



**U.S. Department of Homeland Security
Immigration and Customs Enforcement
Office of Professional Responsibility
Management Inspections Unit
Washington, DC 20536**

**Management Inspections Unit
Detention Facilities Inspection Group
Quality Assurance Review**

**Detention & Removal Operations
Seattle Field Office
Northwest Detention Center
Tacoma, WA**

October 22-25, 2007

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OFFICE OF PROFESSIONAL RESPONSIBILITY

MISSION STATEMENT

The Office of Professional Responsibility (OPR) is responsible for investigating allegations of employee misconduct impartially, independently, and thoroughly.

OPR prepares timely and comprehensive reports of investigations for judicial or management action.

OPR inspects and reviews Immigration and Customs Enforcement (ICE) field offices, operations and processes in order to provide executive management with an independent review of the agency's organizational health and assesses the effectiveness and efficiency of the overall ICE mission.

PRELIMINARY FINDINGS

This summary outlines the results of a Quality Assurance Review conducted on October 22 - 25, 2007, by the Office of Professional Responsibility (OPR), Detention Facilities Inspection Group (DFIG) of the Northwest Detention Center (NWDC), Tacoma, Washington. The Office of Detention & Removal (DRO), Seattle field office utilizes the NWDC, which is primarily managed by GEO Group Inc. Immigration and Customs Enforcement (ICE) is authorized to use this facility as a Contract Detention Facility. At the time of the review, the facility housed 870 male and 111 female ICE detainees.

This review was predicated upon six allegations submitted by ICE detainees. In addition, the DFIG evaluated NWDC's compliance level with the ICE National Detention Standard and living conditions, including the safety, security and quality of life at NWDC. The DFIG also conducted internal interviews with GEO and DRO management staff, DRO deportation officers and GEO detention officers.

BACKGROUND

In June 2006, the Detention Management Division, Detention Standards Compliance Unit, performed a Headquarters Detention Review of the NWDC. The NWDC received a rating of Superior. NWDC currently holds accreditation from the American Correctional Association (ACA), the National Commission on Correctional Health Care (NCCHC) and the Joint Commission on Accreditation of Health Organizations (JCAHO).

ALLEGATIONS

The DFIG addressed six allegations received relating to the NWDC and interviewed the detainees who submitted the allegations and were still detained at the facility. The first allegation related to the quality of food served at the facility, the second allegation involves a detainee's belief that he should be released because of his two years incarceration and the remaining allegations involve inadequate medical care. The allegations were general in nature or were complaints that were difficult to substantiate. However, the DFIG was able to substantiate the following:

A contract officer did place individually wrapped sanitary napkins in an empty trash bin, and give the trash bin, containing the sanitary napkins, to a detainee. The female officer did not see any problem with her actions since the napkins were individually wrapped.

In August 2007, detainees and three staff members did become ill from what appeared to be a food related incident. Three staff members also had the same symptoms, as did the detainees. The Tacoma-Pierce County Health Department responded and conducted an investigation and concluded there was an outbreak of *Clostridium perfringens*, which originated from a single food source that could not be identified. The Tacoma-Pierce County Health Department investigation also identified problems with food preparation

procedures at the facility suggesting the need for improved training and control of food preparation. The issues identified by the health department were food being prepared a day in advance and storing sample foods served in a freezer instead of a refrigerator. The Warden stated the problems identified with food preparation were corrected. The DFIG did uncover cereal that was over seven months past its expiration date in the kitchen inventory. The GEO staff claimed the cereal was received by NWDC in October 2007. GEO provided a receipt for the cereal, which shows several different cereals were ordered on August 13, 2007 and invoiced on September 10, 2007; however, the receipt does not clearly identify the specific cereal in question.

On the last day of the inspection, a detainee advised the DFIG he was strip-searched and a contract guard conducted a cavity search of the detainee. A lieutenant confirmed a strip search occurred, but was unaware of a cavity search. The DFIG was provided with a report documenting the strip search, which stated the search occurred because the detainee was observed with contraband (a sharp object and a broken bowl) and did not comply with orders to surrender the contraband.

ICE STANDARDS REVIEWED:

The facility has a law library adequate in size to facilitate detainee's legal research. Detainees are provided with equipment, document copying privileges, and the opportunity to prepare legal documents. The Detainee Handbook includes the rules and procedures governing access to legal material.

Notices are not posted beside telephones to inform detainees that telephone calls may be monitored. The DFIG observed ICE deportation officers (DO) and GEO detention officers conducting and documenting daily inspection of telephones to ensure they are working properly.

Signatures are not annotated on the Form I-385, Alien Booking Card; instead, officers are annotating their ten code call sign. Detainees properly sign release paperwork. Form I-387, Report of Detainees Missing Property, is used for missing property and Form G-589, Property Receipt, was missing from detention files.

The NWDC has written policy providing indigent detainees with free postage. In the presence of detainees, NWDC inspects correspondence and other mail for detection of contraband by using an X-ray machine.

Not all detainees are classified upon arrival and before being admitted into the general population. The DFIG inspected randomly selected files and determined reassessments are not completed timely. This standard was found to be in need of improvement.

The NWDC Detainee Handbook is written in both English and Spanish. This standard was found to be in compliance with the NDS.

Detainees are notified in writing of the name, address, and telephone number of the facility he/she is being transferred to. Paperwork is properly executed. Order to Detain or Release Alien, Form I-203, Official Detail, Form G-391, and Record of Persons and Property Transferred, Form I-216, are properly executed. Food is provided to detainees in accordance with the meal section of the Detainee Transfers detention standards.

The detention files are located and maintained in a secure area, and are properly marked on the outside as closed and archived. Detention files are missing work assignments and training records. Alien Booking Cards, Form I-385, are not being properly completed.

Institution Disciplinary Panel (IDP) hearing packets were randomly reviewed. The IDP usually consists of the Acting Associate Warden, a supervisory level ICE representative, and a supervisory level GEO representative. Detainees are given a 24-hour notice of a disciplinary hearing. Incident reports are investigated within 24 hours. An intermediate level of adjudication is in place with the Special Management Unit lieutenant conducting all hearings. The NWDC was found to be in compliance with the Disciplinary Policy detention standards.

The DFIG reviewed all Environmental Safety procedures, inspected storage areas and interviewed personnel assigned to these duties. New procedures and mechanisms are instituted, such as, automating dispensary items to cut back on detainee's access to non-diluted chemicals. Environmental Safety is well managed in the facility.

The facility is in good sanitary condition, with the proper amount of kitchen staff to detainee ratio. There were an adequate number of security guards on duty for the supervision of the kitchen. The tool control in the kitchen is maintained according to the detention standard.

The Property Officer maintains a clean and well-organized property room, which includes a safe to store valuables. Written procedures exist for inventory, funds management, audits, release and transfer, as well as, for lost, damaged, and abandoned property. Weekly audits of the property room are completed and logged by the Property Lieutenant. Heat sealed bags are used for valuables and a system of accountability is in place. NWDC is in compliance with this standard.

The NWDC officers have an adequate knowledge of their responsibilities concerning grievances. Detainee grievances are not all resolved in a timely manner, in accordance with the Detention Standard.

The DFIG reviewed logbooks, interviewed GEO detention officers and determined detainees are not held in Hold Rooms past the permitted 12 hrs. The DFIG observed NWDC staff was not documenting the time in which detainees are fed.

The facility provides clean clothing, bedding, linens and towels to every detainee upon arrival. In addition, the facility provides regular exchange of clothing, bedding, linens and towels. Uniforms are exchanged three times per week and bedding, linens and towels are exchanged twice per week. All detainees are issued clean and temperature appropriate clothing.

The Control Center keeps documentation of maintenance records and emergency key checks. The plant manager has the sole responsibility of managing safe combination security. Key and lock control is well managed.

The medical unit has sufficient space and staff and is well run with adequate access to care. The medical staff stated they have weekly meetings thereby fulfilling the quarterly meeting requirement; however no documentation could be produced. Overall, the medical component is well managed.

The Control Officer maintains up to the minute information regarding detainee admissions, releases, housing changes, hospital admissions, outside work details and on any other areas that could affect detainee accountability. A formal count is conducted once on the day shift, 7:30 am to 3:30 pm, twice on the swing shift, 3:30 pm to 11:30 pm, and twice on the midnight shift, 11:30 pm to 7:30 am.

The DFIG interviewed GEO officers and reviewed post orders. Several deficiencies were found in the standard. Officers assigned to armed transportation post said they read and understand the applicable post order. However, these officers did not sign and date the post order to indicate having read and understood its provisions. Recreation: Detainees, including those with a disability, are provided with outdoor recreation one hour per day in the main recreation area; housing units are also equipped with recreation areas having access to sunlight. Except for the count and at mealtime, detainees are allowed additional recreation time in the housing area that includes board games, television and small group activities. A recreation schedule is posted in each pod.

Detainees have the opportunity to engage in practices of their religious faith. The facility does not have a Chaplain on staff. The Recreation Specialist coordinates religious activities and services, under the supervision of the Training Director and the Compliance Officer. The Recreation Specialist maintains a listing of Holy days that are observed, as well as, a listing of active religious volunteers. A total of 29 volunteers have been cleared and issued badges. The Recreation Specialist also obtains religious guidance from various "faith experts" in the community.

GEO detention officers conduct inspections according to policy and they also log all activities in the proper format. Log sheets were not up to date because GEO detention officers complete supplemental log sheets and at a later time, enter the information in the main logbook.

NWDC Detainee Handbook informs detainees of their right to communicate with staff. In accordance with the detention standard, DRO staff visits the Pods to respond to detainee questions. Detainee requests are not being addressed and/or resolved in a timely manner.

Proper documentation and logbook entries are well maintained. Armory, recreation, kitchen, and maintenance tool rooms are properly secured. Equipment and supplies inventory was posted and procedures are in place for the destruction of broken tools. All reports and work orders go through the plant manager. NWDC manages tool control adequately.

The guards assigned to the visitation area, at time of inspection, appeared to have a good working knowledge of their duties and post orders. The Visitation area was clean and orderly.

STAFF INTERVIEWS

The DFIG interviewed [REDACTED] GEO Corporation management staff [REDACTED] DRO (b) (7) (E)
management staff and [REDACTED] detention and deportation officers. [REDACTED] (b) (7) (E)

DETAINEE INTERVIEWS

Thirty detainees (19 male and 11 female) volunteered to be interviewed by the DFIG. The major complaints were allegations of detainees not receiving adequate hygiene supplies, detainees not being allowed to shower upon arrival at facility, detainees sleeping on the floor or in the hallways on beds, the quality of the food, overcrowding of the facility, and ICE Staff-Detainee communication.

