



U.S. Department of Homeland Security
Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
Washington, DC 20536-5501

**Office of Detention Oversight
Follow-Up Compliance Inspection**

**Enforcement and Removal Operations
ERO Seattle Field Office**

**Tacoma ICE Processing Center
Tacoma, Washington**


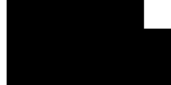
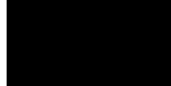





June 14-16, 2022

FOLLOW-UP COMPLIANCE INSPECTION
of the
TACOMA ICE PROCESSING CENTER
Tacoma, Washington

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS

	Acting Team Lead	ODO
	Inspections and Compliance Specialist	ODO
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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a follow-up compliance inspection of the Tacoma ICE Processing Center (TIPC) in Tacoma, Washington, from June 14 to 16, 2022.¹ This inspection focused on the standards found deficient during ODO’s last inspection of TIPC from November 29 to December 3, 2021. The facility opened in 2004 and is owned and operated by The Geo Group, Inc. (GEO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at TIPC in 2004 under the oversight of ERO’s Field Office Director in Seattle (ERO Seattle). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers, a supervisory detention and deportation officer, and a detention services manager to the facility. A TIPC facility administrator handles daily facility operations and manages [REDACTED] support personnel. GEO provides food services, Keefe Commissary provides commissary services, and ICE Health Service Corps (IHSC) provides medical care at the facility. The facility was accredited by the National Commission on Correctional Health Care in March 2021 and American Correctional Association in January 2018. In December 2019, TIPC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of June 14, 2022)	[REDACTED]
Adult Female Population (as of June 14, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2022, ODO found one deficiency in Correspondence and Other Mail.

¹ This facility holds male and female detainees with low, medium-low, and high security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List as of June 13, 2022.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, and where detainees are housed for longer than 72 hours, to assess compliance with ICE National Detention Standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's UCAP, and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDs 2011 (Revised 2016) Standards Inspected ^{4,5}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	1
Sub-Total	1
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	12
Funds and Personal Property	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	1
Use of Force and Restraints	0
Sub-Total	13
Part 4 - Care	
Food Service	5
Hunger Strikes	2
Medical Care	3
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	1
Sub-Total	11
Part 5 - Activities	
Correspondence and Other Mail	0
Telephone Access	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	25

⁴ For greater detail on ODO's findings, see the *Follow-up Compliance Inspection Findings* section of this report.

⁵ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

DETAINEE RELATIONS

ODO interviewed 17 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

Detainee Handbook: One detainee stated he received an older version of the facility's site-specific detainee handbook.

- Action Taken: On June 16, 2022, ODO confirmed the detainee received a copy of the 2021 version of the facility's site-specific detainee handbook. The facility last updated its handbook on March 7, 2022. However, the detainee arrived at the facility on March 25, 2022, and the facility provided issued him the previous version of the site-specific detainee handbook. On June 16, 2022, the facility staff reissued the updated site-specific handbook to the detainee.

Medical Care: One detainee stated her frustration with no available online and printed medical forms.

- Action Taken: ODO interviewed the health services administrator (HSA) and found the facility procedure requires detainees to report to daily sick call at 5 a.m. to address any health issues. If a detainee requires immediate medical attention outside of sick call hours, the detainee may request a housing unit officer to escort him/her to medical. The HSA also stated the facility does not use online sick call request forms due to the Health Insurance Portability and Accountability Act. A facility lieutenant spoke with the detainee, and she was aware of the facility's sick call procedure. ODO reviewed the detainee's medical record and confirmed the following sick call visits: March 9, 2022; March 31, 2022; April 20, 2022; May 5, 2022; May 26, 2022; May 29, 2022; and June 16, 2022.

