



OIDO

Office of the Immigration
Detention Ombudsman

**OIDO
INSPECTION OF
NORTHWEST
ICE
PROCESSING
CENTER**

OIDO-24-007

November 20, 2024



November 20, 2024

MEMORANDUM FOR: Patrick J. Lechleitner
Deputy Director and Senior Official
Performing the Duties of the Director
U.S. Immigration and Customs Enforcement

FROM: Michelle Brané
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SUBJECT: OIDO-24-007
Northwest ICE Processing Center
June 27–29, 2023

Attached is the Office of the Immigration Detention Ombudsman’s final report based on its inspection of the Northwest ICE Processing Center in Tacoma, Washington, on June 27–29, 2023. We reviewed the facility’s performance as well as compliance with the 2011 Performance-Based National Detention Standards as revised in 2016 (hereinafter referred to as the 2011 PBNDS) and contract terms.

The report contains 11 recommendations aimed at improving the facility and its compliance with the 2011 PBNDS and contract terms. Based on the information provided in your responses to the draft report, we consider 10 recommendations closed and one recommendation open.

Attachment



**OIDO INSPECTION
OF
THE NORTHWEST ICE PROCESSING CENTER
Tacoma, Washington**

Executive Summary

In June 2023, the Office of the Immigration Detention Ombudsman (OIDO) conducted an unannounced inspection of the Northwest ICE Processing Center in Tacoma, Washington. OIDO assessed the facility's performance and compliance with the U.S. Immigration and Customs Enforcement (ICE) detention standards and contract terms. OIDO's inspection primarily followed up on issues found by other oversight entities, including environmental health and safety, staff-detainee communication, hunger strikes, personal hygiene, significant self-harm and suicide prevention and intervention, and the grievance system.

OIDO's inspection led to several findings. There were 18 general custody, five contract, and five medical findings. Of the findings related to general custody issues, 12 were compliant findings, five were non-compliant findings, and one was an area of concern. Of the findings related to contract issues, three were compliant findings, and two were non-compliant findings. Finally, of the findings related to medical issues, two were compliant findings, and three were non-compliant findings. Specifically, the facility's non-compliant findings included the following: maintaining facility sanitation and cleanliness, responding to detainee requests, controlling disposable razors, collecting and forwarding attorney forms, responding to detainee grievances, notifying the Contracting Officer's Representative of audits, documenting training, documenting initial medical evaluations, medical staffing, and checking detainees on suicide watch. In addition, the area of concern related to insufficient documentation of the facility's ongoing safety concerns for Component action.

OIDO made 11 recommendations designed to improve operations at the facility and meet ICE detention standards and contract terms.

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Introduction

Pursuant to its statutory responsibilities, the Department of Homeland Security (DHS) Office of the Immigration Detention Ombudsman (OIDO) Detention Oversight (DO) Division conducts independent, objective, and credible inspections of Immigration and Customs Enforcement (ICE) facilities throughout the United States. During its inspections, OIDO often completes follow-up assessments to determine whether a facility has taken corrective action to resolve violations or concerns identified during a prior inspection. OIDO also reviews, examines, and makes recommendations to address concerns with or violations of contract terms regarding immigration detention facilities and services.

In June 2023, OIDO conducted an unannounced inspection of the Northwest ICE Processing Center (NWIPC) to review the facility's performance and compliance with the applicable detention standards, the 2011 Performance-Based National Detention Standards as revised in 2016 (hereinafter referred to as the 2011 PBNDS). As outlined below, OIDO followed up on several deficiencies noted in previous inspections. Overall, OIDO found 17 areas of compliance, 10 areas of noncompliance, and one area of concern.

Background

ICE Enforcement and Removal Operations (ERO) oversees the detention of noncitizens at facilities throughout the United States, which it manages directly or in conjunction with private contractors or federal, state, or local governments. ICE uses several detention standards to regulate conditions of confinement, program operations, and management expectations within the agency's detention system.¹

NWIPC is a contract detention facility located in Tacoma, Washington. The facility opened in 2004 and is owned and operated by The Geo Group, Inc. (GEO). ICE began housing detainees at the facility in 2004 under the oversight of ERO's Field Office Director in Seattle. NWIPC operates under the 2011 PBNDS. The most recent contract between ICE and GEO provides for a period of performance from September 28, 2015, to September 27, 2025. ICE Health Service Corps (IHSC) along with medical contractor STG International, Inc. (STGi) provide medical care for detainees.²

The facility has a total of 1,575 bed spaces. The contract with ICE provides for a guaranteed minimum of 1,181 detention beds per day at a total cost per year of [REDACTED]. The facility houses male and female detainees from low through high level classifications. At the time of OIDO's inspection, the facility had 577 detainees. The facility's average daily ICE detainee

¹ ICE currently has four detention standards in use at adult detention facilities throughout the United States. These include [2000 National Detention Standards](#), [2008 Performance-Based National Detention Standards](#), [2011 Performance-Based National Detention Standards](#), and [2019 National Detention Standards](#).