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**DFIG QUALITY ASSURANCE REVIEW
NORTHWEST DETENTION CENTER
SEATTLE FIELD OFFICE
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INSPECTION PROCESS

The DFIG inspections primarily focus on areas of noncompliance with the ICE National Detention Standards. In addition, focus may be applied to the level of DRO Headquarters and DRO field offices Detention Management, and to issues of high priority or interest to ICE Executive Management. Inspection objectives are to evaluate the welfare, safety and living conditions of detainees and to determine compliance with applicable laws, policies, regulations and procedures.


The DFIG inspected the Northwest Detention Center, Tacoma, Washington. In performing this inspection, the DFIG reviewed current policies and detention standards and applied them against the processes employed at the Detention Center. Prior to the inspection, the DFIG gathered and analyzed relevant data from the Deportable Alien Control System (DACS), DRO Headquarters Managers, and pertinent media reports.

REPORT ORGANIZATION

This report contains a detailed analysis of the significant areas. Instances where detention standards are not met are reported as deficiencies. Deficiencies are highlighted in bold throughout the report and are encoded sequentially according to a detention standard designator. Recommendations are provided to improve the effectiveness, efficiency, and overall living conditions at the Detention Center.

This report documents inspection results, serves as an official record, and is intended to provide senior management with a concise evaluation of compliance with policy and detention standards and useful feedback on the effectiveness and efficiency of the areas inspected. Comments and questions regarding the report findings should be forwarded to the Director, Office of Professional Responsibility.

INSPECTION TEAM MEMBERS

| | | |
|---|-----------------------------------|------------------------|
|  | DFIG Section Chief | OPR, DFIG Headquarters |
| | Deportation Officer | DFIG, New Orleans |
| | Immigration Enforcement Agent | DFIG, New Orleans |
| | Lt. Commander LCDR | Public Health Service |
| | Management Analyst, Team Lead | OPR, DFIG Headquarters |
| | Inspector | DFIG, El Paso |
| | Immigration Enforcement Agent | DFIG, El Paso |
| | Immigration Enforcement Agent | DFIG, El Paso |
| | Detention and Deportation Officer | OPR, DFIG Headquarters |

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BACKGROUND

HISTORY

The Northwest Detention Center (NWDC) located in Tacoma, Washington, was opened on April 7, 2004. The Office of Detention & Removal (DRO), Seattle field office utilizes the NWDC, which is privately operated by the GEO GROUP INC (GEO). Immigration and Customs Enforcement (ICE) is authorized to use this facility as a Contract Detention Facility. In January 2007, the ICE entered into a contract amendment to expand the contract capacity of 800-bed by 200 beds.

CURRENT STATUS

The GEO is a world leader in the delivery of correctional, detention, and residential treatment services to federal, state, and local government agencies around the globe. GEO offers a turnkey approach that includes design, construction, financing, and operations. GEO staff primarily manages the facility. The NWDC has a maximum capacity of 1000, and on October 22, 2007, housed 870 male and 111 female ICE detainees.

The American Correctional Association (ACA), the National Commission on Correctional Health Care (NCCHC), and the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) accredit NWDC. The last DRO jail review conducted on this facility was in June 2006. The facility received a "Superior" rating.

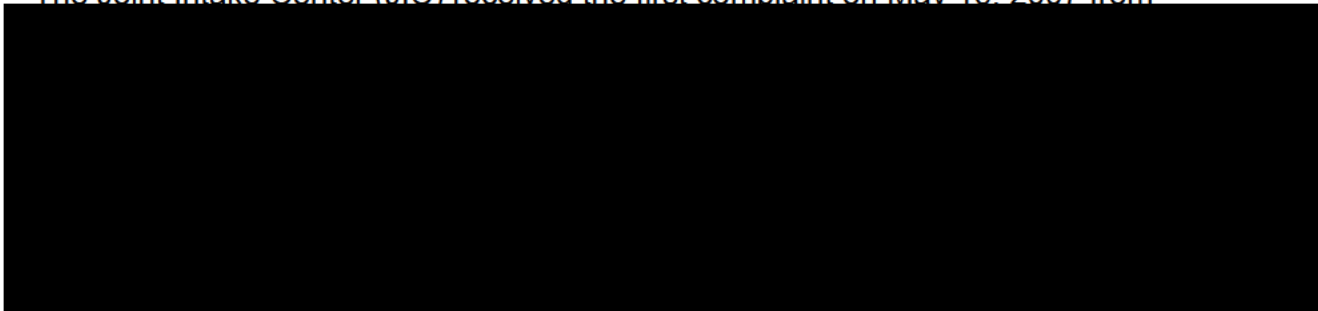
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ALLEGATIONS

INSPECTION FINDINGS

The DFIG addressed seven complaints received relating to the NWDC. Detainees who submitted the complaints and were still detained at the facility were interviewed.

The Joint Intake Center (JIC) received the first complaint on May 16, 2007 from



Findings: [Redacted]

[Redacted]

Findings: [Redacted]

[Redacted]

[Redacted]

Findings: [Redacted]

[Redacted]

Findings: [Redacted]

[Redacted]

Findings: The [Redacted]

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[REDACTED]

The Joint Intake Center (JIC) received the third complaint [REDACTED]

[REDACTED]

Findings: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

The fourth complaint was received, on August 14, 2007, from [REDACTED]

[REDACTED]

(b) (6), (b) (7) (C)

Findings: Prior to this inspection, on August 25, 2007, the DFIG contacted the NWDC Health Service Administrator (HSA) in reference to this allegation. At that time, the DFIG was told the incident did occur. On August 12th, all medical staff was recalled to treat 180 detainees who complained of having diarrhea. Additionally, the Pierce County Health Department was contacted and conducted tests.

On October 22, 2007, the DFIG interviewed the HS0A and the Warden in reference to this incident. On August 12, 2007, approximately 300 ICE detainees and three NWDC staff had experienced illness, predominantly diarrhea. The Tacoma-Pierce County Health Department responded and conducted an investigation, tested stool samples and food samples and concluded there was an outbreak of Clostridium perfringens, which originated from a single food source that could not be identified.

The Tacoma-Pierce County Health Department investigation also identified several problems with food preparation procedures at the facility, suggesting the need for improved training and control of food preparation. The areas of concern identified by the county health department were; food being prepared a day in advance and storing sample foods served in a freezer instead of a refrigerator. The investigation revealed food items were prepared prior to the meal to be served. Potatoes were found to be prepared a day in advance. In addition, food samples saved for testing were stored in a freezer and not a refrigerator as required. Due to the history of cooling being linked to outbreaks, it was recommended that the NWDC discontinue any advance cooling and prepare foods immediately prior to service.

A routine inspection conducted, by Tacoma-Pierce County Health Department, on August 20, 2007 resulted in several violations requiring a follow-up. The first follow-up was conducted on September 4, 2007. One repeat violation was observed requiring a second follow-up, which was conducted on September 12, 2007 at which time, no repeat violations were found.

The Warden stated the problems identified with food preparation were corrected.

(b) (6), (b) (7) (C)

The fifth complaint was allegations received by the DFIG on October 16, 2007, from

[REDACTED]

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[REDACTED]

[REDACTED]

An anonymous detainee also stated he/she is mistreated by NWDC staff. He/she is denied participation in religious service; therefore, the detainee initiated a hunger strike and is now suffering from deteriorating emotional and physical conditions.

Findings:

[REDACTED]

The DFIG did not observe officers in medical examination rooms during exams. The detainees have open movement each hour. Upon arrival to the medical facility, detainees are placed in one of two holding cells located in the front of the clinic. There is one GEO officer posted at these holding cells. This officer was observed at his post at all times during the inspection.

[REDACTED]

All the material on this page is withheld under (b)(6), (b)(7)(C). Security staff was interviewed in reference to the policy of shackling detainees for transport to medical. The DFIG was told detainees are not required to be shackled for transport to medical. The only time detainees are shackled is if they are coming from the segregation unit. During the inspection, no detainees were observed shackled in medical or during transport to medical.

The DFIG did not uncover expired kosher meals, but did uncover cereal that was over seven months expired in the kitchen inventory. GEO staff claimed the cereal was received by NWDC in October 2007. GEO provided a receipt for the cereal, which shows several different cereals were ordered on August 13, 2007 and invoiced on September 10, 2007; however, the receipt does not clearly identify the specific cereal in question.

As for the second anonymous detainee, due to the anonymous nature of the complaint, a specific medical record could not be reviewed. The hunger strike standard was reviewed and was found to be complaint. Per policy, a hunger strike detainee is monitored by medical every shift. If that detainee's life or permanent health is at risk, medical staff makes every effort to convince the detainee to accept treatment voluntarily. If unsuccessful, medical will provide forced treatment with a court order. An instance of a court order was found in a medical record during the review. Documentation of detainee's refusals for treatment was numerous in all the hunger strike records reviewed.

The Joint Intake Center (JIC) received the sixth complaint on October 15, 2007

[REDACTED]

Findings:

[REDACTED]

[REDACTED]

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The seventh complaint was received during the inspection from [REDACTED]

Findings: [REDACTED]

[REDACTED]

[REDACTED]

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OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

The DFIG interviewed the Northwest Detention Center (NWDC) Warden, a Captain, and a Compliance Officer. In addition, [REDACTED] DRO management personnel, the Assistant (b) (7) (E) Field Office Director (AFOD), a Supervisory Detention and Deportation Officer (SDDO) and an Acting SDDO, and [REDACTED] Detention and Deportation officers (DDO) were (b) (7) (E) interviewed. This section summarizes information provided during the interviews.

GEO Management

The three GEO management personnel interviewed were assigned to the NWDC in 2004. The current staffing size is [REDACTED] with [REDACTED] vacancies. Included in the vacancies are (b) (7) (E) a business manager and an associate warden. The Warden stated the staffing size is pretty close to being sufficient for the number of detainees at NWDC. However, he is certain when NWDC is at its full capacity, the staff will be sufficient to handle the detainee population.

The relationship with DRO and Public Health Service (PHS) was described as excellent. Communication and coordination between DRO and NWDC management staff were described as good. All issues are addressed; there are no lingering issues. It was noted that DRO and GEO relationship is such that they do not have to resort to writing memorandums; issues can be addressed verbally. In addition, ICE staff and GEO staff work well together. Once a week the AFOD, the SDDOs, PHS medical staff and the Captain meet to discuss operational issues. NWDC level of compliance with ICE National Detention Standards (NDS) was described as fairly well to outstanding.