Sexual Abuse and Assault Prevention and Intervention: One detainee stated a correctional officer saw her partially dressed in her cell and remarked inappropriately to her during her previous detention at the Federal Detention Center SeaTac (FDCST) in November of 2021. On June 12, 2022, she saw the same individual, working as a janitor at TIPC. The detainee also referenced previous incidents that occurred while detained at the Robert A. Deyton Facility (RAD) and the Grady County Jail (GCJ).

- Action Taken: ODO immediately notified facility staff and ERO Seattle about this issue and asked the detainee if she needed to speak with medical staff regarding the janitor's inappropriate remark or for any of the previous incidents. The detainee stated other detainees attacked her while at RAD on March 5, 2020, because she did not want to engage in sexual activity. The detainee further stated a similar incident happened at GCJ in 2019, and she reported both incidents to facility staff. ODO reviewed the Joint Integrity Case Management System (JICMS) and the Civil Rights and Civil Liberties (CRCL) report and found no record of the detainee's claims at RAD nor GCJ.

Additionally, the detainee stated a different incident occurred at FDCST in November 2021. She stated a correctional officer looked into her cell while making rounds, and finding her partially dressed, he remarked, “She was too pretty to be locked up.” The detainee stated she reported this incident to the FDCST staff. On June 12, 2022, the detainee stated she saw the former correctional officer from FDCST, now working as a janitor at TIPC, and informed a facility lieutenant of her concern due to an investigation of him for a relationship with a female inmate at FDCST. On June 13, 2022, the detainee informed the facility staff that the janitor entered her housing unit during recreation time and went into the janitor’s closet. The detainee then informed the facility she feared for her safety. On June 14, 2022, the facility administrator informed ERO Seattle of the issue and expressed concerns regarding the truthfulness of the employee’s answers to Sexual Abuse and Assault Prevention and Intervention (SAAPI)-related hiring questions. On June 14, 2022, ERO Seattle temporarily suspended the janitor’s security clearance, requested his removal from the facility, and denied him further access. On June 14, 2022, the facility administrator contacted FDCST staff regarding the incident and informed ERO Seattle of TIPC human resources suspending the janitor from work and informing him to await further instruction. On June 15, 2022, the facility’s investigator spoke with the detainee regarding this issue, and the detainee acknowledged awareness of the janitor’s suspension from the facility. On June 16, 2022, the facility administrator confirmed the janitor resigned from his position.

Sexual Abuse and Assault Prevention and Intervention: One detainee stated she submitted a grievance form on June 1, 2022, regarding an incident with a male staff member viewing her private parts. The detainee also stated the facility’s response to her grievance indicated an officer would speak to her but never did.

- Action Taken: ODO notified facility staff and ERO Seattle and requested mental health services speak with the detainee. ODO reviewed the detainee’s grievance, SAAPI determination and review meeting report, SAAPI assessment worksheet, victim statement report, information report, booking and release report, and notification emails, and found while conducting rounds for cleanliness in the detainees’ housing units on June 1, 2022, the associate facility administrator (AFA) opened a curtain in the toilet area that the detainee happened to occupy at the time. The AFA immediately closed the curtain, apologized to the detainee, and continued his rounds. The detainee requested to speak with the AFA, and he returned to her housing unit along with the facility business manager. The AFA apologized again for the incident and asked the detainee how she felt and if she needed anything else. The detainee replied she felt fine and needed nothing more. Additionally, facility staff referred the detainee to the facility’s medical staff because of the incident. On June 1, 2022, a facility registered nurse evaluated the detainee after the detainee stated feeling anxiety and heart palpitations due to the incident. The detainee denied the AFA caused her to feel threatened and confirmed he did not make any unwanted sexual advances towards her.

On June 1, 2022, ODO reviewed the grievance the detainee submitted to ERO Seattle

and found it did not have a written response. ODO interviewed ERO Seattle and found a deportation officer called the detainee to intake on June 2, 2022, to address the grievance and informed her of the facility's review of the incident.