² See STG International, Inc., <https://www.stginternational.com/>

population was 569 for fiscal year 2023.³

At the time of inspection, OIDO's Case Management Division (CMD) had one case manager assigned to the facility. The Case Manager visited the facility a total of 13 times during the months of June and July. In preparing for the inspection, OIDO reviewed CMD case complaints to identify possible inspection topics and interviewed the case manager.

Correspondingly, OIDO notes that the following compliance inspections had been conducted at the facility prior to its inspection in June 2023. In August and September 2022, the Office of Inspector General (OIG) conducted an unannounced inspection and found deficiencies related to the facility's detainee request and grievance systems, food storage and inventorying practices, medical staffing, preventative screening practices, and emergency delivery kit. OIG also noted that the facility had discontinued use of the detainee voluntary work program and housed less than half of the guaranteed minimum population.⁴

In addition, the ICE Office of Detention Oversight (ICE ODO) completed a follow-up compliance inspection of the facility in June 2022 and found 25 deficiencies in the areas of environmental health and safety, facility security and control, staff-detainee communication, food service, hunger strikes, medical care, and significant self-harm and suicide prevention and intervention.⁵ In February 2023,⁶ ICE ODO completed a compliance inspection and found one deficiency in environmental health and safety. Specifically, ICE ODO found the facility did not ensure staff and detainees kept a high standard of facility sanitation or general cleanliness in the housing units.

Further, the Nakamoto Group Inc. (Nakamoto), conducted annual compliance inspections of the facility in 2021 and 2022. In May 11-13, 2021, Nakamoto found four deficiencies related to hold rooms in detention facilities, visitation, and staff-detainee communication.⁷ During the compliance inspection on May 10-12, 2022, Nakamoto found seven deficiencies in the areas of environmental health and safety, staff-detainee communication, hunger strikes, medical care, and significant self-harm and suicide and prevention.⁸

This facility has received attention due to several issues. According to news reports, detainees have

³ See U.S. Immigration and Customs Enforcement (ICE), Detention Statistics: ICE Detention Data, EOFY23, https://www.ice.gov/doclib/detention/FY23_detentionStats.xlsx.

⁴ See OIG, *Results of an Unannounced Inspection of Northwest ICE Processing Center in Tacoma, Washington* (OIG-23-26), dated May 22, 2023, <https://www.oig.dhs.gov/sites/default/files/assets/2023-05/OIG-23-26-May23.pdf> (hereafter OIG-23-26).

⁵ See ODO, *ODO Follow-Up Compliance Inspection, ERO Seattle Field Office, Tacoma ICE Processing Center, Tacoma, Washington, June 14-16, 2022*, dated June 2022, <https://www.ice.gov/doclib/foia/odo-compliance-inspections/2022-TacomaIPC-June.pdf>.

⁶ See ODO, *ODO Compliance Inspection (2023-001-061) ERO Seattle Field Office, Tacoma ICE Processing Center, Tacoma, Washington, February 14-16, 2023*, dated February 2023, https://www.ice.gov/doclib/foia/odo-compliance-inspections/tacomaIPC_TacomaWA_Feb14-16_2023.pdf (hereafter ODO 2023-001-061).

⁷ See The Nakamoto Group Inc., *Annual Inspection of the Northwest ICE Processing Facility*, dated May 13, 2021, https://www.ice.gov/doclib/facilityInspections/NorthwestDetCntr_CL_05-13-2021.pdf.

⁸ See The Nakamoto Group Inc., *Annual Inspection of the Northwest ICE Processing Facility*, dated May 12, 2022, https://www.ice.gov/doclib/facilityInspections/NorthwestICEProcssCtr_CL_05-12-2022.pdf.

reportedly launched multiple hunger strikes to protest the facility’s alleged poor conditions and treatment of detainees.⁹ In 2021, news reports regarding a high number of COVID-19 cases and detainee claims regarding overcrowding, lack of medical attention, and unsanitary conditions led two U.S. Senators and seven Members of Congress to issue a letter to the Secretary of Homeland Security and Acting Director of ICE.¹⁰

Objective, Scope, and Methodology

OIDO conducted an unannounced inspection to examine issues noted in the recent ICE ODO and OIG inspections as well as several additional areas of review. OIDO’s objective was to assess the facility’s performance and its compliance with certain standards under the 2011 PBNDS. Specifically, OIDO reviewed the facility on the following 15 areas: environmental health and safety, contraband, staff–detainee communication, use of force and restraints, disciplinary system, food service, hunger strikes, medical care, medical care (women), personal hygiene, correspondence and other mail, telephone access, visitation, legal rights, and grievance system.