Some issues with the ICE NDS noted by GEO were their belief that complying with one ICE NDS can create some issues with several different standards. There is not proper documentation to explain certain references within the NDS to facilitate the readers understanding. GEO management would like to see more explicit and expanded standards. Lastly, GEO management noted the way disciplinary actions are required to be reported is misleading. There is only one option on assaults; however, there are several different types of assaults. With the current requirement, the numbers are inflated, and consist of minute assaults because all types of assaults have to be reported. GEO management would like to see the assaults broken down into types of assault. It was further noted that GEO would like to receive more details on detainees for proper classification.

NWDC has been over capacity on occasion, GEO management stated they are allowed to go over capacity up to 61, but the most they have been over is approximately 33. When this occurs, detainees sleep on cots, three feet from the ground in the housing units. GEO management stated no one sleeps in the hallway or on the floor. A management staff member stated the overflow sleeps in the housing unit, but another

management staff member stated per the ICE NDS, Segregation Management Unit (SMU), overflow can be housed in SMU beds. A check of the SMU ICE NDS does not support that statement.

The morale amongst GEO detention officers and administrative staff was described as pretty good.

DRO Management

NWDC management personnel were in place for less than four months. NWDC is staffed with [REDACTED] DRO detention and deportation officers; however, the actual physical (b) (7) (E) detention and deportation officers present at the facility is never reaches at capacity due to personnel on detail, in training, and leaving because they have accepted other positions. At the time of the interview, DRO had [REDACTED] vacancies, a Detention Removal (b) (7) (E) Assistant and a Deportation Officer. DRO management would like a DRO Contracting Officer Technical Representative (COTR) for NWDC assigned to the office to facilitate with contract issues. An immigration judge visits the jail to hold hearings approximately three days a week. Seattle DRO has selected two immigration judges to be permanently assigned to NWDC. The permanent presence of these judges will assist in reducing detention time of detainees, which is said to be at approximately 33 days.

DRO management states they are getting the job done with the current personnel, but it will be more efficient and less stressful if the office had more personnel. A need for additional administrative assistants is also vital. The experience level of the Deportation Officer workforce is five officers with over five years, one over two years, one approximately a one year and two under a year. The experience level of the assistants' workforce is one over five years and three less than a year.

Cases for Deportation Officers who are either on detail, on leave, or attending training are reassigned to other Deportation Officers, resulting in a high caseload. Deportation Officers are carrying approximately 120 – 140 cases.

Although the opinion varied on the level of compliance by NWDC with ICE NDS, the managers agree the cooperation level between DRO and NWDC staff is very good, especially at the management level. The competence level of the contract detention officers was said to be fair to high. Their performance was described as professional. The medical care was described as very good and very fast, except for when the PHS has to obtain approval for service from DRO Headquarters.

It was said that DRO, PHS, and GEO work really well together, however, DRO relationship with the Office of Investigations (OI) could improve. OI's operational approach is not always consistent with DRO's approach, which leads to conflicts, inaccurate reporting and unnecessary delays.

The morale amongst the contract guards were described as good and amongst the DRO staff, morale was described as very low due to the workload.

DRO Staff

Of the [REDACTED] deportation officers interviewed, [REDACTED] were assigned to the NWDC for less than a year and two were assigned just over three years. As for experience as a deportation officer, two had less than one year, two had less than three years, two had over five years and one had over 10 years. (b) (7) (E)

[REDACTED] officers stated work production has improved over the years due to additional personnel, but it was noted officers are routinely in training, on detail, or on leave and when that occurs, their cases are reassigned to other officers, which creates a large caseload for the other officers. Therefore, at times, the office does not benefit from the increase in officers. Some officers stated more officers and assistants would allow the office to produce a higher quality of cases in a more efficient manner. [REDACTED] officers had fewer than 100 cases. [REDACTED] had over 110 cases with the highest being 150. (b) (7) (E)

[REDACTED] of the officers stated NWDC may have issues with the ICE NDS in the areas of Staff Detainee Communication, Medical, due to low staffing, Telephone Access and Library Access. The officers rated the cooperation level with the contract staff from "Good" to "Great." The competency level of the contract staff was rated from "fair" to "can be improved." Some concerns noted were a high turnover rate, one officer stated, at times, it appears as if the contract detention officers are not of what they are doing, and one officer stated he would not go into a POD when certain contract detention officers are in there, due to safety concerns. (b) (7) (E)

NWDC recently changed the contractors responsible for the food service. Most officers stated since the change, the food is much better and the presentation is also better. Complaints mostly received from detainees were noted as follows, from most frequently to least frequent: Food (small portions, always rice and beans), slow progress with cases (detained too long, can't get court date, want to be deported), poor staff detainee communication (can't see deportation officer), funds not following detainee upon transfer, not getting the medication desired, and during the observance of Ramadan, detainees would like to receive a larger portion of food because of the restrictions of when a meal can be consumed.

Staff detainee communication appears to be an area of concern. An officer stated some officers do not go into the POD unless they are responding to a request. Therefore, the weekly visit requirement is not being met. Some officers acknowledged the 72-hour requirement is not always met.

Most officers praised the support obtained from the management staff at NWDC and some questioned the support from the field office, especially as it relates to authorizing or requesting officers to go on long details, which leads to higher caseloads and affects the efficiency and quality of the cases produced at NWDC. Although this was recognized as a career enhancement for some, overall it hurts the operations of NWDC.

However, many praised and recognized support from an Assistant FOD assigned to the field office.

Officers rated their morale as “Good” to “Very Low” and attributed the low end to being overworked, inconsistencies with policies, the sense of no room for advancement, haphazard decision making, the lack of advance thinking on the part of upper management, and the implementation of a mandatory rotation policy that was developed without consulting the union.

One concern raised with the rotation policy is officers can be moved to a location that adds an additional 40 minutes to their commute, which can significantly affect personal matters such as child care.

Officers rated the morale of the contract staff from “Good” to “Poor” and attributed the low end to high workload in high impact areas (Intake and the Kitchen), and personality conflicts.

Other areas of concern raised were:

Upper management informed the staff they are expected to stay at NWDC for five years and all employees receive a satisfactory rating on their appraisal regardless to their performance. No one receives a rating of exceeds expectations.

Some officers noted the cases that are transferred to NWDC are usually the most difficult cases and most of the cases are transferred in an incomplete status. NWDC deportation officers are required to perform the 180-day Post Order Custody Reviews (POCR), which is difficult because NWDC does not have the A-File.

Officers are afraid to file grievances because they feel upper management will blackball them. Several officers noted a Federal Protective Service special agent who worked with Seattle DRO Fugitive Operations Group was sent to NWDC to check approximately 70 telephones for operability on a daily basis, conduct filing duties and worked in Intake. It is alleged the agent was sent to NWDC because he had a disagreement with the FOD. It was also alleged the agent was sent to NWDC because he was a contentious employee.

It was suggested that to alleviate deportation officers workload at NWDC, the Seattle DRO FOD can require 90-day POCRs, Stays, and Parole Requests to be completed on transfer cases by the transferring office prior to being accepted by NWDC and cases involving detainees who fail to comply with the 90-day POCRs can be assigned to deportation officers assigned to a non-detained docket in Portland, or Alaska due to their caseload, which is more manageable.

DETAINEE RELATIONS

The DFIG conducts detainee interviews to ascertain detainees' concerns and to identify areas of possible noncompliance with the ICE National Detention Standards (NDS). DFIG encourages detainees to express their feelings about the facility, its staff, ICE staff, and the progress of their case. This often results in examples and anecdotes. In addition, in some cases detainees view these interviews as a self-serving opportunity. DFIG cautions, due to the nature of the information obtained, it is not possible to verify each statement. Nonetheless, it is important to obtain information from the detainees' point of view.

Thirty detainees, 12 females and 18 males, housed at the NWDC were randomly selected for interview. Six of the female detainees were of Hispanic origin and spoke no English. The interview was conducted using an ICE detainee as a translator.

The DFIG interviewed detainees from Nigeria, Mexico, India, China, Haiti, Cuba, Philippines, Sierra Leone, South Africa, Guatemala, and Honduras. Detainees who have been in the facility more than six months, knew the status of their case, and were somewhat satisfied with being able to see ICE staff. Those who are confined less than six months complained about not being able to talk to an IEA or DO. Availability of hygiene supplies, access to telephones, and treatment by GEO staff were considered satisfactory by the interviewees. There are adequate recreational activities. All of the detainees expressed some level of dissatisfaction with the food service; some concerns noted are; not enough fiber, fruits, or vegetables are served on a daily basis. All felt in some way the food has contributed to their accelerated deteriorating health conditions. All felt the medical services were adequate.

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ICE DETENTION STANDARDS

ACCESS TO LEGAL MATERIALS (ALM)

The DFIG reviewed the Access to Legal Materials standard at Northwest Detention Center (NWDC) to determine if the facility permits ICE detainee's access to a law library, and provide legal materials, facilities, equipment and document copying privileges, and the opportunity to prepare legal documents in accordance with ICE National Detention Standard.

The DFIG interviewed NWDC staff, reviewed documentation and observed the operation of the law library. The facility has a law library with sufficient tables and chairs, sufficient in size to facilitate detainees' legal research and writing. The library has typewriters, computers, writing implements, and paper. The equipment is in working order, and supplies are sufficiently stocked. The Detainee Handbook contains the rules and procedures governing access to legal materials. Interviews with detainees and NWDC law library staff and facility inspection confirmed the standard is being met.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

None

RECOMMENDATIONS TO IMPROVE EFFECTIVENESS AND EFFICIENCY

None

ADMISSION AND RELEASE (AR)

The DFIG reviewed the Admission and Release standard at Northwest Detention Center (NWDC) to determine the procedures the facility follows in admitting and releasing detainees in accordance with the ICE National Detention Standard (NDS).

The DFIG interviewed NWDC staff, ICE detainees, and reviewed facility records and logs books. The DFIG, after referring to the results of the DRO Jail Audit conducted on June 20-22, 2006, found the following was corrected: Razors issued to detainees during the intake process now have a protective coating; the release paperwork contains the detainee's signature indicating the detainee received his/her property; the facility staff had on hand acknowledged the Report of Detainee Missing Property Form, I-387.