On June 3, 2022, the SA-API determination review meeting concluded no ill intent by the AFA since he acted within the bounds of his assigned duty of collecting data for shower and restroom safety and sanitation in the housing unit and no inappropriate visual surveillance of the detainee occurred. The review meeting required no further investigation of the incident.

On June 5, 2022, the licensed independent clinical social worker (LICSW) completed a mental health SA-API assessment of the detainee and found evidence of anxiety, depression, difficulty sleeping, loss of appetite, and stress related to the incident that occurred on June 1, 2022, and her immigration case. The LICSW provided a treatment plan of deep breathing, engaging in daily behavioral activation activities and progressive muscle relaxation. The detainee acknowledged understanding the treatment and returned to her housing unit.

On June 14, 2022, the LICSW evaluated the detainee and found the detainee to be engaged with the treatment plan and in no apparent emotional distress; however, the detainee stated feeling continued anxiety, difficulty sleeping, and expressed concerns regarding past trauma and her immigration case. The LICSW found the detainee had an adjustment disorder with mixed anxiety and depressed mood and provided another treatment plan of deep breathing, sleep hygiene, progressive muscle relaxation and cognitive reframing. The detainee acknowledged understanding the treatment and returned to her housing unit.

Sexual Abuse and Assault Prevention and Intervention: One detainee stated his dissatisfaction over the handling of a SA-API-related incident with another detainee after reporting the detainee's name to facility staff.

- Action Taken: ODO interviewed the facility investigator, reviewed the detainee's detention file, and found the detainee submitted a complaint on May 1, 2022, stating another detainee struck him on the head on April 27, 2022. The detainee also stated the alleged assailant said a day prior to the assault, "All Hondurans should be raped," and "Hand their asses to get raped," and then grabbed his own groin in front him.

On May 1, 2022, the IHSC completed a mental health evaluation of the detainee. The detainee stated the same detainee made sexual comments and inappropriate physical gestures toward him on multiple occasions. IHSC notified the facility administrator, and a facility lieutenant completed the SA-API assessment worksheet with the detainee. Facility staff placed the offending detainee in restrictive housing, pending the investigation outcome.

On May 2, 2022, the facility's multidisciplinary team reviewed the allegations and determined the incident did not meet the requirements of a SA-API incident; however,

ERO Seattle filed an incident report of the verbal and physical assault with the Tacoma Police Department.

On May 3, 2022, a contract physician assistant (PA) met with the detainee via telehealth to discuss the incident. The detainee stated he felt “very safe” since the facility separated the perpetrator from him. On May 3, 2022, the detained submitted a request for a copy of the incident report, and TIPC staff replied that the facility administrator and ICE provide such reports.

On May 4, 2022, the detainee provided a summary of the incident to the facility and stated he needed additional help due to previous sexual abuse trauma. On May 9, 2022, the PA referred the detainee to the LICSW for a mental health follow-up. The LICSW found the detainee suffered from post-traumatic stress disorder and provided a treatment plan of sleep hygiene, relaxation skills, coping strategies, and stress inoculation. The detainee acknowledged understanding the treatment and returned to his housing unit.

On May 13, 2022, the detainee submitted a request to discuss the verbal and sexual assault and added to the request that he informed ICE of the incident. On May 16, 2022, facility staff responded by saying it would not send the detainee a copy of the report since the investigation was ongoing at the time.

On June 16, 2022, the facility’s investigator said the preponderance of evidence did not substantiate a PREA allegation, pending final determination of the incident by corporate office review. ODO reviewed JICMS and found an associated record for the incident.

Use of Force and Restraints: One detainee stated facility staff threatened to use mace and weapons against him and other detainees on hunger strike if they refused to go to medical segregation.

