



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

**Office of Detention Oversight
Compliance Inspection**

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

November 14-16, 2017

**COMPLIANCE INSPECTION
for the
NORTHWEST DETENTION CENTER
Tacoma, Washington**

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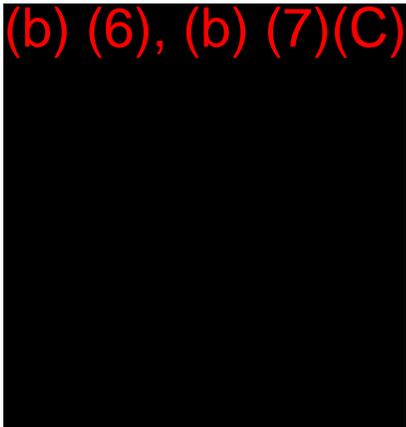
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COMPLIANCE INSPECTION TEAM MEMBERS



Lead Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections

FACILITY OVERVIEW

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Northwest Detention Center (NWDC), in Tacoma, Washington, from November 14-16, 2017¹. NWDC opened in 2004 and is owned and operated by the GEO Group. The Office of Enforcement and Removal Operations (ERO) began housing detainees at NWDC in 2004 under the oversight of ERO's Field Office Director (FOD) in Seattle. The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011.

ERO Deportation Officers (DO) and a Detention Services Manager (DSM) are assigned to the facility. A warden is responsible for daily facility operations and is supported by [REDACTED] personnel. NWDC provides food services, and medical care is provided by the ICE Health Service Corps (IHSC). The facility holds American Correctional Association (ACA) and National Commission on Correctional Healthcare (NCCCHC) accreditations.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	1,575
Average ICE Detainee Population ³	1,401
Male Detainee Population (as of 11/14/2017)	1,333
Female Detainee Population (as of 11/14/2017)	126

In FY 2014, ODO conducted an inspection of NWDC and found twenty (20) deficiencies in the following areas: Admission and Release (3 deficiencies), Disciplinary System (1), Food Service (3), Grievance System (2), Medical Care (5), Medical Care (Women) (1), Sexual Abuse and Assault Prevention and Intervention (1), Special Management Units (3), and Telephone Access (1).

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

² Data Source: ERO Facility List Report as of November 13, 2017.

³ *Ibid.*

FY 2017 FINDINGS BY PBNDS 2011 MAJOR CATEGORIES

PBNDS 2011 STANDARDS INSPECTED ⁴	DEFICIENCIES
Part 1 - Safety	
Environmental Health and Safety	1
Sub-Total	1
Part 2 - Security	
Admission and Release	1
Custody Classification System	0
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	2
Part 4 - Care	
Food Service	0
Medical Care	1
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	1
Part 5 - Activities	
Telephone Access	0
Sub-Total	0
Part 6 - Justice	
Detainee Handbook	0
Grievance System	1
Law Libraries and Legal Materials	0
Sub-Total	1
Total Deficiencies	5

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

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for over 72 hours, to assess compliance with ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁵ ODO identifies violations linked to ICE detention standards, ICE policies, or operational procedures as *deficiencies*.

For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components” which are considered *critical* to facility security and the legal and civil rights of detainees. ODO also highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection--these corrective actions are annotated with “C” under the *Inspection Findings* section of this report.

At the conclusion of each inspection, ODO holds a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to (i) assist ERO in developing and initiating corrective action plans and (ii) provide senior executives with an independent assessment of facility operations. Additionally, ODO findings inform ICE executive management decision making in better allocating resources across the agency’s entire detention inventory.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

DETAINEE RELATIONS

Twenty-seven (27) detainees voluntarily agreed to be interviewed by ODO. Most detainees reported satisfaction with facility services with the exception of the concerns listed below. One detainee claimed he experienced verbal abuse and mistreatment.

Food Service: One detainee complained the food made her sick, and the facility feeds her nuts despite being allergic.

- Action Taken: ODO reviewed the detention file and determined the detainee did not identify a food allergy at intake. ODO also interviewed the food service manager who indicated the detainee recently informed the housing officer she could not eat one of her meals as it contained nuts. An alternative meal was provided at that time and medical authorized a special diet for the detainee. Based on ODO's review, food service was aware of the detainee's dietary restriction and had taken corrective action prior to the ODO inspection.

Food Service: Three detainees complained their special diets were not being followed.