The DFIG found a reoccurrence of deficiencies where signatures are not being recorded on the Alien Booking Record, I-385 Card, only call sign numbers (star numbers) are used (**Deficiency AR-1**). Other deficiencies are, Alien Booking Record, I-385, the fingerprint block is missing the initials and ID number of fingerprinting officer placed above the print (**Deficiency AR-2**). Alien Booking Record, the initials and ID number of the officer(s) conducting the search is missing (**Deficiency AR-3**). The Orientation Video in Spanish contains inaccurate terminology; thereby, losing the content in the translation. Blue copies of Property Receipt, Form G-589, are not attached to detention files (**Deficiency AR-4**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY AR-1, AR-2, AR-3, and AR-4

In accordance with the National Detention Standards, Admission and Release, section III (H)(1), the DRO Seattle FOD must ensure, in all detention facilities Admissions Documentation are filled out completely by the processing officer or shift supervisor.

RECOMMENDATIONS TO IMPROVE EFFECTIVENESS AND EFFICIENCY

The DFIG recommends the DRO Seattle FOD ensure the compliance team makes another Orientation Video in Spanish.

The DFIG recommends the DRO Seattle FOD ensure the Northwest Detention Center correct the following: stop issuing razors to detainees in the booking area; it is recommended that razors be issued after the detainee arrives in the Housing Unit. Stricter control of razors is highly recommended. Razors that are currently being issued can be easily disassembled and used, as a weapon at will. This is the second time that this has been addressed to the attention of the Detention Center and they have not changed this situation.

CORRESPONDENCE AND OTHER MAIL (C&OM)

The Detention Facilities Inspection Group (DFIG) reviewed Correspondence and Other Mail standard at Northwest Detention Center (NWDC) to determine compliance with ICE National Detention Standards (NDS). The components reviewed were: detainee notification, packages, inspection, rejection, contraband, postage, writing implements, paper and envelopes, special management units, correspondence with the news media, and needs with legal matters. No deficiencies were found.

The staff in charge of mail was very knowledgeable about incoming and outgoing mail. The unit has maintained very good records of all incoming funds and contraband. The staff maintains detailed logs of detainees' mail that was returned and the reason it was returned to the sender. In addition to logging all the returned mail, a copy of the envelope from the sender is kept and the reason for returning the mail is noted. All mail from attorneys, ICE, and consulates are opened in front of the detainee. All mail is distributed to the detainees the same day it is received.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

None

RECOMMENDATIONS TO IMPROVE EFFECTIVENESS AND EFFICIENCY

None

DETAINEE CLASSIFICATION SYSTEM (DCS)

The DFIG reviewed the Northwest Detention Center (NWDC) detainee classification system to determine compliance with the ICE National Detention Standards (NDS). The inspection consisted of interviews with the Acting Associate Warden, GEO staff and correctional officers. Policy and Procedure, Primary Assessment, Secondary Assessment, Appeal Process, Recordkeeping and File Maintenance and Detainee Handbook were inspected. Deficiencies were found in this standard.

NWDC is implementing a detainee classification process to determine the appropriate category and physically separate detainees according to category. NWDC has a color-coded uniform for different classification levels of the detainees. The GEO classification officer received on-site training for the responsibilities assigned.

Randomly selected of NWDC detention files were reviewed. The DFIG inspection revealed not all detainees are classified upon arrival and before being admitted into the general population (**Deficiency DCS-1**). The DFIG determined reassessments are not completed timely (**Deficiency DCS-2**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DCS-1

In accordance with ICE National Detention Standard, Detainee Classification System, Sections (III)(B) the DRO Seattle FOD must ensure the officer assigned to intake/processing reviews the detainee's A-file, work-folder and/or information provided by ICE, to identify and classify each new arrival according to the DCS.

DEFICIENCY DCS-2

In accordance with ICE National Detention Standard, Detainee Classification System, Sections (III) (G) the DRO Seattle FOD must ensure in SPC's/CDF's, the first reassessment is completed 45 to 60 days after the date of primary assessment.

RECOMMENDATIONS TO IMPROVE EFFECTIVENESS AND EFFICIENCY

None

DETAINEE GRIEVANCE PROCEDURE (DGP)

The DFIG reviewed the Northwest Detention Center (NWDC) detainee grievance procedure to determine compliance with the ICE National Detention Standards (NDS). The inspection consisted of interviews with the Acting Associate Warden, GEO staff and correctional officers. Policy and Procedure, Formal/Informal Grievance Form, Appeal Process, Recordkeeping and file maintenance, Officer Misconduct and Detainee handbook were inspected. The DFIG inspection of the post orders revealed a deficiency in this standard.

Grievances submitted by detainees are not being resolved in a timely manner as required by the NDS (**Deficiency DGP-1**). Responses and the processing of grievances are not timely. NWDC has a recording system that documents responses to grievances. Copies of responses to grievances are placed in the detention files as required.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DGP-1

In accordance with ICE National Detention Standard, Detainee Grievance Procedure, sections (III)(A)(1) the DRO Seattle FOD must ensure the facility retains grievance procedures and makes every effort to resolve the detainee's complaint or grievance at the lowest level possible, in an orderly and timely manner.

RECOMMENDATIONS TO IMPROVE EFFECTIVENESS AND EFFICIENCY

MIU recommends the DRO Seattle FOD ensures the NWDC Officer in Charge coordinates with the facility's managing company for its staff to receive additional training in reference to the grievance process and their responsibilities as they relate to responding to formal and informal grievances, to include, identifying a request versus a grievance and a formal versus an informal grievance.

DETAINEE HANDBOOK (DH)

The DFIG reviewed the Northwest Detention Center Detainee Handbook (DH) for compliance with the ICE, National Detention Standards (NDS). The review consisted of random detainee interviews, a tour of the Intake and detainees' housing areas, and a review of the Northwest Detention Center Detainee Handbook. Northwest Detention Center Detainee Handbook was found to be in compliance with the NDS.

The Detainee handbook is available in English and Spanish. Spanish is the most prevalent language spoken by the detainees. The English and Spanish handbooks were last revised on July 2, 2007. Copies of the handbook are available in every detainee housing area.

The following NDS required areas were covered in the Northwest Detention Center Detainee Handbook

| Area | Covered | Page No. |
|---|---------|----------|
| Overview, programs, services and associated rules | Yes | 2&3 |
| Rules, Regulations, Policies, and Procedures | Yes | 4 |
| Smoking Policy | Yes | 7 |
| Restricted Areas | N/A | N/A |
| Appeals Procedures | Yes | 19 |
| Grievance Procedures | Yes | 19 |
| Contraband | Yes | 13&14 |
| Detainee Rights | Yes | 24&25 |
| Detainee Responsibilities | Yes | 2,24&25 |
| Prohibited Actions/Behavior | Yes | 3 |
| Disciplinary Procedures | Yes | 16&18 |
| Disciplinary Sanctions | Yes | 6 |

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

None

RECOMMENDATIONS TO IMPROVE EFFECTIVENESS AND EFFICIENCY

None

DETENTION FILES (DF)

The DFIG reviewed the Detention Files Standard at Northwest Detention Facility (NWDC) to determine if the facility creates a detention file for each ICE detainee booked into the facility for more than 24 hours in accordance with the ICE National Detention Standard (NDS).

The DFIG interviewed NWDC staff and ICE detainees, reviewed detainees files, and other documentation. After referring to the results of the DRO Jail Audit conducted on June 20-22, 2006, the DFIG found the following had been corrected: The Detention Files are kept in a controlled access area, where access is restricted to the Classification Officer and Records Administrator. A logbook is now kept to accommodate all staff requesting Detention Files. The Detainee Detention Record Log is missing two (2) items, the title of person removing the file and the signature returning the file. There is only one Detention File kept in the facility; and Detention Files have an annotation outside the folder as closed.

The DFIG found a re-occurrence of deficiencies. The Detention Files are missing the work assignments and training records (**Deficiency DF-1**). The Booking Alien Card (I-385) is not properly completed such as the release date and time (**Deficiency DF-2**). The Detention Files were missing the following forms: Property Receipt G-589, and Baggage Check(s) I-77 (**Deficiency DF-3**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY- DF-1, DF-2, and DF-3

In accordance with the National Detention Standards, Detention Files, section III (B), the DRO Seattle FOD must ensure detainee detention files contain either originals or copies of forms and other documents generated during the admissions process. If necessary, the detention file may include copies of material contained in the detainee's A-File. All forms must be completed.

RECOMMENDATIONS TO IMPROVE EFFECTIVENESS AND EFFICIENCY

The DFIG recommends the NWDC Officer In Charge (OIC) ensure the facility's management overseeing detention files are reviewed and properly completed. By placing the responsibility on the officers in charge of the detail and ensuring they forward the work sheet and training records to the Records Administrator will eliminate any discrepancy.

The DFIG recommends the NWDC OIC ensure the facility closes detention files properly. This deficiency can be corrected by having a supervisor review the file prior to the detainee's departure.

DISCIPLINARY POLICY (DP)

The DFIG reviewed the Disciplinary Standard at Northwest Detention Center to determine if the facility provides a safe and orderly living environment, and the facility authorities impose disciplinary sanctions on any detainee whose behavior is not in compliance with facility rules and procedures in accordance with the ICE National Detention Standard (NDS).

To accomplish the inspection the DFIG interviewed facility staff, detainees, and reviewed files, logs and other documentation. The inspection revealed compliance with the National Detention Standards (NDS).

Institution Disciplinary Panel (IDP) packets were reviewed, of detainees currently serving disciplinary segregation terms, in the Special Management Unit (SMU). A total of eight detainees were serving disciplinary segregation for various violations. IDP packets are filed in the office of the SMU Lieutenant until the disciplinary segregation sanction is completed. Then, the files are forwarded to the Classification Officer for placement in the detention file. In addition, the Classification Officer was asked to retrieve detention files of detainees who frequently received incident reports, and a total of six detention files were reviewed, each with multiple incident reports, Unit Disciplinary Committee (UDC) reports, and IDP reports. All incident reports reviewed contained the required information, including a detailed description of the incident. Incidents were investigated within 24 hours. The shifts Lieutenants are responsible for all investigations. The SMU Lieutenant is assigned to conduct all UDC hearings, unless he was involved in the incident. The SMU Lieutenant is the only UDC member. The written record of the UDC and IDP hearings reflected the statements made by the detainee. The IDP packets that were examined also indicated staff representation or waiver of such. The SMU Lieutenant appoints a staff representative when needed. Twenty-four hour advance notice of the disciplinary hearing was evident in the written records.

The IDP consists of three members, all of supervisory level. They are: the Acting Associate Warden (Compliance Officer), an ICE representative, and a department head (usually the Safety Officer or Classification Officer).

An appeal procedure is in place. The inspection included a review of various detainee grievances, one that resulted in an IDP re-hearing. The detainee handbook advises decisions of the IDP may be appealed within 15 days.

The SMU Lieutenant responded appropriately to all questions pertaining to corporal punishment, deviation from normal food service, or deprivation of clothing, bedding, hygiene items, recreation, and correspondence privileges.