The inspection was executed by 10 personnel, including six inspectors, one immigration detention specialist, and three medical experts. The inspection team conducted interviews with ICE ERO employees, facility staff, and detainees, made direct observations of facility conditions and operations, and reviewed documentary evidence, including but not limited to facility policies and procedures, reports and records, and logbooks.

Results of Inspection

OIDO’s inspection led to 18 general custody, five contract, and five medical findings. Of the findings related to general custody issues, 12 were compliant, five were non-compliant, and one was an area of concern. Of the findings related to contract issues, three were compliant, and two were non-compliant. Finally, of the findings related to medical issues, two were compliant, and three were non-compliant. The findings are divided into three sections: areas of compliance, areas of non-compliance, and area of concern.

⁹ See e.g., Deng, Grace, “Immigrant Detainees Resort to Hunger Strikes in Protest of Conditions at Tacoma Facility,” *Washington State Standard*, dated November 17, 2023, <https://washingtonstatestandard.com/2023/11/17/immigrant-detainees-resort-to-hunger-strikes-in-protest-of-conditions-at-tacoma-facility/>; Montalvo, Rosemary, “Over 100 Detainees at the NW Detention Center End Second Hunger Strike There This Year,” *The Columbian*, dated February 16, 2024, <https://www.columbian.com/news/2024/feb/16/over-100-detainees-at-the-nw-detention-center-end-second-hunger-strike-there-this-year/>.

¹⁰ See Murray, P., et al., Congressional Letter to DHS and ICE regarding NWIPC, dated September 27, 2021, https://adamsmith.house.gov/sites/evo-subsites/adamsmith.house.gov/files/2023-12/2021_09_27_Letter-to-DHS-and-ICE-on-NWIPC-COVID-Outbreak-FINAL.pdf; “Senator Murray Asks DHS Secretary to Commit to Independent Investigation of Conditions at Tacoma ICE Facility, Presses Mayorkas on Overuse of Solitary Confinement at ICE Facilities,” dated April 10, 2024, <https://www.murray.senate.gov/senator-murray-asks-dhs-secretary-to-commit-to-independent-investigation-of-conditions-at-tacoma-ice-facility-presses-mayorkas-on-overuse-of-solitary-confinement-at-ice-facilities/>.

A. Areas of Compliance

i. Custody Findings

The Facility Complied with Requirements to Notify Detainees through the Detainee Handbook About the Rules and Procedures on Contraband

The 2011 PBNDS section 2.3 on contraband states that contraband is anything detainees are not authorized to have in their possession. This includes both hard contraband, or contraband that is inherently dangerous, could be used to escape, or otherwise interferes with the safety and security of the facility, and soft contraband, or contraband that does not pose a direct and immediate threat but that could create a dangerous or unsanitary condition. Staff shall seize all hard and soft contraband. Moreover, a detainee found in possession of hard contraband could face disciplinary action or criminal prosecution. Because items found in detainee possession could be subject to seizure and/or the detainee could face consequences for such possession, the standard requires that the detainee handbook, or equivalent, shall notify detainees about the facility's rules and procedures governing contraband.

OIDO reviewed the 2023 NWIPC Supplement to the National Detainee Handbook and found that it includes a notice to detainees on rules and procedures on contraband. The local supplement defined unauthorized items as such: "Typical unauthorized items are any items not issued by or approved by facility management, any item altered from its original condition, any items not purchased through authorized facility purchase, or items passed from one person to another without approval." The local supplement provides a non-exclusive list of examples. Finally, the supplement outlined processes related to the disposition and destruction of unauthorized items, including its retention for use as evidence in possible disciplinary action or criminal prosecution, if applicable. OIDO determined providing the supplement to the detainees was an effective measure to appropriately notify and inform detainees about contraband.

The Facility Complied with Requirements to Provide Detainees with Informal Access to ICE ERO Staff and Communicate in a Language Detainees Can Understand

The 2011 PBNDS section 2.13 on staff-detainee communication provides that detainees shall not be restricted from having frequent informal access to and interaction with key facility staff members, as well as key ICE ERO staff. Additionally, the standard provides that contact information for the ICE ERO Field Office and the scheduled visitation hours and days for ICE ERO staff is available to detainees at the facility. This information must be included in the local supplement to the detainee handbook and on housing unit postings. Contact information must be current. Further, responses to detainees by ICE ERO and facility staff members must be in a language the detainees can understand or otherwise accommodate detainees who have disabilities to effectively communicate with staff.

