleared by medical staff. In addition, medical staff created a red laminated “24 hour access card,” which is provided to detainees who have a medical condition requiring expedited access to the clinic. Detainees present their card to the pod officer in the event of a non-routine medical issue or in the case of a detainee who may require an interpreter. The cards are numbered and logged to prevent abuse. ODO cites this as a best practice.

During the March 2010 QAR, ODO noted NWDC personnel had performed detainee strip searches without completing a Record of Search (Form G-1025), as required by the standard. In the absence of documentation, ODO could not conclude that facility officials clearly established reasonable suspicion prior to the searches. In the subsequent Follow-up Inspection in January 2011, ODO found that facility officials were not properly completing the Record of Search. Although the forms were being placed in the detention files, officers were not adequately articulating reasonable suspicion for conducting strip searches. Additionally, some forms had not been signed by supervisors indicating concurrence. During this CI, ODO found GEO officials had revised the Record of Search to include check boxes with language taken directly from the standard. All forms now clearly articulate the reason for conducting a strip search, and all forms are signed by a supervisor. Supervisory concurrence is a safeguard that ensures the preservation of civil rights.

The Grievance System at NWDC provides for both formal and informal grievances. Facility officials encourage detainees to resolve their grievances at the lowest level possible; however, detainees are free to bypass the informal grievance process and proceed directly to filing a formal grievance. The Warden reviews every grievance. The Warden also assigns the grievances to staff members and personally assesses the resolution of each grievance to ensure uniformity and fairness.

ODO reviewed grievance logs and documentation of informal, formal, and medical grievances, and confirmed that from January 1, 2011, to the date of this inspection, NWDC officials had adjudicated 85 grievances and medical officials had adjudicated 141 grievances. ODO verified NWDC officials processed all of the grievances in compliance with the PBNDS. ODO inspected detention files and confirmed they contained copies of grievances and corresponding responses. The Grievance Officer maintains copies of informal and formal grievances and associated responses, while medical grievances are maintained by the AHSA. Logs were confirmed to be current and complete. The facility utilizes a Grievance Committee to address appeals. Detainees can appeal committee decisions to either the Warden or the AFOD.

ICE detainees have access to televisions, outdoor recreation, local newspapers, mail, and commissary purchases. NWDC offers religious services and a voluntary work program. Detainees may receive public visitation weekly, Thursday through Monday, including holidays, from 8:00 a.m. to 11:00 a.m. and from 1:00 p.m. to 3:30 p.m.

# INSPECTION PROCESS

ODO inspections evaluate the welfare, safety, and living conditions of detainees. ODO primarily focuses on areas of noncompliance with the ICE National Detention Standards (NDS) or the ICE PBNDS, as applicable. The PBNDS applies to NWDC. In addition, ODO may specifically target detention management issues based on information provided by ERO Headquarters (HQ) and ERO Field Offices, and on issues of high priority or interest to ICE executive management.

ODO reviewed the processes employed at NWDC to determine compliance with current policies and detention standards. Prior to the inspection, ODO collected and analyzed relevant allegations and detainee information from multiple ICE databases, including the Joint Integrity Case Management System (JICMS), the ENFORCE Alien Booking Module (EABM) and Alien Removal Module (EARM). ODO also gathered facility facts and inspection-related information from ERO HQ staff to prepare for the site visit at NWDC.

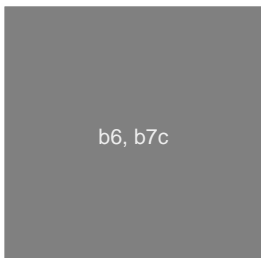
## REPORT ORGANIZATION

This report documents inspection results, serves as an official record, and is intended to provide ICE and detention facility management with a comprehensive evaluation of compliance with policies and detention standards. It summarizes the PBNDS that ODO found deficient in at least one aspect of the standard. ODO reports convey information to best enable prompt corrective actions and to assist in the on-going process of incorporating best practices in nationwide detention facility operations.

OPR classifies program issues into one of two categories: Deficiencies and Areas of Concern. Specific deficiencies and areas of concern are identified in bold with sequential numbers in this report. OPR defines a deficiency as a violation of written policy that can be specifically linked to the PBNDS, ICE policy, or established operational procedure. OPR defines an area of concern as something that may lead to or risk a violation of the PBNDS, ICE policy, or established operational procedure. When possible, the report includes contextual and quantitative information relevant to the cited standard. Deficiencies are highlighted in bold throughout the report and are encoded sequentially according to a detention standard designator.