The detainee handbook contained a listing of detainee rights and responsibilities, and notice of prohibited acts and sanctions. Additionally, the detainee handbook provided a

brief description of the disciplinary procedures, i.e., the right to call witnesses, staff representation, etc.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

None

RECOMMENDATIONS TO IMPROVE EFFECTIVENESS AND EFFICIENCY

None

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

The DFIG inspected the Environmental Health and Safety standard at Northwest Detention Center (NWDC) to determine compliance with ICE National Detention Standards (NDS). The inspection consisted of a tour of the facility, an inspection of the storage areas; including inventory sheets and logbooks, and interviewed the plant manager and safety supply officer.

The DFIG inspected the storage areas containing hazardous materials. Inventory sheets were present. Material Safety Data Sheets (MSDS) were also displayed and available for review.

During the interview with the plant manager the safety supply officer informed the DFIG a master index is kept of all hazardous substances in the facility. The Safety Supply Officer controls and issues hazardous materials. The facility has incorporated the use of auto chemical dispensing device to prevent detainees from having access to the chemicals in a concentrated form. The DFIG observed all storage cabinets being labeled properly and are constructed of metal.

Fire and safety inspections are conducted weekly and written reports of the inspections are maintained. All fire extinguishers contain a current inspection certification. Exit/evacuation diagrams are posted in plain view in English and Spanish, and the diagram does state, you are here. The diagrams do not have the locations of emergency equipment posted (**Deficiency EH&S-1**).

Pest inspections are handled by an outside contractor, Sprague Exterminators, and occur on a monthly contract. The detention facility is on a city line for water service, and the city conducts the testing of the water. In addition, the NWDC also has a private contractor to test the water and sewage. The emergency generator is tested weekly and logged. The facility has an inmate barbershop and it does comply with the requirements of the NDS; however, the barbershop does not have a lavatory (**Deficiency EH&S-2**).

The facilities medical staff has an approved system for safe handling and disposal of used needles and other potentially sharp objects. A contractor picks up the used needles every other Friday. The DFIG observed spill clean up kits are located throughout the medical department.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY EH&S1

In accordance with ICE National Detention Standard, Environmental Health and Safety, section (III) (L)(5) (C), the DRO Seattle FOD must ensure exit signs in detention facilities displays Emergency equipment locations.

DEFICIENCY EH&S-2

In accordance with ICE National Detention Standard, Environmental Health and Safety, Section III (P) (1), the DRO Seattle FOD must ensure detention facilities barber operations is located in a separate room with at least one lavatory having both hot and cold water available in accordance with the NDS.

RECOMMENDATIONS TO IMPROVE EFFECTIVENESS AND EFFICIENCY

None

FOOD SERVICE (FS)

The DFIG reviewed the Northwest Detention Center Tacoma, WA Food Service to determine the level of compliance with the ICE, National Detention Standards to include; providing detainees with nutritious and attractively presented meals prepared and delivered in a sanitary manner while maintaining proper temperature. The DFIG toured the kitchen facility, tasted the quality of the food, and interviewed the Food Service Administrator (FSA). The DFIG found this area to be satisfactory but need of improvement.

GEO personnel and inmate workers appropriately staffed the kitchen. All food service employees are cleared by a medical examination before they are allowed to work in the kitchen. The kitchen is staffed seven days a week, with two shifts a day. Utensils are stored on a shadow board and the logs for using the utensils are properly maintained.

Control of the keys used in the kitchen is maintained in the control room. The key system was checked and no discrepancies were found.

Some food service workers reported for work in soiled white clothing (**Deficiency FS-1**). The DFIG recommends adding bleach to the laundry while washing food workers garments to alleviate the soiled look of clothing. The FSA stated each person has assigned duties throughout the kitchen. The kitchen is equipped with a three-compartment, labeled sink for washing, rinsing and sanitizing utensils and equipment.

A licensed dietician prepares the menu. The reviewer ate lunch during the inspection. The meal was BBQ chicken, pinto beans, coleslaw, yellow cake, and fruit drink. BBQ chicken, coleslaw, yellow cake was tasty and served at the proper temperature. The pinto beans were bland because of the limited use of spices due to the diverse population.

All food workers were wearing hairnets, bread nets, caps, and rubber soled safety shoes. Food and beverages were served in a sanitary manner with all employees wearing gloves and using appropriate utensils. Precautions were taken to prevent "cross contamination" and scoops were used to dispense ice. The kitchen was clean and all overhead pipes were covered.

The facility recognizes religious based diets with the approval of the Chaplain. Medical personnel approve special medical diets. Special diet cards are maintained and updated.

Temperature logs are maintained for all refrigerators, freezers and dishwashers. DFIG inspected the food inventory. All products are stored at a minimum of two inches from the wall and six inches above the floor. The DFIG found cereal with an expiration date of March 16, 2007 (**Deficiency FS-2**). All aisles and passageways were cleared with no obstructions.

There is a restroom available for food service employees equipped with a sign informing employees to wash their hands after toilet use. There are two hand washing lavatories in the kitchen area; both have hot and cold water readily available. Filled soap dispensers, hand-drying equipment and waste receptacles are located near the hand washing lavatories.

All hazardous materials are stored in a separate locked area from the food storage area and are accurately labeled. This separate area also contains the Material Safety Data Sheets and appropriate logs. The FSA stated the maintenance department ensures the kitchen is treated for pests on a monthly basis and the local Fire Chief regularly checks the approved fire suppression system.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with the ICE National Detention Standard, Food Service, section III (2)(a), the Field Office Director shall ensure in detention facilities, all food service personnel shall wear clean garments, maintain a high level of personal cleanliness, and practice good hygiene while on duty.

DEFICIENCY FS-2

In accordance with the ICE National Detention Standard, Food Service, section III (J)(4), the Field Office Director shall ensure in detention facilities, procedures are in place for checking the quality and quantity of food and other supplies; and inventory levels are established, monitored, and periodically adjusted to correct excess or shortages.

RECOMMENDATIONS TO IMPROVE EFFECTIVENESS AND EFFICIENCY

None

FUNDS AND PERSONAL PROPERTY (FPP)

The DFIG inspection revealed compliance with the National Detention Standards (NDS). The property room was inspected and it was found to be clean and organized.

Detainee property is stored in canvas bags with non-removable security tie-straps. The "Property Withheld Receipt" is attached to each bag. The bags are organized according to the detainee's A-number and stored in an expandable and modular mobile shelving system. Small valuables are stored in heat sealed plastic bags in a dedicated combination safe located in the property room. The safe was also inspected and found to be well organized. The property room was observed to remain secured at all times, and only the Property Officer, Lieutenants, and Accounting Technician has access. Only the Property Officer and Lieutenants have access to the small valuables safe. Logbooks are used to manually record each canvas bag and heat-sealed small valuables bag received and removed from storage. The GEO-Trak computer program is also used to record property items stored. A logbook is maintained to document weekly audits conducted by the property Lieutenant.

The post orders of the Property Officer describe responsibilities as to the inventory, storage, and auditing of the property. The Property Officer was knowledgeable of his duties and explained the procedures, sometimes pointing to specific language in his post orders.

Upon arrival, detainee property is searched and inventoried in the presence of the detainee. [REDACTED] admissions officers were present during the process and both sign the property receipts. Detainees were given a copy of all receipts. The post orders were reviewed and found to be adequate. One of the admissions officers' was interviewed and found to be knowledgeable of the property items allowed for retention, in accordance with NDS. (b) (7) (E)

In this facility detainees may not keep cash in their possession. A wall safe, for cash and small valuables, is located in the admissions processing area. The cash and valuables, which are heat-sealed in small plastic bags, fall into a small secured room/vault, which is accessible only through the property room. Only the Accounting Technician, assigned the responsibility of receiving, verifying, and logging receipt, has a key to this room/vault. The Accounting Technician demonstrated the procedures utilized to the inspector, and those procedures were found to be in compliance with NDS and GEO policy.

Two "Claims for Missing or Damaged Property" were shown to the inspector as proof that such a procedure is in place. The designated ICE official confirmed that abandoned property is turned over to ICE.

The detainee handbook contained all of the information required by NDS. The GEO policy entitled, "Detainee Admission, Orientation, and Release," was reviewed and found to be in compliance with NDS.

The 2005 and 2006 annual reviews do not reflect any deficiencies in the NDS for funds and personal property.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

None

RECOMMENDATIONS TO IMPROVE EFFECTIVENESS AND EFFICIENCY

None

HOLD ROOMS IN DETENTION FACILITIES (HR)

MIU toured the Hold Rooms for temporary detention of individuals awaiting removal, transfer, EOIR hearings, medical treatment, intra-facility movement, or other processing into or out of the facility. Detainees are not held in the Hold Rooms past the permitted 12 hrs. The facility has a form called Hold Room Log- Book; it is used for tracking time of all detainees placed in hold rooms. Staff is not documenting the time in which detainees are fed; the form does have a space to do so. MIU recommended to the staff that any feeding times should be recorded on the form. Interviews and inspection confirmed the standard is being met.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

None

RECOMMENDATIONS TO IMPROVE EFFECTIVENESS

None

ISSUANCE & EXCHANGE OF CLOTHING, BEDDING, AND TOWELS (IECB&T)

DFIG toured the male and female Pods to observe the condition of the living areas, interviewed detainees and staff. The Laundry Schedule is posted on Bulletin Boards. In addition, DFIG toured the Laundry Room, interviewed the Laundry Officer and was provided a Laundry Schedule, which meets the standard. Uniforms are exchanged three times a week and the linen and towels are exchanged twice a week. The undergarments are exchanged daily. Detainees in special details are provided with the required protective equipment to perform the assigned duties. Interviews and inspection confirmed the standard is being met.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

None

RECOMMENDATIONS TO IMPROVE EFFECTIVENESS AND EFFICIENCY

None

KEY AND LOCK CONTROL (K&LC)

DFIG interviewed the security officer, who is the key control officer, and the plant manager who also handles key and lock control associated issues. The plant manager who is in control of maintenance, replacement, and removal of locks in the facility did not take the BOP locksmithing course. However he and the maintenance officers under him did take the official course by the corporation that supplies there locking equipment (southern steel company).

The maintenance officer keeps a log of when the emergency keys are tested, which is completed on a done quarterly basis. All other keys are tested on a monthly basis. Maintenance officers also keep logs of all keys, locks, and locking devices in the lock shop. There is a procedure in place for handling the destruction of keys and locks, and the appropriate form is completed, and forwarded up the chain.