- Action Taken: ODO interviewed the facility administrator and the HSA and found 18 detainees in housing unit G2, including the interviewed detainee, declared a hunger strike and marked their first missed meal with dinner on May 13, 2022. On May 13, 2022, medical staff conducted a town hall meeting with the detainees for the purpose of providing information on the health effects of prolonged fasting. On May 14, 2022, the clinical director (CD) instructed the medical staff to ask the detainees to go to medical for a missed meal evaluation, but the group refused. According to the declined meal information reports, the detainee was one out of four detainees who had reached nine consecutive, unmonitored facility meals missed by May 15, 2022, and on the same day, the CD requested the detainees move to medical for observation, but they refused. After their last refusal, ERO Seattle and the facility administrator authorized the Correctional Emergency Response Team (CERT) to assemble. The facility rehoused 15 detainees who did not want to go on hunger strike while the 18 detainees on hunger strike remained in the housing unit. The facility administrator and medical staff attempted to gain compliance from the 18 detainees after CERT authorization. In a final attempt with a show-of-force on May 16, 2022, CERT succeeded in gaining

compliance from the detainees by giving up their hold of the housing unit. Facility staff then rehoused them in medical for meal monitoring. On May 18, 2022, the detainee hunger strike ended.

Visitation: One detainee stated ICE [ERO Seattle] denied her request to visit her brother, also a detainee at TIPC.

- Action Taken: ODO reviewed the detainee’s detention file and found the detainee submitted a request on June 5, 2022, to visit her brother. On June 7, 2022, ERO Seattle approved the request and informed the detainee they would coordinate a visit. On June 16, 2022, ODO followed up with ERO Seattle and received no confirmation of a visit. On June 24, 2022, ODO contacted ERO Seattle and again received no confirmation of a visit. On July 1, 2022, ERO Seattle informed ODO they released both detainees from the facility on June 24, 2022.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO observed the facility’s barbershop and found it did not have all equipment and resources necessary for sanitary barbershop procedures. Specifically, the barbershop had three plastic, non-covered waste receptacles and no covered, metal waste containers for the disposal of disinfectants, dispensable headrest covers, and laundered towels and haircloths (**Deficiency EHS-211**⁶).

SECURITY

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the facility’s visitor logs, interviewed the post officer, and found the facility does not require all visitors to print and sign their names in the visitor logbook. Specifically, the facility maintains an electronic log for family members visiting detainees and does not require these visitors to print and sign the visitor logbook (**Deficiency FSC-26**⁷).

ODO reviewed the facility’s FSC program, interviewed the post officer and chief of security, and found the following deficiencies:

- The facility has not established procedures for tracking the arrivals and departures of contract employees (**Deficiency FSC-30**⁸);

⁶ “Each barbershop shall have all equipment and facilities necessary for maintaining sanitary procedures for hair care, including covered metal containers for waste, disinfectants, dispensable headrest covers, laundered towels and haircloths.” See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(E)(2).

⁷ “The entry for a person visiting a detainee shall also include the name and A-number of the detainee being visited, and the address and relationship to the detainee. The post officer shall require the visitor to print and sign his/her name in the visitor logbook.” See ICE PBNDS 2011, Standard, Facility Security and Control, Section (V)(C)(1)(b)(3).

⁸ “The facility administrator shall establish procedures for tracking the arrivals and departures of contract employees.”

- The facility does not maintain a separate file for Contract Employee Form G-74, or equivalent, laminated with photograph, issue date, expiration date (if applicable), and the facility administrator’s signature (**Deficiency FSC-31**⁹); and
- The facility does not issue blue visitor passes to ERO Seattle employees not permanently stationed at the facility nor official visitors from other DHS agencies (**Deficiency FSC-38**¹⁰).

ODO reviewed 15 attorney visitation log entries and found in 3 out of 15 entries, the facility did not record the time the visitors departed the facility (**Deficiency FSC-39**¹¹).

ODO reviewed the facility’s FSC program, interviewed the post officer, and found the facility does not require all ERO Seattle employees with frequent business at the facility but stationed elsewhere, to complete a G-74 form, or equivalent, for the front-entrance personal data card file (**Deficiency FSC-40**¹²).