Comments and questions regarding the report findings should be forwarded to the Deputy Division Director, OPR ODO.

## INSPECTION TEAM MEMBERS



Special Agent (Team Leader)	ODO, Phoenix
Special Agent	ODO, Phoenix
Special Agent	ODO, Phoenix
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections



# OPERATIONAL ENVIRONMENT

## INTERNAL RELATIONS

ODO interviewed ICE and GEO supervisory staff at NWDC, including the ICE AFOD and the Warden. ODO also interviewed the ICE DSM and COTR. During the interviews, ICE and GEO employees stated the working relationship between the two agencies is excellent, and morale is high among ICE and GEO personnel.

The Warden stated NWDC has sufficient personnel to administer services to a detainee population of 1,181. The AFOD confirmed ICE is budgeted for 1,181 ICE detainees pursuant to the current contract; however, the facility maintains a population of approximately 1,350 detainees consistently for the past two months. The Warden stated the additional detainee population has been accommodated by scheduling overtime hours for assigned personnel. The AFOD has not experienced any staffing issues during this period of increased detainee population, and staff members are not receiving any complaints from detainees regarding the responsiveness of ICE employees. The unusually large detainee population has not affected morale among NWDC staff or ICE employees.

The average length of stay for a detainee at NWDC is 37 days. Both the AFOD and the Warden agreed the average could be reduced if the Executive Office for Immigration Review (EOIR) hired a third Immigration Judge to fill a current vacancy. In addition, both managers stated independently that reinstating stipulated removals would significantly reduce the length of time detainees remain in custody. Stipulated removals are a form of administrative removal, permitted by the Immigration and Nationality Act, which eliminates the need for a hearing before an Immigration Judge. Aliens amenable to removal from the U.S. who request stipulated orders of removal waive their rights to a hearing and agree to have a removal order entered against them. Some Immigration Judges have criticized the procedure as a denial of due process and have therefore refused to accept Stipulated Removal requests.

## DETAINEE RELATIONS

ODO interviewed 66 randomly-selected ICE detainees to assess the overall living and detention conditions at NWDC. The detainees interviewed represented all three classification levels and both genders within the general population and the SMU. There were no complaints about recreation, access to telephones, sending and receiving correspondence, or access to the law library. All detainees stated they were issued adequate hygiene supplies upon arrival. Most detainees knew the identity of their DO and how to establish contact. Those who did not were recent arrivals at the facility and had yet to meet with an officer. Detainees who had met with a DO stated there are regular visits to the housing pods. Schedules for these visits are posted conspicuously in the housing areas.

All detainees interviewed stated they had received a detainee handbook and were familiar with its content. Detainee handbooks are available in English and Spanish. The Warden estimated

80% of his personnel are bilingual in multiple languages; staff assists in many situations requiring translations in languages other than Spanish.

Although sick call is explained in detail in the handbook, 13 detainees (19%) complained the medical process was cumbersome and inefficient. Those detainees stated they perceived the purpose of sick call was to make an appointment to return for treatment at a later time. Detainees expected instant treatment for their symptoms upon presenting themselves at sick call, regardless of whether their health conditions were emergent. None of those who complained about medical services stated they had not received emergency medical services when necessary, nor did they know of any instances where immediate or emergency medical care had been denied to a detainee. All detainees stated medical personnel provided them with over-the-counter medication during sick call when warranted. The medical SME assigned to the ODO inspection team was aware of these complaints and reviewed the medical services at the NWDC noting no deficiencies. The SME examined 30 randomly-selected detainee medical records and recorded no inconsistencies relative to the quality or continuity of health care at NWDC.

Nine detainees (13%) complained about food service. Complaints included portions that were too small; too frequent servings of rice, beans, and pasta; lumpy oatmeal; cold pancakes; and coffee that tasted as though it had been sitting for an extended period of time. ODO asked these detainees if they had ever submitted complaints. The detainees confirmed they had not notified NWDC staff of their concerns with food service. ODO counseled detainees that issues cannot be addressed if they are not communicated.