OIDO reviewed the facility's local supplement to the detainee handbook and found that it contained information about how detainees could communicate with ICE ERO, including the ICE ERO visitation schedule and contact information. OIDO also observed posters on the housing unit

bulletin boards that included the same information for detainee reference. OIDO found that the contact information in the handbook and on the posters was current as of June 25, 2023. The ICE Supervisory Detention and Deportation Officer (SDDO) stated during OIDO's inspection that ICE ERO had changed the ICE ERO visitation schedule the day before. Specifically, as of June 26, 2023, ICE ERO SDDOs would visit the housing units on Tuesdays and Thursdays and deportation officers would visit on Wednesdays from 9:00 a.m. to 1:00 p.m. Because the change had just been made the day prior, the detainee handbook, visitation schedule postings in the housing areas, policy, and notification to staff did not yet reflect these changes. OIDO does not consider this an issue of non-compliance because the change had just occurred the day prior.

OIDO reviewed entries in the visitation logbooks dated from July 7, 2022, through June 29, 2023, for the C-2 housing unit and February 4, 2022, through June 28, 2023, for the D-2 housing units and found that ICE ERO staff had visited those housing units frequently.

Finally, the Compliance Administrator reported that the facility staff had access to several resources to communicate with detainees in a language they can understand or to otherwise accommodate detainees who have disabilities. For example, the Administrator stated that the facility staff can use the 24-hour ICE translation service. OIDO viewed the Compliance Administrator's laminated card and found it contained contact numbers for the ICE language line, which provides telephonic translation services. The Administrator reported that all staff keep this card with their facility I.D. OIDO also observed a digital tablet with teletypewriter software in the intake areas that could be used to communicate with detainees who were deaf, had a hearing impairment, or had a severe speech impairment. OIDO found the facility's local supplement to the detainee handbook and entries in the visitation logbooks provided support of compliant procedures of staff-detainee communication.

The Facility Complied with Requirements to Document and File Reports for Incidents Involving Use of Force

The 2011 PBNDS section 2.15 on use of force and restraints provides that staff shall prepare detailed documentation of all incidents involving the use of force, including chemical agents, or intermediate force weapons. A copy of the report shall be placed in the detainee's detention file.

OIDO reviewed the GEO NWIPC Policy and Procedure Manual, No. 3.1.7, Use of Force Continuum and Restraints in Security and Control and found that it outlined the duties and responsibilities for staff regarding the use of force within the facility. The policy provided procedures for the records and reports required to document all incidents involving the use of force. OIDO found that these facility procedures aligned with the PBNDS requirements.

OIDO reviewed the After-Action Review, accompanying documentation, and videos associated with the Calculated Use of Force (CUOF) incident that occurred on February 1, 2023, involving 38 detainees in housing unit F-4. The review indicated the Correctional Emergency Response Team (CERT) conducted a contraband search at approximately 8 a.m. and found razor blades. The detainees refused to comply with directives; therefore, at 9:59 a.m. the Housing Unit Officer made a call for the activation of an Incident Management System (IMS). Once IMS was activated a

CERT member attempted to get the detainees to bunk up for facility count. Detainees refused to bunk up and the standoff between CERT and the detainees lasted from 10 - 10:40 a.m. CERT continued to attempt confrontation avoidance, but persistent refusal to comply by the detainees led to F-4 being placed on lockdown.

Lock down procedures began at approximately 11:12 a.m. and by 11:20 a.m. F-4 was on complete lockdown. CERT returned to the housing unit at 11:30 a.m., but the detainees refused to speak with GEO staff and demanded to speak to ICE instead. At 12:40 p.m., Phase 2 of IMS was activated. Between 12:45 – 1:30 p.m. the detainees refused to comply with the search and directives, barricaded themselves inside the housing unit, damaged the microwave, rubbed lotion on the floor in front of the entry unit doors, and covered the facility cameras. These events led the CERT to be reactivated at 1:30 p.m. to prepare for a CUOF¹¹ and use of chemical agents authorized by ICE at approximately 2:23 p.m.