- Action Taken: ODO interviewed the food service manager and reviewed NWDC's 42-day cyclic menu which was certified by a registered dietitian in May 2017. The facility has a unique practice of allowing detainees to vote (majority rule) for one of four-dietician approved menus for each 42-day cycle. ODO recognizes this as a **Best Practice**.

ODO confirmed each of the detainees were authorized special diets. Records indicate the dietitian certified the common fare, therapeutic, halal, vegetarian, and kosher menus in May 2017. Identification stickers are placed on all therapeutic and religious trays to indicate the type of meal, detainee name, and location of intended recipient. Detainees receiving special meals also sign for their prescribed meal upon delivery. ODO brought the detainees' concerns to the attention of the Assistant Field Office Director (AFOD) who indicated ERO officers would follow up with the detainees and resolve any discrepancy.

Medical Care: One detainee stated her left knee requires medical attention, but she has not been allowed to see a doctor.

- Action Taken: ODO spoke with the Health Services Administrator (HSA) and reviewed the detainee's medical file. The detainee was evaluated by a doctor and sent for an x-ray of her knee on November 3, 2017; however, medical staff mistakenly requested an x-ray of her right knee. ODO confirmed the detainee had actually been rescheduled for an x-ray of the correct knee later the same week of ODO's inspection. ODO requested medical staff inform the detainee about the new appointment.

Staff-Detainee Communication: Two detainees claimed they do not receive adequate answers to the (ICE) requests they send to ERO staff.

- Action Taken: ODO spoke with the AFOD regarding these claims. The AFOD provided copies of multiple ICE requests submitted by both detainees. The requests were answered by Deportation Officers (DOs) in a timely manner; however, some of the responses lacked detail and did not provide enough information to fully answer the inquiry, which appears to have elicited a steady stream of follow-up requests by the detainees. ODO brought this matter to the attention of the AFOD who agreed thorough responses would prove more efficient. The AFOD informed ODO he would have officers follow-up with both detainees.

Staff-Detainee Communication: One detainee claimed he cannot get a power of attorney because the name listed on facility records is different from his birth certificate, and he needs help from ERO getting his information updated.

- Action Taken: ODO spoke with the AFOD regarding the detainee's concern. The AFOD informed ODO, the detainee's electronic record has the name he originally gave the ICE officers at the time of his arrest. The AFOD indicated he would have the assigned-deportation officer discuss the issue with the detainee.

Visitation: One detainee claimed she has a four-month old child and has not been allowed visitation with the child.

- Action Taken: ODO spoke with the AFOD about this detainee who is classified as medium-low and came into ICE custody by way of a local jail due to an assault charge. The AFOD indicated staff would assist in establishing visitation for the mother and child and also indicated the detainee may be considered for release pending further review of her case. ODO confirmed the mother was in fact released from the facility the day following the inspection.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

Exit and evacuation diagrams in English and Spanish were posted throughout the facility with identified evacuation routes, fire control equipment locations, and “You are Here” markers; however, the diagrams did not identify or explain “Areas of Safe Refuge” (**Deficiency EH&S-1⁶**).

Corrective Action: The facility initiated corrective action during the inspection by having maintenance staff install updated diagrams noting these locations (**C-1**).

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed the training records for the (b) (7)(E) intake officers and the (b) (7)(E) medical escort officers who assist with intake and found the facility was unable to document all officers received training on admission and release procedures (**Deficiency A&R-1⁷**). However, ODO notes the AFOD confirmed all staff had in fact been trained, and ODO’s observations during the inspection indicated staff members were proficient in these areas. ODO recommends the facility update its training accordingly and also provide the Contracting Officer’s Representative (COR) with the necessary records as required under the ICE contract.

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

NWDC developed and coded a daily tracking mechanism to identify and monitor victims and abusers. This tracker is first populated during intake and updated daily thereafter. The tracker automatically feeds the facility housing restriction report by highlighting those detainees who cannot be housed in the same unit. Housing unit officers are informed immediately when a detainee’s status changes to ensure proper attention and prevention measures are in place. ODO recognizes this as a **Best Practice**.

SPECIAL MANAGEMENT UNIT (SMU)

Upon entry into SMU, each detainee is provided an administrative or disciplinary segregation orientation sheet that summarizes all activities, programs, rules, services, and schedules while confined in SMU. This one-page, two-sided orientation sheet was developed by the SMU Lieutenant. ODO recognizes this orientation sheet and process as a **Best Practice**.