There is a procedure for protecting the integrity of safe combinations, but it does not exactly meet the criteria in the National Detention Standards. The warden and lieutenant keep the safe combinations, they are changed quarterly which exceeds the standards, but an outside locksmith company handles the safe combination changes. A safe with the envelopes containing the individual combinations is not kept in the lock shop in a safe (**Deficiency K&LC-1**).

There are no padlocks used in the facility for locking doors or cabinets, but they are used on belly chains for transporting detainees, and for locking devices outside the facility past the reach of detainees. Maintenance also keeps records of all maintenance on the locking devices, and then notifies security about the records. The facility does not use a grandmaster key system.

There is a keyboard in the main control room, and they do utilize a proper chit system. There is either a set of facility keys or a chit on every hook. All the key rings have a chit for the number of keys on the chain, and what number key it is. The keys are made with a tamper proof ring system, and all the emergency keys are kept in a separate cabinet. There is a set procedure for issuing keys. The facility has a set of individual gun lockers, and they are under constant video surveillance monitored from the control room. There is no detainee access, or public access to the lockers. The control room does keep a key ring logbook, and it is audited at the beginning of each shift.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY K&LC-1

In accordance with the ICE National Detention Standard, Key and Lock Control, section (III)(B)(3), the Field Office Director shall ensure in detention facilities envelopes containing safe combinations shall be stored in the lock shop.

RECOMMENDATIONS TO IMPROVE EFFECTIVENESS AND EFFICIENCY

None

MEDICAL CARE (MC)

MIU conducted interviews of the Northwest Detention Center (NWDC) Division of Immigration Health Services (DIHS) medical staff, GEO staff and ICE officials assigned to this detention facility. The medical personnel interviewed included the Health Services Administrator, the Pharmacist; medical records personnel, the administrative assistant and multiple nurses and providers. ICE officials interviewed include the AFOD and deportation officers. GEO staff interviewed included those officers posted in the segregation unit, the medical and SSU unit, the female and male dorms, and employees in the records and training departments. Detainees were also interviewed including random detainees housed in segregation and in the female and male dorms. In addition to these interviews, MIU reviewed medical records, Suicide Observation Checklists, Input and Output Flow sheets, Hunger Strike Flow sheets, training records of both medical and GEO staff, lesson plans, Policy and Procedures Manuals, detention files, and the medical staffing model. Direct observation of operations was also done during the inspection. Overall the medical unit was found to be compliant with most of the National Detention Standards. Only one problem area was noted.

Medical staff is up to date 100% on their annual suicide prevention training. The lesson plan is the DIHS HQ created slide show. It includes all the components listed in the medical standard. The DIHS slide show is also used to train the facility staff. Five random training records were reviewed and 100% compliance was noted. The facility staff receives first aid / CPR training annually or every two years depending on the type of the training. They also receive annual emergency response training that includes the 4-minute response time. Compliance was found with 100% of the five randomly selected employee training records inspected. Medical staff receives hunger strike training as part of their orientation located in the DIHS Policy and Procedure Manual.

DIHS has adequate staff to provide care for the population of detainees at NWDC. See the Access to Care Checklist for exact staffing model. The staffing model is [REDACTED] filled and [REDACTED] of the [REDACTED] vacancies have names of people that have been approved for hire.

(b) (7) (E)

The Northwest Detention Center has adequate space to provide care and evaluate detainees in private. The medical unit has 5 exam rooms, a dental room, X-ray room, urgent care room, and a pharmacy, laboratory and pill line room. No overcrowding or privacy issues observed during inspection. The unit also has a Short Stay Unit (SSU) with negative pressure isolation rooms and medical observation rooms, as well as, a 4-bed ward with two functional beds. [REDACTED] officers are posted in medical, one at the entrance in control of the holding cells and another in the SSU. The unit itself is within the secure perimeter. Access to the unit is through one of two Sally-port entrances under control of central control.

(b) (7) (E)

There are two locked holding cells at the main entrance to the medical unit. Detainees have access to toilet and water in each cell. In addition, there is another detainee bathroom located next to the holding cells. The medical officer is posted outside these cells with direct observation capabilities.

The pharmacy is located with-in the secure perimeter of the facility and with-in the medical clinic. It has a drop-down roof, but the concrete walls run all the way to the real ceiling. A pass through window exists and the entrance is through a solid high level security door with only [REDACTED] access passes. [REDACTED]

(b) (7) (E)

[REDACTED] process these 3 passes. Medications are stored properly and medications administered are noted on the Medication Administration Records for each detainee. Per interview with both medical and GEO staff, non-medical staff administers no medications of any type.

Medical records are kept electronically (eMR) in the Case Trakker system. Hard copies of various labs, EKGs, checklist, consent forms, etc. are scanned into the eMR. These papers are then filed with-in the medical records department. This room has a locking door and signs posted for no un-authorized access. Medical records personnel were observed keeping unauthorized personnel out of the room. Medical records are kept confidential, only medical personnel are allowed to access the records through the secure eMR system. If copies are requested, a Freedom of Information Act Form is filled out and signed by the detainee. These forms were observed in the medical records during the chart review. 100% were filled out and signed appropriately.

The clinic is operational 24 hours a day; when a provider is not present in the clinic, one is on-call. The on-call schedule was observed on the bulletin board. The medical clinic has a list of emergency numbers, local hospitals and healthcare facilities in the area and a call roster with contact numbers for all the medical staff. Nurses on duty were able to locate this book quickly. The medical facility has a Letter of Understanding with the Franciscan Healthcare System to provide hospitalization and services that the facility cannot provide when necessary.

Medical and mental health screening is conducted during the intake process and is done with-in the 12-hour timeframe. The new detainee signs a medical consent form first. Review of 60 charts showed 100% compliance with this standard. After signing the consent, all new arrivals get a CXR as part of the TB screening process and then medical staff interviews them. This interview is the medical and mental health screening. Medical personnel do this screening only. A review of 60 charts showed medical intake packages complete 100% of the time. A logbook is located in the intake area, and times are logged for the completion of each intake task including the medical clearance time.

If detainees are found to be suspicious for active TB or any other communicable diseases, they are isolated in the medical isolation rooms. These rooms are negative pressure rooms. A read-out on the wall of the nurse's station verifies the negative pressure and nurses verify the negative pressure with a tissue test daily.

A review of 60 medical charts showed all the detainees had physical exams with-in the 14-day time frame of the medical standard.

The HSA and AFOD report that a meeting is held weekly between the HSA and OIC; however, there is no current documentation of these meetings (**Deficiency MC-1**). The most recent documentation available was from March 21, 2007 and prior to that November 9, 2006. The AFOD reports that more documentation may exist, but the person who would know is not at the facility at this time.

Detainees obtain medical access in three different ways. For the general population, a nurse conducts an open sick call each morning. Any male detainee who wishes to be seen is allowed to come to the clinic. They line up in the hallway and are seen one at a time by the nurse in the medical interview room. The detainee's problem is documented on a triage form along with an appropriate assessment. They are given an appointment time based on the severity of their problem. A provider further than one day away then reviews all detainee triage forms with appointments. The females in general population access sick call in much the same way except a nurse goes to their dorm to conduct this sick call at around 0600 hours each morning.

Second, detainees in segregation see the nurse multiple times each day. This was verified in the sign-in logs for segregation and through detainee interviews in segregation. A detainee may tell the nurse during these rounds that he has a problem or he may fill out a Request for Medical Services Form available in both English and Spanish. These forms are available upon request from the segregation officer. MIU interviewed the segregation officer who was able to locate an ample supply of these forms quickly.

The final way a detainee can access medical care is through the emergency or urgent care system. When a detainee complains to an officer of a medical problem, the officer alerts the medical officer who advises medical staff. Medical personnel report that they see any detainee who requests medical services. They perform the same triage that is done at sick call. Based on the severity of the detainee's problem, they either treat the detainee immediately, appointment him / her as stated above or inform him / her of the proper sick call procedures to follow to have his / her problem resolved. To encourage proper and efficient use of medical resources, unless the detainee's problem is urgent, the detainee is not treated immediately.

All detainees in general population that were interviewed reported access to medical care was good. One female detainee was not happy that she was seen by a nurse, triaged and appointed for 5 days later to see the provider. Her stated problem was with a diet request and non-urgent in nature.

Records were reviewed on HIV + detainees, there was no indication of segregation or isolation in the record.

The Pharmacist is the person in charge of the first aid kits. An LOP exists stating the process for inspection and location of the kits. A logbook is kept with entry for each kit and they are inspected monthly. Inspections are current at present.

After comparing the results from the National Detention Standards Review conducted on June 21st, 2007, to current conditions, MIU noted the following: In June 2007 the reviewer found that 2 charts of 10 evaluated for 15 min suicide observation checklists, had no record of these checklists in the chart, that those checklists were filed with the GEO charts. After this review, a process for retention of records inside the medical file was started to correct the problem. During this inspection the MIU found that the medical records contained the 15-minute suicide watch observation checklists for all detainees on suicide watches since June of 2007. The majority of suicide checklists prior to this date were still unavailable in the medical record.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with the National Detention Standards, Medical Care, section (III)(P), the DRO NWDC FOD must ensure that a documented meeting between the OIC and HSA is held at least quarterly and that minutes of this meeting are recorded and kept on file. The agenda of these meetings must include, but not be limited to the following:

1. An account of the effectiveness of the facility healthcare program
2. Discussions of health environmental factors that may need improvements
3. Changes effected since the previous meetings
4. Recommended corrective actions, as necessary

RECOMMENDATIONS TO IMPROVE EFFECTIVENESS AND EFFICIENCY

None

POPULATION COUNTS (PC)

The DFIG toured the Control Center, male and female Pods, observed the Population Count process in both areas. The Control Center maintains the master count record. Movement of all detainees ceases before the formal count begins. All detainee units/areas conduct the formal counts simultaneously. The officers conducting the counts make a positive identification before counting anyone present. [REDACTED] officers conduct the count, [REDACTED]

(b) (7) (E)

[REDACTED] n emergency count is conducted if there is reason to believe a detainee is missing, or after a major disturbance has occurred.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

None

RECOMMENDATIONS TO IMPROVE EFFECTIVENESS AND EFFICIENCY

The DFIG recommends the DRO Officer in Charge (OIC) ensure the facility's management provides a relief officer to assist in the Control Center during the formal counts, to avoid possible discrepancies. Currently the officer responsible for the count is responsible for the security cameras, opening doors for staff, and telephone calls. This additional staff member will free the officer responsible for the count to focus on the count.