CERT conducted a pre-deployment briefing at approximately 2:55 p.m. and ordered detainees to comply with directives and submit to restraints. A total of 18 detainees willingly complied while the remaining 20 ignored all directives. Due to continued non-compliance, at 3:49 p.m. CERT deployed a canister of Def-tech Tri-chamber flameless Oleoresin Capsicum (OC) in housing unit F-4 through the cuff port. Once the chemical agents were deployed, 12 out of 20 detainees complied with directives and submitted to restraints. The remaining eight detainees were given three additional directives, but the detainees continued non-compliance. In response, CERT deployed more OC and MK-9s vapor aerosol through the cuff port into F-4. As a result, four out of eight detainees complied and submitted to restraints. The last four resistant detainees were given more directives at 4:10 p.m. and still refused to comply until CERT physically entered unit F-4 and ordered the detainees to stop resisting and submit to restraints. Once the remaining detainees complied, they were medically evaluated and flushed with water for decontamination and reassigned to cells in unit H. At approximately 5:24 p.m. CERT conducted a debrief, and IMS stood down.

In reviewing the facility's after-action documentation, OIDO found the staff at the facility had a process in place to evaluate the use-of-force incident in its entirety and had assessed the reasonableness of the actions taken to determine whether the force used was proportional to the detainee's actions. OIDO also reviewed the 15 videos associated with the CUOF incident and found the videos corroborated the chronological timeline described in the After-Action Review and provided a visual account of the events that led to the decision to authorize and execute the use of force.

OIDO also reviewed documentation concerning a spontaneous use-of-force incident involving a detainee that occurred on March 1, 2023, at approximately 9:21 p.m.¹² While housed in unit F-3, one detainee stole another detainee's sandwich from an officer's desk. When the detainee was told

¹¹ Additional details about this incident are described below in the Areas of Non-Compliance section.

¹² OIDO notes that the facility had only two use-of-force incidents during the 12 months prior to OIDO's inspection; one was a spontaneous use-of-force incident, and one was a calculated use-of-force incident.

by a housing unit officer to return the sandwich, he refused to comply. As a result, an IMS was activated. As the staff arrived to talk to the detainee, the detainee began to walk away and then ran away from the responding staff. Other detainees in the housing unit began to crowd around the offending detainee and began throwing liquids and objects at staff. As the responding staff approached the offending detainee, he immediately brought the staff to the ground by wrapping his leg around their legs and proceeded trying to bite and kick. While on the ground, the staff placed restraints on the detainee, and then escorted him out of the housing unit. The detainee was escorted to the medical unit due to sustaining facial injury including a bruised and bloody nose. During an attempt to place the detainee in a medical cell, the detainee slipped his wrist from a restraint and began resisting staff. IHSC staff was then called in to conduct the medical evaluations. After the evaluations were completed, IMS was told to stand down at approximately 9:33 p.m. OIDO found that facility staff documented the use-of-force incident and saved a copy of this documentation in the detainee's detention file.

The Facility Complied with Requirements to Provide Employees with Use-of-Force Training

The 2011 PBNDS section 2.15 on use of force and restraints provides that all new officers shall be sufficiently trained during their first year of employment. Through ongoing training (to occur annually at a minimum), all detention facility staff must be made aware of their responsibilities to effectively handle situations involving aggressive detainees.

OIDO reviewed the GEO NWIPC Policy and Procedure Manual, No. 3.1.7, Use of Force Continuum and Restraints, and found the policy included a section on training requirements for all staff on use of force. OIDO requested a sample of five employee files, some from newer employees and some from veteran employees. OIDO then randomly selected two of the five employee training files and reviewed them for use-of-force training records. The records showed employee pre-service and current year in-service training on use of force, an Employee Acknowledgement of Understanding of the Use of Force and Treatment of Inmates form, and Training File Audits from 2020 through 2023. OIDO found these documents support that the facility had an established procedure for documenting the training involving the use of force for all staff.

The Facility Complied with Requirements to Maintain a Written Record of Security Equipment Distribution and Inventoried Chemical Agents and Related Security Equipment

The 2011 PBNDS section 2.15 on use of force and restraints provides that each facility shall maintain a written record of routine and emergency distribution of security equipment and shall specifically designate and incorporate, in one or more post orders, responsibility for staff to inventory chemical agents and related security equipment at least monthly to determine their condition and expiration dates.