NWDC has a SMU multi-disciplinary administrative review team that meets weekly to discuss all cases in SMU. This team consists of the Warden, Associate Warden, Major and/or Captain, SMU Lieutenant, AFOD or ERO designee, and Mental Health/Medical supervisor. ODO attended this weekly meeting during the inspection and found all attendees to be engaged and the issues presented to be very thoroughly covered. ODO recognizes this as a **Best Practice**.

⁶ “Areas of Safe Refuge shall be identified and explained on diagrams.” See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(C)(5).

⁷ “Staff members shall be provided with adequate training on the admissions process at the facility.” See ICE PBNDS 2011, Standard, Admissions and Release, Section (V)(B)(1).

USE OF FORCE AND RESTRAINTS (UOF&R)

NWDC has a Correctional Emergency Response Team (CERT) comprised of b7C specially trained officers. According to the AFOD and CERT Commander, GEO Corporate issued a directive recently that only CERT members will be trained on use of force team techniques. In accordance with the Use of Force and Restraints standard, section (V)(D)(1)(h), “all new officers shall be sufficiently trained during their first year of employment on forced cell move techniques.” Although ODO is not citing this as a deficiency because NWDC training currently meets this standard, ODO notes this as an **Area of Concern**. For the safety of both staff and detainees, ODO recommends NWDC continue to train all staff in these areas as required by the standard.

CARE

MEDICAL CARE (MC)

ODO’s review of medical records confirmed 14-day health assessments are completed as required. Registered nurses (RNs) conduct health assessments for healthy detainees not taking medication. However, ODO’s review of training files for the RNs found training to conduct health assessments is conducted by mid-level practitioners (MLPs) and not a physician as required by the standard (**Deficiency MC-1**⁸).

Throughout this inspection ODO observed excellent interdisciplinary communication between medical, administrative staff, the AFOD, legal counsel, the Contracting Officer’s Representative (COR), and correctional staff. A weekly “stakeholders meeting” is conducted to keep administrative and ICE staff informed of significant medical/mental health cases requiring special attention, e.g. chronic care patients, detainees on suicide watch, and detainees advanced in age. These practices allow staff to make informed and timely decisions regarding detainee care to include transfers, releases, and/or ordering specialized care. ODO cites the “stakeholders meeting” and the interdisciplinary communication at NWDC as a **Best Practice**.

JUSTICE

GRIEVANCE SYSTEM (GS)

The Grievance System at NWDC allows detainees the opportunity to submit informal oral and written grievances, formal grievances, medical grievances and emergency grievances. Detainees have the right to skip the informal process and proceed directly to the formal grievance stage. All grievances receive appropriate review and procedures are in place to ensure detainees are free of reprisal for submitting a grievance. However, the facility grievance policy does not ensure emergency medical grievances are received by the administrative health authority within 24 hours or the next business day (**Deficiency GS-1**⁹).

⁸ “Physical examinations shall be performed by a physician, physician assistant, nurse practitioner, RN (with documented training provided by a physician) or other health care practitioner as permitted by law.” See ICE PBNDS 2011, Standard, Medical Care, Section (V)(M).

⁹ “Each facility shall have written policy and procedures for a detainee grievance system that: 4. Ensure a procedure in which all medical grievances are received by the administrative health authority within 24 hours or the next business day.” See ICE PBNDS 2011, Grievance System, Section (V)(A)(4). **This is a repeat deficiency.**

CONCLUSION

During this inspection, ODO reviewed the facility's compliance with sixteen (16) standards and found the facility compliant with eleven (11) standards. ODO found four (4) deficiencies in the remaining four (4) standards, including one (1) repeat deficiency. While the staff members initiated immediate corrective action in one area, ODO recommends ERO work with facility personnel to remedy all remaining deficiencies, as applicable and in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2014 (PNDS 2011)	FY 2017 (PNDS 2011)
Standards Reviewed	20	16
Deficient Standards	9	4
Overall Number of Deficiencies	20	4
Deficient Priority Components	7	0
Corrective Action	0	1

In addition to NWDC having almost as many best practices as it did deficiencies, which is highly unusual, ODO would like to highlight the working relationship between ERO and facility staff. The AFOD is actively involved in the facility's day-to-day operations and participates on a variety of committees and working groups tasked with providing individualized and meaningful services. ODO commends facility and ERO staff for such active engagement and recognizes this attentive relationship is critical to effective operations.