ODO reviewed the facility’s FSC program and found the facility’s procedures do not provide a listing of facility areas, authorizing where construction visitors may be present and/or work (**Deficiency FSC-46**¹³).

ODO reviewed the FSC program, interviewed the post officer, and found the post officer does not photocopy the identification card nor attach it to a memo for the supervisor whenever a visitor does not return a visitor pass nor retrieve his or her identification card (**Deficiency FSC-51**¹⁴).

See ICE PBNDS 2011, Standard, Facility Security and Control, Section (V)(C)(1)(b)(5).

⁹ “The facility administrator shall establish procedures for tracking the arrivals and departures of contract employees. However, the main gate/front entrance officer shall maintain a separate file of Contract Employee Forms G-74, or equivalent, laminated, with photograph, issue date, expiration date (if applicable), and the facility administrator’s signature.” *See ICE PBNDS 2011, Standard, Facility Security and Control, Section (V)(C)(1)(b)(5).*

¹⁰ “ICE/ERO employees not permanently stationed at the facility, and official visitors from other Department of Homeland Security agencies, shall receive “blue” passes. Visitors with blue passes do not need, but may request, escorts.” *See ICE PBNDS 2011, Standard, Facility Security and Control, Section (V)(C)(1)(d).*

¹¹ “The post officer shall record every official visitor’s arrivals and departures in the visitor logbook, including the person or department visited, date and time of visitor’s arrival, purpose of visit, unusual requests and time of departure.” *See ICE PBNDS 2011, Standard, Facility Security and Control, Section (V)(C)(1)(d).*

¹² “To save time, all ICE/ERO employees with frequent business at the facility but stationed elsewhere shall complete a G-74 form, or equivalent, for the front-entrance personal data card file. .” *See ICE PBNDS 2011, Standard, Facility Security and Control, Section (V)(C)(1)(d).*

¹³ “Each facility administrator shall require such persons to identify themselves, consistent with the photo-ID requirements stated above in the standard, and shall devise procedures for issuing construction visitor passes, including requirements for each visitor to display his/her pass. Procedures will also provide for a listing of facility areas where construction visitors are authorized to be present and to work.” *See ICE PBNDS 2011, Standard, Facility Security and Control, Section (V)(C)(1)(f).*

¹⁴ “If a visitor leaves the facility without surrendering the visitor pass and retrieving his/her identification card, the post officer shall photocopy the identification card and attach it to a memo to the shift supervisor stating the:

- 1) visitor’s name;
- 2) visitor’s title (if applicable);
- 3) person or department visited;
- 4) time the pass was issued;
- 5) reason for not retrieving the pass from the visitor and/or not returning the identification card; and
- 6) other relevant observations (for example, suspicious or emotionally charged behavior, use of rude

ODO reviewed the perimeter officer's vehicle entrance log and found no recording of vehicle tag numbers nor vehicle contents for vehicles entering the facility (**Deficiency FSC-59**¹⁵).

ODO reviewed the facility's FSC program, interviewed the post officer responsible for delivery vehicle oversight, and found the facility does not require delivery drivers to submit to a personal search and questioning about firearms, munitions, knives, ropes, jacks, narcotics, and other items considered contraband (**Deficiency FSC-61**¹⁶).

ODO reviewed the facility's FSC program, interviewed the post officer responsible for delivery vehicle oversight, and found facility staff does not retain ignition keys before leaving the vehicle unattended (**Deficiency FSC-64**¹⁷).

ODO interviewed the facility's chief of security, observed food service operations, and found the facility staff does not securely lock food carts before leaving the food service area for delivery to the Special Management Unit (**Deficiency FSC-91**¹⁸).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed 25 staff-detainee request logs and found in 4 out of 25 logs, ERO Seattle did not record the nationality of each detainee (**Deficiency SDC-20**¹⁹).