The Compliance Officer (CO) reported that staff in the facility master control room handled the distribution and inventory of equipment using a chit system, a standard system for the issuance and accountability of key rings, for the distribution of handcuffs and cameras. OIDO observed a wooden restraint chit board that was used to store and organize the distribution of handcuffs and leg restraints. Labels on the chit board coincided with the tracking numbers on the Master Control

Restraint Log. OIDO also observed a wooden chit box for distribution of cameras and tools. When items were in use, a key chit, or metal tag, labeled with the officer's first initial and last name was left in the box. OIDO reviewed entries in the Master Control Restraint Log for the dates of July 11–12, 2023. The log contained entries showing the issuance and inventory of all restraints per shift, including wrist restraint, leg restraint, flex cuff, and restraint retainer leash. OIDO also reviewed the Weapon Safe Access Log, which contained entries noting the date and time a weapon was removed and returned for the period of July 9–13, 2023.

OIDO also reviewed several inventory records. The Master Control Tool Inventory dated July 12, 2023, showed the record of inventories of video cameras and other items completed during each shift on that day.¹³ The Chemical, Specialty Impact Munitions, and Weapon Inventories were dated July 13, 2023, and the Oleoresin Capsicum Spray Inventory was dated May 23, 2023. These records were electronically maintained and showed the master list of weapons, chemicals, and non-lethal projectiles, including information about status, location, and received and expiration dates.

The CO reported that the facility Armorer kept distribution and inventory records for non-lethal weapons, chemicals, and non-lethal projectiles. OIDO reviewed the Armory Post Order, which was dated November 22, 2022. The Armory Post Order outlined: (1) post duties; (2) procedures specific to the post; (3) inventories; (4) accountability, storage, and disposition/destruction of non-functional security devices and equipment; (5) key control procedures; and (6) closing of shift. The post order states that the Armory Officer will conduct inventory of firearms and other security equipment monthly. The inventory records OIDO reviewed provided support of proper documentation of security equipment distribution, chemical agents, and other related security equipment in the facility.

The Facility Complied with Requirements for Receiving, Inventorying, Storing, and Rotating Food

The 2011 PBNDS section 4.1 on food service states that since control and location of subsistence supplies are site-specific, each Food Services Administrator (FSA) shall establish procedures for storing, receiving, and inventorying food. When receiving or storing food, store all food item products at least six inches from the floor and sufficiently far from walls to facilitate pest-control measures. In addition, each facility shall establish a written stock rotation schedule.

In August and September 2022, OIG conducted an inspection of NWIPC and found deficiencies related to the facility's storage and inventory practices.¹⁴ OIDO reviewed these aspects of food service during its inspection to see if the facility had corrected the deficiencies.

¹³ OIDO notes that inspectors were on site during the day and swing shifts, but not during the graveyard shift. Therefore, the records reviewed showed inventories completed during the day and swing shift only.

¹⁴ Specifically, OIG found that while the facility had procedures for identifying and removing food, food products remained in the storage area after recommended removal dates. In addition, many food products did not have a year of receipt marked on them, and some items did not have a receipt date marked at all. Related to food storage, OIG found several boxes of frozen food open and exposed to the air and others stored on the floor. See [OIG-23-26](#).

OIDO observed that NWIPC maintained clean, sanitary, and organized food service areas. The facility had an established food inventory control system that was initiated when staff accepted food items from outside vendors and conducted a quality control inspection. All GEO employees assigned to the food service area participated in the inventory control process. OIDO also observed that food items had the acceptance date clearly written on the exterior packaging.

In addition, OIDO found the FSA oversaw a weekly and monthly inventory control inspection of detainee food stocks. OIDO reviewed an inventory sheet showing that the FSA had discarded expired food items. OIDO also observed staff conducting the food rotation system in place that ensured that food was utilized in accordance with expiration dates.

Finally, OIDO observed the food service areas were clean and void of foul odors. Food items were not stored on the floor. The facility had both rodent and pest control measures in place in the food service areas. OIDO observed rodent traps and flying pest traps placed in several locations. NWIPC had a monthly service visit with a pest control vendor. OIDO reviewed the receipt from the most recent pest control service. OIDO determined the inventory control inspections, food rotation system, and pest control measures contributed to the correction of prior deficiencies related to food service found in the facility.

The Facility Complied with Requirements for the Regular Issuance of Clothing, Bedding, and Personal Hygiene Items

The 2011 PBNDS section 4.5 on personal hygiene provides that each detention facility shall have written policy and procedures for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items. All new detainees shall be issued clean, laundered, indoor/outdoor temperature-appropriate, size appropriate, presentable clothing during intake at no cost to the detainee. The standard further provides that to be prepared for unforeseen circumstances, it is a good practice for a detention facility to maintain an excess clothing inventory.