The DSM and COTR stated they were aware of detainee complaints regarding a small portion of a particular breakfast food item. They addressed the issue with the facility's registered dietician, who verified the nutritional content of the food portion was within acceptable dietary requirements. A new menu is being planned to provide detainees with a greater variety of popular food items such as cheeseburgers and pizza. Food service officials claimed they were unaware of detainee complaints. Officials agreed to monitor service of oatmeal, pancakes, and coffee to ensure better quality. With the institution of a new menu, the frequency of beans, rice, and pasta will diminish. Detainees reacted favorably to this information and were urged to notify facility officials when they have a complaint. ODO recorded no deficiencies with regard to food service at NWDC.

Eight detainees (12%) stated they were not satisfied with the availability of Catholic services. These detainees stated the facility offered two Catholic masses, with attendance restricted to eight or nine detainees. ODO spoke with the Chaplain and the DSM about this issue. The Chaplain stated the facility does not have a dedicated Chapel. Religious services are provided in housing areas that are vacant or unused. In the event there are more participants for a religious service than can be accommodated at one time, the Chaplain arranges for additional services to address the overflow. The Chaplain provided ODO with a copy of the religious services schedule. Currently, Catholic Masses are offered within the facility in three locations at 6:00 p.m. on Monday evenings. Each location can accommodate 20 to 25 detainees. At the time of the inspection, one location had been dedicated exclusively for female detainees, one

was dedicated for male Level 3 and high Level 2 detainees, and the third location was reserved for low Level 2 and Level 1 male detainees. Separating detainees by gender and classification level is necessary to ensure safety and security. The Chaplain and the DSM stated they meet weekly to discuss religious service issues and ensure religious service needs are being met. Both officials make regular visits to the housing units and speak directly to detainees to get feedback about the availability of religious services to all faiths represented within the population.

Two detainees stated they were not receiving special diets in accordance with their religious beliefs. These detainees stated they are Muslim and had requested a Halal diet. ODO directed these detainees to page 11 of the detainee handbook, which clearly states the standard fare meals at NWDC contain no pork products and are therefore Halal. One of the detainees insisted the meals did not conform to Halal requirements and requested a kosher diet instead. ODO again directed the detainee to page 11 of the Detainee Handbook, which requires the requesting detainee to submit a request to the Chaplain stating the reason(s) for a religious diet. ODO confirmed that food service provides special meals to detainees whose requests are approved and authorized.

Two detainees requested the facility add exercise equipment. The DSM stated the facility was in the process of procuring exercise equipment appropriate for a detention setting (i.e. isometric structures, no free weights, etc.). Delivery and installation of the equipment is to be determined.

## **ICE PERFORMANCE BASED NATIONAL DETENTION STANDARDS**

ODO reviewed a total of 15 PBNDS and found NWDC fully compliant with the following 13 standards:

- Correspondence and Other Mail
- Detainee Handbook
- Food Service
- Funds and Personal Property
- Grievance System
- Law Libraries and Legal Materials
- Medical Care
- Personal Hygiene
- Searches of Detainees
- Special Management Units
- Staff-Detainee Communication
- Telephone Access
- Transfer of Detainees

As these standards were compliant at the time of the review, a synopsis for these areas was not prepared for this report.

ODO found deficiencies in the following two areas:

- Disciplinary System
- Use of Force and Restraints

ODO findings for these standards are presented in the remainder of this report.

## **DISCIPLINARY SYSTEM (DS)**

ODO reviewed the Disciplinary System PBNDS at NWDC to determine if sanctions imposed on detainees who violate facility rules are appropriate, and if the discipline process includes due process requirements. ODO interviewed detainees and staff, reviewed the disciplinary policy and detainee handbook, and examined disciplinary files.

The disciplinary system at NWDC includes progressive levels of review and appeal procedures. Prohibited acts are divided into four categories of offenses: greatest offenses, high offenses, high moderate offenses, and low moderate offenses. ODO observed an Institutional Disciplinary Panel (IDP) hearing and confirmed that required investigations of incident reports are part of the disciplinary process. The detainee's right to remain silent, right to an interpreter, right to appeal the IDP determination, and advisement of other relevant detainee rights, including the right to staff representation, are being observed and respected at NWDC.