CARE

FOOD SERVICE (FS)

ODO inspected the facility's three-compartment sink and found the facility does not maintain temperature check nor pH logs to ensure a sanitizing solution containing an equivalent sanitizing chemical at concentrations recommended by the U.S. Public Health Service (**Deficiency FS-358**²⁰).

language, demeanor).”

See ICE PBNDS 2011, Standard, Facility Security and Control, Section (V)(C)(1)(g)(1-6).

¹⁵ “The post officer shall log the following information regarding every vehicle: tag number, driver's name, firm represented, purpose of the visit, (e.g., repairs, delivery, etc.), vehicle contents, date, time in, time out and facility employee responsible for the vehicle on-site.” See ICE PBNDS 2011, Standard, Facility Security and Control, Section (V)(C)(2)(b).

¹⁶ “All drivers making deliveries must submit to a personal search and questioning about firearms, munitions, knives, ropes, jacks, narcotics and other items considered contraband.” See ICE PBNDS 2011, Standard, Facility Security and Control, Section (V)(C)(2)(c)(1).

¹⁷ “The facility employee responsible for vehicle oversight shall, as escort: ...

c) retain the ignition keys, never leaving them in the vehicle.”

See ICE PBNDS 2011, Standard, Facility Security and Control, Section (V)(C)(2)(c)(3)(c).

¹⁸ “Food carts shall be securely locked before leaving the food service area for delivery to the SMU.” See ICE PBNDS 2011, Standard, Facility Security and Control, Section (V)(E)(3).

¹⁹ “All requests shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose. At minimum, the log shall record: ...

d. detainee's nationality.”

See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(B)(2)(d).

²⁰ “Except for fixed equipment and utensils too large to be cleaned in sink compartments, the following procedures

ODO reviewed the facility's FS area temperature logs and found the facility does not conduct temperature checks of the single-tank, stationary rack, single-temperature dishwasher to ensure wash and rinse temperatures of 165 Fahrenheit (F) degrees (**Deficiency FS-370**²¹).

ODO reviewed the facility's FS area temperature logs and found the facility does not check nor log temperatures for the dishwasher at every meal (**Deficiency FS-419**²²).

ODO inspected the facility's dishwasher and three-compartment sink and found the facility does not maintain temperatures at a minimum of 180 F degrees. Specifically, the facility does not check nor log temperature checks for the dishwasher and three-compartment sink (**Deficiency FS-420**²³).

ODO reviewed the facility's FS area temperature logs and found the facility does not file nor keep all temperature-check documentation accessible. Specifically, the facility does not conduct temperature checks for the dishwasher and three-compartment sink (**Deficiency FS-422**²⁴).

HUNGER STRIKES (HS)

ODO reviewed four detainee medical files for detainees on hunger strike during the inspection review period and found in one-out-of-four files a physician did not order the detainee's release from hunger strike treatment. Instead, a PA ordered the release from hunger strike treatment and documented the order in the detainee's medical record (**Deficiency HS-19**²⁵).

ODO reviewed four detainee medical files for detainees on hunger strike during the inspection review period and found in one-out-of-four files a physician did not order the termination of hunger strike treatment. Instead, a PA ordered the termination of the hunger strike treatment and documented the order in the detainee's medical record (**Deficiency HS-35**²⁶).

apply to cleaning equipment and utensils: ...

- c) Sanitize in the third compartment using one of the following methods:
 - iv. Immerse in a sanitizing solution containing an equivalent sanitizing chemical at strengths recommended by the U.S. Public Health Service."

See ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(7)(f)(4)(c)(iv).

²¹ "The following temperatures must be maintained for hot-water sanitizing: ...

- d) Single-tank, stationary rack, single-temperature machine: wash and rinse temperature of 165 F degrees."

See ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(7)(g)(3)(b).