POST ORDERS (PO)

The DFIG reviewed the Northwest Detention Center (NWDC) post orders to determine compliance with the ICE National Detention Standards (NDS). The inspection consisted of interviews with the Acting Associate Warden, Lieutenant and correctional officers. Policy and Procedure Manual and specific and general post orders were inspected. The DFIG inspection of the post orders revealed a deficiency in this standard.

The officers assigned to the armed post-outside escort/transport did not sign and date the post order to indicate having read and understood its provisions (**Deficiency PO-1**). Washington State Criminal Justice Training Commission, Firearms Certification Application mandates all personnel authorized to use firearms receive appropriate training before being assigned to a post involving the possible use of such weapons. Firearms training cover the use, safety, and care of firearms and constraints on their use. All personnel authorized to use firearms must demonstrate competency annually. GEO maintains documentation of annual shooting requirements for each armed correctional officer in their training files. The armed post officers qualify in accordance with the current Washington State Firearms policy.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY PO-1

In accordance with ICE National Detention Standard, Post Orders, section (III)(B) the DRO Seattle FOD must ensure the officer will sign and date the post order to indicate having read and understood its provision.

RECOMMENDATIONS TO IMPROVE EFFECTIVENESS AND EFFICIENCY

None

RECREATION (R)

The DFIG reviewed the Recreation standard at Northwest Detention Center (NWDC) to determine if ICE detainees are provided with access to recreational programs and activities in accordance with the ICE National Detention Standard (NDS).

To accomplish this review, the DGIG interviewed NWDC staff, reviewed facility documentation, and visited recreation areas. NWDC has a recreation specialist and an assistant on staff to manage the program.

NWDC allows detainees in general population and in the Special Management Unit recreation one hour per day, seven days a week in the main recreation yard. Each housing unit, in addition, has an outdoor recreation area that is available to detainees except during the count and at mealtime. The housing unit recreation outdoor areas close at 8:00 pm each day. Indoor recreation is offered for tabletop/board games and small group activities in each day room.

NWDC staff informed the DFIG there are no weight machines or free weights available in the facility to detainees. Limited contact sports such as basketball and soccer are allowed for outdoor recreation. Detainees have access to drinking water via water fountains; toilets are also available.

The facility does not have any volunteers to assist in recreational activities.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

None

RECOMMENDATIONS TO IMPROVE EFFECTIVENESS AND EFFICIENCY

None

RELIGIOUS PRACTICES (RP)

The DFIG inspection revealed compliance with the National Detention Standards (NDS). Detainees of various religious beliefs are provided opportunities to participate in the practices of their respective faiths. The inspector interviewed the Compliance Officer, Training Director, Recreation Specialist, Special Management Unit (SMU) Lieutenant, Food Service Manager, and one Detention Officer assigned to admissions.

The facility does not have a chaplain on staff. The Recreation Specialist is responsible for managing religious activities, in the facility, under the supervision and guidance of the Training Director and Compliance Officer. The responsibilities of the Recreation Specialist include: creating a monthly "Religious Schedule;" coordinating services and activities; consulting with community faith experts and volunteers; processing religious volunteer applications and maintaining their files; and, responding to detainee requests for pastoral care or other matters. The Recreation Specialist has other collateral responsibilities, such as the supervision of the law library. The Recreation Specialist receives assistance from her supervisors and the Detention Officer assigned to supervise religious activities.

The Recreation Specialist facilitates detainee requests for pastoral visits, and memoranda of recent rabbi visits were provided as examples of such visits. The Recreation Specialist receives all detainee request forms. The Training Director and/or Compliance Officer review non-routine requests. Volunteers are used to minister to the various faith groups. The listing of religious volunteers contained a total of 29 persons who have been cleared and issued badges; most were World Relief (Christian) and Jehovah Witness. In addition, the Recreation Specialist utilizes faith experts, as resources, from the local community. The faith experts are utilized to assess detainee requests as well as to provide guidance to the Recreation Specialist and her supervisors. The Compliance Officer was noted to be hands-on involved in obtaining guidance from the community's faith experts.

The services scheduled during the months of October and November (2007) were as follows: World Relief (10 per month); Catholic (4 per month); Sikh (5 per month); Jehovah Witness (5 per month), and Muslim (5 per month). Religious services and activities are held in the multi-purpose room. The October religious schedule was observed posted in the housing units, and the completed November religious schedule was shown to the inspector, ready for posting. The Recreation Specialist maintains a listing of holy days approved for observance. The Compliance Officer and Recreation Specialist described the procedure in place for requesting unfamiliar religious components.

A closet is located in the multi-purpose room, which is used to store items used in services; however, most items are brought in and taken out by the volunteers who perform the service. Lavatory space is in close proximity to the multi-purpose room.

Detainees were requested to show their personal religious items, resulting in the display of rosaries, bibles, prayer rugs, etc.

The Food Service Manager described the procedures utilized to accommodate religious dietary requirements. A "Meal Request Form" is delivered to the food service department from the housing units, in which vegetarian and kosher meal requests are listed. The SMU lieutenant also indicated he consults with the Recreation Specialist and the Food Service Manager when he receives such requests. The Recreation Specialist makes rounds through the SMU to respond to religious related requests.

Religious preferences are being keyed in the GEO Data System at the time of commitment.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

None

RECOMMENDATIONS TO IMPROVE EFFECTIVENESS

None

STAFF-DETAINEE COMMUNICATION (SDC)

The staff-detainee communication at the Northwest Detention Center (NWDC) was examined to determine if there are procedures to allow for formal and informal contact between ICE staff and ICE detainees and to permit detainees to make written requests to ICE staff and receive an answer in an acceptable time frame in accordance with the ICE National Detention Standards.

Staff visits Pods to answer questions, and visits are recorded in the Pods Logbook. The ICE staff visitation schedule is posted in each Pod. A detainee request form log has been implemented to track the status of detainee concerns. The Detainee Handbook provides detainees of their right to communicate with ICE staff.

However, interviews with DRO staff and ICE detainees raised concerns about the timely fashion in which responses to detainee requests are made. Staff detainee communication appears to be an area of concern. An officer stated some officers do not go into the POD unless they are responding to a request. Therefore, the weekly visit requirement is not being met. Some officers acknowledged the 72-hour requirement is not always met.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

None

RECOMMENDATIONS TO IMPROVE EFFECTIVENESS

None

SECURITY INSPECTIONS (SI)

DFIG reviewed the North West Detention Center (NWDC) security policy and procedures for compliance with the ice, National Detention Standards (NDS). The review consisted of interviews of the Captains in charge of security of the facility, the security officer, and a review of the logbooks at random posts.

The NWDC Warden has established a security inspection system thoroughly covering the facility. NWDC is built of concrete, within an industrial area and does have a fence line, which is patrolled by [REDACTED] in a patrol vehicle. The fence line does (b) (7) (E) not have an alarm. The security inspection system provides guidelines for reporting security vulnerabilities and in-consistencies, including posts and areas to be inspected. Any deficiency in physical security is reported to maintenance supervisor and security captain for repair.

The security inspections conducted in the housing areas showed that regular inspections occurred in the units and the inspection sheets were completed, but were not logged in the post logbook in a timely fashion. The security inspection reports are sent to the security captain and filed in the security office. Separate security reports are completed in the SMU area, and filed with the SMU Captain.

The front entrance into the lobby area does not have a sally port, but there is a separate entrance for the loading and unloading of detainees that does utilize a sally port. The front lobby is a manned post for the screening of visitors and attorney visitations. The entrance appeared to be operated in a professional manner. [REDACTED]

(b) (7) (E)

Upon initial inspection DFIG was escorted throughout the facility, and into the SMU area. Although not being accompanied by an escort, on the second day of the inspection, DFIG members were granted access into the SMU without a proper identification check by the control officer (**Deficiency SI-1**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SI-1

In accordance with the ICE National Detention Standard, Security Inspections, section (III)(D)(4)(a), the DRO Seattle FOD must ensure officers assigned to detention facilities special management unit check the identification of visitors independent of each other before allowing him/her through the door.

RECOMMENDATIONS TO IMPROVE EFFECTIVENESS

None

TELEPHONE ACCESS (TA)

The DFIG reviewed the Telephone Access standard at Northwest Detention Center (NWDC) to determine if ICE detainees are provided reasonable and equitable access to telephones in accordance with the ICE National Detention Standard (NDS).

To determine compliance, the DFIG interviewed NWDC staff and ICE detainees, reviewed the facility's documentation, and inspected housing areas.

The DFIG observed NWDC provides written notification of the telephone rules to detainees by the issuance of a detainee handbook to each detainee, and by the posting of the rules on bulletin boards in each housing unit. All detainees can easily view the rules.

NWDC has a minimum of one telephone for every 25 detainees. Housing units generally has a capacity of 80 detainees, with four telephones per unit. The DFIG checked telephones in the female and male housing units, and all were found to be in working order. NWDC staff informed the DFIG that ICE and NWDC staff also checks telephones every day to ensure they are working. Notation of the daily checks is made in each housing unit logbook.

The DFIG interviewed several male and female detainees and was informed NWDC allows free outgoing calls to/for: Immigration Court, Consular Officials; Legal Service Providers, Board of Immigration Appeals; and for personal or family emergencies. Detainees in the special management unit are allowed telephone privileges. Detainees are given emergency messages and allowed to return the call without delay. A telephone log is maintained for the denial of any telephone access. The facility provides privacy to detainees for telephone calls regarding legal matters. Privacy is guaranteed by taking the detainee to the intake area for such calls.

NWDC staff informed the DFIG that detainee telephone calls are not monitored unless there is probable cause.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

None

RECOMMENDATIONS TO IMPROVE EFFECTIVENESS

None

TOOL CONTROL (TC)

DFIG inspected the Northwest Detention Center's (NWDC) tool control Policy and procedures. All appeared to be in conjunction with the National Detention Standards (NDS). The individual interviewed was the plant manager who is responsible for all access and procedures for tool control. All department heads are responsible for the tools in their area with all requests and reports going to the plant manager.

Monthly reports are completed per the department head and submitted to maintenance, which then creates a full quarterly report. Tools are classified properly and marked accordingly and placed in the proper storage areas. There is no issuance of tools to detainees. Detainees do not work on maintenance or construction details.

There is a system in place for the replacement of broken and worn tools. There is a form that needs to be filled out and is signed appropriately up the chain of command and kept on file in the plant manager's office. All outside contractors submit a tool list before working in the building and all tools are inventoried at the entrance by maintenance staff that is also correctional officers.