OIDO reviewed the GEO NWIPC Policy and Procedure Manual, No. 4.4.4, Detainee Clothing, Bedding, Linens, and Hygiene Kits, and found it provides a detailed process for the issuance and exchange of clothing, bedding, linen, and towels and aligned with the PBNDS. According to the manual, detainees are provided with access to basic health and hygiene items to ensure proper hygiene regardless of their ability to pay for such items. Soap, toilet paper, toothpaste (or denture care products), a toothbrush, a comb, and shampoo are standard issue items. Feminine hygiene items were available upon request.

OIDO also reviewed the facility supplement to the National Detainee Handbook and found that it provided detainees with instructions for clothing, bedding, and towel exchange and laundry services. Detainees could submit a laundry request form to replace worn-out clothing or linen and for lost laundry items.

In addition, OIDO observed an excess supply of shoes, clothing, bedding, linen, towels, and personal hygiene products in the laundry facility during its inspection. OIDO also observed a sufficient supply of shoes, clothing, bedding, linen, towels, and personal hygiene inventory in the

intake area and found that the supplies were clean and included temperature-appropriate items. OIDO reviewed a copy of the intake property receipt, which listed the items issued to detainees and advised detainees that the items would be returned at the time of departure from the facility. OIDO also observed the laundry room and found that it was operational. OIDO reviewed the facility laundry schedule, which provided that sheets, towels, and pillowcases were exchanged weekly, and blankets were exchanged quarterly. Finally, OIDO observed an excess supply of mattresses at the facility. OIDO considered the facility's procedures involving the regular issuance of clothing, bedding, and personal hygiene items were sufficient in maintaining personal hygiene standards.

The Facility Complied with Requirements to Implement and Notify Detainees about Procedures for Handling Legal Correspondence and Other Mail

The 2011 PBNDS section 5.1 on correspondence and other mail requires that the facility notify detainees of its rules on correspondence and other mail. In addition, all facilities shall implement procedures for inspecting all incoming general correspondence and other mail for contraband. Detainees shall sign a logbook upon receipt of special correspondence and/or legal mail to verify that the special correspondence or legal mail was opened in their presence. Staff shall treat outgoing correspondence as special correspondence or legal mail only if the name, title, and office of the recipient are clearly identified on the envelope and the envelope is labeled "special correspondence" or "legal mail." If a detainee without legal representation requests certain services in connection with a legal matter, such as notary public, and has no family member, friend, or community organization to assist, the facility shall consult with ICE ERO to provide the necessary services.

OIDO reviewed the local supplement to the detainee handbook and found it contained information about the rules and procedures for correspondence and other mail. In addition, OIDO randomly selected and observed five of the 16 detainee housing units and found that all five had a poster with the correspondence rules displayed on each housing unit's permanent bulletin board.

The GEO Mail Room Clerk indicated that facility staff used both physical touch and an x-ray machine to screen all mail entering the facility. OIDO observed the x-ray machine located in the mail office. The Mail Room Clerk further stated that staff screened mail labeled as special correspondence or legal mail and then forwarded it to the detainee's housing unit, where the facility maintained its legal mail logbooks. OIDO reviewed the legal mail logbook from one housing unit. It had entries from September 2021 to May 2023 and showed the type of special mail as well as detainee names and signatures confirming the mail was opened in their presence.

The GEO Mail Clerk also stated that all outgoing mail was inspected, and any mail labeled as special or legal was documented in an electronic Special Mail Logbook. OIDO reviewed a printout of the logbook with entries from April 1–June 27, 2023, and found the entries documented details about all incoming and outgoing special mail, including detainee information, mail category, sender/recipient, and dates received and distributed.

Finally, the GEO Law Library Officer, one of the facility's two notary publics, reported that

detainees could request notary services during recreation, while visiting the law library, or by request. OIDO observed the Officer's credentials and found that they were current. OIDO also reviewed the notary service logbook. The logbook showed eight entries from May 25–June 28, 2023, demonstrating that detainees had used the notary services eight times during the one-month period. OIDO determined the local supplement, posters on the bulletin boards, mail room procedures, and the presence of a law library provided support the facility complied with PBNDS correspondence and mail standards.

The Facility Complied with Requirements to Maintain Telephone Ratios, Operability, and Access to Legal Service Providers

The 2011 PBNDS section 5.6 on telephone access states that each facility shall provide at least one operable telephone for every 25 detainees. Each facility shall maintain detainee telephones in proper working order, and facility staff are responsible for ensuring daily that telephone systems are operational. In addition, a free legal service provider telephone number list must be posted. Each facility shall have a written policy on the monitoring of detainee telephone calls, with recorded and written notice to detainees in Spanish and in the language of significant segments of the population with limited English proficiency, where practicable.