²² "Checks of equipment temperatures shall follow this schedule:

- a. dishwashers: every meal."

See ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(13)(a).

²³ "Checks of equipment temperatures shall follow this schedule:

- a. pot and pan washers: daily, if water in the third compartment of a three-compartment sink is used for sanitation and the required minimum temperature is 180 F degrees."

See ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(13)(b).

²⁴ "All temperature-check documentation shall be filed and accessible." See ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(13).

²⁵ "Only a physician may order a detainee's release from hunger strike treatment and shall document that order in the detainee's medical record." See ICE PBNDS 2011, Standard, Hunger Strikes, Section (V)(C)(8).

²⁶ "Only the physician may order the termination of hunger strike treatment; the order shall be documented in the detainee's medical record." See ICE PBNDS 2011, Standard, Hunger Strikes, Section (V)(F).

MEDICAL CARE (MC)

ODO reviewed [REDACTED] detainee intake screening records and found tuberculosis (TB) screening initiated at intake did not meet CDC guidelines for Prevention and Control of Tuberculosis in Correctional and Detention Facilities in all instances. Specifically, ODO found in [REDACTED] out of [REDACTED] records, the facility did not document a detainee with a 10-millimeter purified protein derivative (PPD) result as a positive TB reading. Instead, the facility released the detainee and noted a negative TB reading on his medical documentation (**Deficiency MC-28**²⁷).

ODO reviewed four detainee medical files for detainees at the facility for over 365 days and found the facility did not conduct annual TB screening in accordance with CDC guidelines. Specifically, one-out-of-four detainees did not have an annual TB screening (**Deficiency MC-31**²⁸).

ODO reviewed the facility's perpetual inventory log of all controlled substances for syringes and needles and found inaccurate counts. Specifically, ODO found on-hand but not listed on the log: 2 glucagon kits, 6 expired dextrose 50 percent injections, and 1 epinephrine autoinjector (0.3 mg). Additionally, ODO found listed on the perpetual inventory log but not physically on-hand: four lancets and two 29-Gauge, 0.5-inch, 1 mL vanish point syringes (**Deficiency MC-92**²⁹).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHPI)

ODO reviewed 10 suicide watch logs for detainees placed on suicide watch and found the facility staff did not document continuous monitoring at least every 15 minutes. Specifically, in 4 out of 10 logs, facility staff logged 10 observations between 16 and 57 minutes (**Deficiency SSHPI-34**³⁰).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 11 of those standards. ODO found 25 deficiencies in the remaining 7 standards. ODO recommends ERO Seattle work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ERO provided ODO with the uniform corrective action plan for ODO's last inspection

²⁷ "All new arrivals shall receive TB screening within 12 hours of intake and in accordance with CDC guidelines." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(C)(2).

²⁸ "Annual or periodic TB testing shall be implemented in accordance with CDC guidelines; annual TB screening method should be appropriately selected with consideration given to the initial screening method conducted or documented during intake." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(C)(2).

²⁹ "Each detention facility shall have and comply with written policy and procedures for the management of pharmaceuticals, to include: ...

5. secure storage and disposal and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes, and needles."

See ICE PBNDS 2011, Standard, Medical Care, Section (V)(G)(5).

³⁰ "The qualified mental health professional may place the detainee in a special isolation room designed for evaluation and treatment with continuous monitoring that must be documented every 15 minutes or more frequently if necessary." See ICE PBNDS 2011, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

of TIPC which occurred on November 29, 2021.

Compliance Inspection Results Compared	First FY 2022 (PBNDS 2011) (Revised 2016)	Second FY 2022 (PBNDS 2011) (Revised 2016)
Standards Reviewed	24	18
Deficient Standards	1	7
Overall Number of Deficiencies	1	25
Repeat Deficiencies	0	0
Areas Of Concern	1	0
Corrective Actions	0	0
Facility Rating	Superior	N/A