Overall, the tool control seems to be in proper working order, with policies and procedures in place, and are adhered to by staff. Proper logs are kept of all inventories and issuance of equipment and its return.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

None

RECOMMENDATIONS TO IMPROVE EFFECTIVENESS AND EFFICIENCY

None

TRANSPORTATION (T)

MIU toured the male and female Intake and Release area to observe all necessary notifications when a detainee(s) is transferred: Notification Procedures, Request for Bed/Designation, Preparation and transfer of records, Property, Phone Calls and Miscellaneous. Interview detainees and staff, detainees are notified in writing, the name, address, and telephone numbers of the facility he/she is being transferred. Preparation and Transfer of Records are properly executed, I-203, G-391, and I-216, are accompanying the transfer. All property accompanies each detainee transfer. Interviews and inspection confirmed the standard is being met.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

None

RECOMMENDATIONS TO IMPROVE EFFECTIVENESS AND EFFICIENCY

None

VISITATION (V)

The DFIG reviewed the visitation area at The Northwest Detention Center to determine compliance with ICE National Detention Standards (NDS). The DFIG reviewed the procedures employed by GEO, detainee notification, visitation logs, incoming property and money, special management unit, legal representation, and news media. No deficiencies were found in this standard.

The Warden advised the team special arrangements, such as longer visitation times, are made when visitors have traveled long distances. Attorneys can visit in excess of one hour at the discretion of the Detention Center. The GEO staff appeared professional and knowledgeable of the visitation policies and procedures. The GEO staff has a good understanding of ICE forms and their intended use. The visitation log documents the required information.

The logbooks were current with the visitors' arrival and departure from the facility properly recorded.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

None

RECOMMENDATIONS TO IMPROVE EFFECTIVENESS AND EFFICIENCY

Currently, when a visitor arrives at NWDC to visit a detainee, NWDC staff only records the last three digits of the detainee's A- Number in the log. The DFIG recommends the DRO Seattle FOD ensure policy is implemented to record complete A-numbers to avoid any discrepancies.

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APPENDIX A

Acronyms

| | |
|---------------|--|
| ACA | American Corrections Association |
| CCA | Corrections Corporation of America |
| COTR | Contracting Officer Technical Representative |
| CXR | Chest X-ray |
| DACS | Deportable Alien Control System |
| DIHS | Division of Immigration Health Services |
| DFIG | Detention Facilities Inspection Group |
| DRO | Detention and Removal Operations |
| DSCU | Detention Standards Compliance Unit |
| EADM | Enforcement Detention Module |
| EOIR | Executive Office of Immigration Review |
| FOD | Field Office Director |
| FSA | Food Service Administrator |
| HSA | Health Services Administrator |
| HQ | Headquarters |
| ICE | Immigration and Customs Enforcement |
| IEA | Immigration Enforcement Agent |
| IJHR | Immigration Judge Hearing |
| JCRF | Juvenile Community Residential Facility |
| JDF | Juvenile Detention Facilities |
| JIC | Joint Intake Center |
| JPATS Justice | Prisoner Air Transport System |
| KOP | Keep on Person's |
| LVN | Licensed Vocational Nurse |
| MIU | Management Inspections Unit |
| MOU | Memorandum Of Understanding |
| MRT | Medical Records Technician |
| MSDS | Material Safety Data Sheets |
| NDS | National Detention Standards |
| NP | Nurse Practitioner |
| OB | Obstetric |
| OIC | Officer in Charge |
| OPR | Office of Professional Responsibility |
| ORR | Office of Refugee Resettlement |
| OTC | Over The Counter |
| PE | Physical Education |
| PHS | Public Health Service |
| POA | Plan of Action |
| PPD | Purified Protein Derivative |
| R&D | Receiving and Discharge |
| RN | Registered Nurse |
| SIR | Significant Incident Report |
| SMU | Special Management Unit |
| TB | Tuberculosis |

APPENDIX B

SUMMARY OF POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

| DETENTION STANDARD | | DEFICIENCIES AND REQUIREMENTS | PAGE |
|--------------------------------|------------------------------|--|------|
| ADMISSION AND RELEASE | AR-1 AR-2 AR-3 AR-4 | In accordance with the National Detention Standards, Admission and Release, Section III (H)(1), the Field Office Director must ensure, in all detention facilities Admissions Documentation are filled out completely by the processing officer or shift supervisor. | 20 |
| DETAINEE CLASSIFICATION SYSTEM | DCS-1 | In accordance with ICE National Detention Standard, Detainee Classification System, Sections (III)(B) the DRO Seattle FOD must ensure the officer assigned to intake/processing will review the detainee's A-file, work-folder and/or information provided by ICE, to identify and classify each new arrival according to the DCS. | 22 |
| DETAINEE CLASSIFICATION SYSTEM | DCS-2 | In accordance with ICE National Detention Standard, Detainee Classification System, Sections (III)(G) the DRO Seattle FOD must ensure in SPC's/CDF's, the first reassessment is completed 45 to 60 days after the date of primary assessment. | 22 |

| DETENTION STANDARD | | DEFICIENCIES AND REQUIREMENTS | PAGE |
|--------------------------------|----------------------|---|------|
| DETAINEE GRIEVANCE PROCEDURE | DGP-1 | In accordance with ICE National Detention Standard, Post Orders, Sections (III)(A) the DRO Seattle FOD must ensure the facility retains grievance procedures and makes every effort to resolve the detainee's complaint or grievance at the lowest level possible, in an orderly and timely manner. | 23 |
| DETENTION FILES | DF-1 DF-2 DF-3 | In accordance with the National Detention Standards, Detention Files, Section III (B), the Field Office Director must ensure in detention facilities the detainee detention file contains either originals or copies of forms and other documents generated during the admissions process. If necessary, the detention file may include copies of material contained in the detainee's A-File. All forms must be completed. | 25 |
| ENVIORMENTAL HEALTH AND SAFETY | EH&S-1 | In accordance with ICE National Detention Standard, Environmental Health and Safety, Section III (5) (C), the Field Office Director must ensure in detention facilities the following information is provided on existing exit signs, emergency equipment locations, in accordance with the NDS. | 28 |
| ENVIORMENTAL HEALTH AND SAFETY | EH&S-2 | In accordance with ICE National Detention Standard, Environmental Health and Safety, Section III (5) (C), the Field Office Director must ensure in detention facilities the following information is provided on existing exit signs, emergency equipment locations, in accordance with the NDS. | 28 |

| DETENTION STANDARD | | DEFICIENCIES AND REQUIREMENTS | PAGE |
|----------------------|--------|--|------|
| FOOD SERVICE | FS-1 | In accordance with the ICE National Detention Standard, Food Service, section III (2)(a), the Field Office Director shall ensure in detention facilities, all food service personnel shall wear clean garments, maintain a high level of personal cleanliness, and practice good hygiene while on duty. | 30 |
| FOOD SERVICE | FS-2 | In accordance with the ICE National Detention Standard, Food Service, section III (J)(4), the Field Office Director shall ensure in detention facilities, procedures are in place for checking the quality and quantity of food and other supplies; and inventory levels are established, monitored, and periodically adjusted to correct excess or shortages. | 30 |
| KEY AND LOCK CONTROL | K&LC-1 | In accordance with the ICE National Detention Standard, Key and Lock Control, section III (B)(3), the Field Office Director shall ensure in detention facilities envelopes containing safe combinations shall be stored in the lock shop. | 36 |

| DETENTION STANDARD | | DEFICIENCIES AND REQUIREMENTS | PAGE |
|----------------------|------|---|------|
| MEDICAL CARE | MC-1 | <p>In accordance with the National Detention Standards, Medical Care, section III P, the DRO NWDC FOD must ensure that a documented meeting between the OIC and HSA is held at least quarterly and that minutes of this meeting are recorded and kept on file. The agenda of these meetings must include, but not be limited to the following:</p> <ol style="list-style-type: none"> 1. An account of the effectiveness of the facility healthcare program 2. Discussions of health environmental factors that may need improvements 3. Changes effected since the previous meetings 4. Recommended corrective actions, as necessary | 40 |
| POST ORDERS | PO-1 | <p>In accordance with ICE National Detention Standard, Post Orders, Sections (III)(B) the DRO Seattle FOD must ensure the officer will sign and date the post order to indicate having read and understood its provision.</p> | 43 |
| SECURITY INSPECTIONS | SI-1 | <p>In accordance with the ICE National Detention Standard, Security Inspections, section III D (4) a), the Field Office Director shall ensure in detention facilities special management unit, officers check the identification of the visitor independent of each other before allowing him/her through the door.</p> | 48 |

APPENDIX C

SUMMARY OF RECOMMENDATIONS

| DETENTION STANDARD | RECOMMENDATIONS | PAGE |
|------------------------------|--|------|
| ADMISSION AND RELEASE | <p>The DFIG recommends the Field Office Director ensure the compliance team makes another Orientation Video in Spanish.</p> <p>The DFIG recommends the Field Office Director ensure the Northwest Detention Center correct the following: stop issuing razors to detainees in the booking area; it is recommended that razors be issued after the detainee arrives in the Housing Unit. Stricter control of razors is highly recommended. Razors that are currently being issued can be easily disassembled and used, as a weapon at will. This is the second time that this has been addressed to the attention of the Detention Center and they have not changed this situation.</p> | 20 |
| DETAINEE GRIEVANCE PROCEDURE | MIU recommends the DRO Seattle FOD ensures the facility's Officer in Charge coordinates with the facility's managing company for its staff to receive additional training in reference to the grievance process and their responsibilities as they relate to responding to formal and informal grievances, to include, identifying a request versus a grievance and a formal versus an informal grievance. | 23 |

| DETENTION STANDARD | RECOMMENDATIONS | PAGE |
|--------------------|---|------|
| DETENTION FILES | <p>The DFIG recommends the DRO Officer In Charge (OIC) ensure facility's management overseeing detention files are reviewed and properly completed. By placing the responsibility on the officers in charge of the detail and ensuring they forward the work sheet and training records to the Records Administrator will eliminate any discrepancy.</p> <p>The DFIG recommends the DRO OIC ensure the facility closes Detention Files properly. This deficiency can be corrected by having a supervisor review the file prior to the detainee's departure.</p> | 25 |
| POPULATION COUNTS | <p>The DFIG recommends the DRO Officer in Charge (OIC) ensure the facility's management provides a relief officer to assist in the Control Center during the formal counts, to avoid possible discrepancies. Currently the officer responsible for the count is responsible for the security cameras, opening doors for staff, and telephone calls. This additional staff member will free the officer responsible for the count to focus on the count.</p> | 42 |
| VISITATION | <p>Currently the NWDC staff only records the last three digits of the detainee to be visited A Number. The complete A number should be utilized to avoid any confusion at a later date.</p> | 53 |