The detainee handbook provides notice of a detainee's right to protection from personal abuse, corporal punishment, unnecessary or excessive use of force, personal injury, disease, property damage, harassment; and the right to freedom from discrimination based on race, national origin, sex, handicap, or political beliefs. The handbook does not provide notice of a detainee's right to freedom from discrimination based on sexual orientation (**Deficiency DS-1**). Making detainees aware of this fundamental right helps reduce anxiety among the relevant population, and serves as a deterrent to those who may have the propensity to engage in such discriminatory behavior.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY DS-1**

In accordance with the ICE PBNDS, Disciplinary System, section (V)(B), the Detainee Handbook, or supplement, issued to each detainee upon admittance, shall provide notice of the facility's rules of conduct and prohibited acts, the sanctions imposed for violations of the rules, the disciplinary severity scale, the disciplinary process, and the procedure for appealing disciplinary findings. Detainees shall have the following rights and shall receive notice of them in the Handbook: The right of freedom from discrimination based on race, religion, national origin, sex, sexual orientation, handicap, or political beliefs.

## **USE OF FORCE AND RESTRAINTS (UOF&R)**

ODO reviewed the Use of Force and Restraints PBNDS at NWDC to determine if necessary use of force and restraints is employed only after all reasonable efforts have been exhausted to gain control of a subject, while protecting and ensuring the safety of detainees, staff, and others, preventing serious property damage, and ensuring the security and orderly operation of the facility. ODO toured the facility, inspected security equipment, and reviewed local policies, use of force documentation, and training records.

During the period of January 2011 to January 2012, 16 use of force incidents took place at NWDC, of which 13 were uncalculated and 3 were calculated. The required after-action reviews included detailed critiques of the videos and contained required information supporting the action(s) taken. The audio-visual recordings included an introduction of the medical staff and each team member, and their respective positions on the team. The audio-visual recordings did not include close-ups of detainees' bodies during the medical examinations to visually record the presence or absence of injuries to the detainee (**Deficiency UOF&R-1**). Documenting the presence or absence of injuries to detainees after a use of force incident ensures accuracy and certainty in each circumstance.

ODO reviewed five of the sixteen facility use of force incident files, and found none of the files reviewed contained the corresponding medical reports. NWDC informed ODO the corresponding medical reports for each use of force incident are secured and maintained by IHSC in the medical clinic. The local IHSC personnel do not distribute copies of the medical reports associated with use of force incidents, citing privacy issues. Therefore the NWDC Warden, who is a GEO employee, was not able to review the corresponding medical reports when reviewing use of force reports (**Deficiency UOF&R-2**). IHSC Headquarters policy is that detainee medical records may be included with use of force reports. ODO referred the issue to IHSC Headquarters and ERO for resolution to ensure the reports are provided in the future. ODO recommends the medical reports be included in the incident packet to facilitate easy accessibility of the information, and to enable timely and efficient reporting regarding the absence and/or presence of detainee injuries resulting from a use of force incident.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY UOF&R-1**

In accordance with the ICE PBNDS, Use of Force and Restraints, section (V)(I)(2)(5), the FOD must ensure calculated use-of-force incidents shall be audiovisually-recorded in the following order: Take close-ups of the detainee's body during a medical exam, focusing on the presence/absence of injuries. Staff injuries, if any, are to be described but not shown.

### **DEFICIENCY UOF&R-2**

In accordance with the ICE PBNDS, Use of Force and Restraints, section (V)(O)(1), the FOD must ensure all facilities shall have an ICE/[ERO]-approved form to document all uses of force. Within two working days, copies of the report shall be placed in the detainee's A-File and sent to the Field Office Director. A report is not necessary for the general use of restraints (for example,

the routine movement or transfer of detainees). In SPCs and CDFs, staff shall prepare a "Use of Force" form (sample attached) for each incident involving use of force, including chemical agents, pepper spray, or other intermediate force weapons or application of progressive restraints (regardless of level of detainee cooperation). The report shall identify the detainee(s), staff, and others involved and describe the incident. If intermediate force weapons are used (e.g. collapsible steel baton or 36-inch straight (riot) baton), the location of the strikes must be reported on the Use of Force form. Each staff member shall complete a memorandum for the record to be attached to the original Use of Force form. The report, accompanied by the corresponding medical report(s), must be submitted to the facility administrator by the end of the shift during which the incident occurred.