At the time of OIDO's inspection, the facility had a total of 23 housing units, 16 of which housed detainees. OIDO randomly selected a sample of five housing units to evaluate telephone legal access. For four of the housing units, each housing unit had at least eight telephones available for a maximum capacity of 80 detainees, or a 1:10 ratio, and one housing unit had 10 telephones available for a maximum capacity of 116 detainees, or an approximately 1:11.6 ratio. OIDO reviewed housing unit logbooks and a Talton Serviceability Form dated June 27, 2023, and found that GEO staff conducted daily checks to check telephone operability and submitted service requests, as needed.

OIDO observed posted lists in the housing units containing contact information for pro bono legal providers, consulates, the Tacoma Immigration Court, the Board of Immigration Appeals, and many other free telephone call numbers. OIDO observed both English and Spanish lists. OIDO further found that the detainee handbook, housing unit postings, and signs on the telephones notified detainees that telephones were subject to monitoring and provided information about how to submit a form to request to make an unmonitored call to court, a legal representative, or for the purpose of obtaining legal representation. OIDO found the facility had appropriate telephone ratios, forms, documentation, and unit postings to comply with telephone and legal service provider access.

The Facility Complied with Requirements to Provide for Private Legal Visits

The 2011 PBNDS section 5.7 on visitation provides that each detainee may meet privately with current or prospective legal representatives and their legal assistants during visitation. Legal visits may not be terminated for routine official counts. Visits between legal representatives or legal assistants and an individual detainee are confidential and shall not be subject to auditory supervision.

OIDO observed the legal visitation area, which was separate from the public visitation area. The facility had seven legal visitation rooms that extended along a hallway. The doors had a window that allowed GEO visitation officers to enforce the sight requirement without sound. The GEO visitation officer stated that the officers conducted sight checks in 15-minute intervals for safety and security. The area also had two security cameras, which did not have sound recording. Finally, the detainee handbook states that detainees are required to remain stationary whenever a count is taking place. The GEO visitation officer stated the staff did not terminate legal visits for official counts; detainees in visitation at the time of a count remained there until the count is completed. OIDO determined the legal visitation area and procedures concerning legal visits complied with standards.

The Facility Complied with Requirements to Accommodate Legal Rights Group Presentations

The 2011 PBNDS section 6.4 on legal rights group presentations provides that legal rights group presentations shall be accommodated to the greatest extent possible absent significant logistical or security-related concerns. The facility shall provide a private environment that is conducive to the presentation and is consistent with the security and good order of the facility. Once detainees have been assembled, presenters shall ordinarily be granted a minimum of one hour for the presentation and additional time for a question-and-answer session. Following a group presentation, the facility shall permit presenters to meet with small groups of detainees to discuss their cases if meetings do not interfere with facility security and orderly operations.

During its inspection, OIDO found the facility had a multipurpose area where legal rights group presentations took place. The room allowed for up to 20 general population detainees at a time. The facility also had a separate space for presentations for detainees in the Special Management Unit (SMU); these presentations were scheduled and held separately for these detainees.

OIDO observed informational posters and sign-up sheets in the housing units for the Northwest Immigrant Rights Project (NWIRP). Staff stated that detainees could still attend the presentations even if they did not sign up in advance. At the time of the inspection, the presentations took place every Thursday from 1 p.m. to 2 p.m. The GEO law library officer stated that detainees could sign up to meet with the presenters after the presentation to discuss their immigration cases. OIDO found the multipurpose area, informational posters, and sign-up sheets provided support the facility had the ability to accommodate legal rights group presentations.

The Facility Met Requirements to Respond to Detainee Requests

GEO Policy and Procedure Manual 5.2.4, Staff–Detainee Communication, requires facility staff receiving a request to normally respond in person, electronically, or in writing as soon as possible but not later than within 72 hours, excluding weekends and holidays, from receiving the request form.

OIDO found GEO maintained a detainee response record electronically. OIDO reviewed the electronic logbook and found that, out of 2,137 detainee requests between April 1 and June 29, 2023, GEO facility staff had 15 late electronic responses, or 99 percent within the required

response time.

A GEO Facility Administrator Secretary was assigned to daily oversight to ensure that detainee requests met the requirement. The Facility Administrator Secretary stated that if responses were not satisfactory, the request would be reopened. This may have contributed to the few instances when the facility responded late to a request. OIDO determined having personnel assigned to provide oversight over responses and maintaining an electronic record provided evidence the facility met the requirement to respond to detainee requests.

ii. Contract Findings

The Facility Ensured Employees Received a Favorable Fitness Determination Prior to Entering on Duty

In the contract between ICE and GEO, the Performance Work Statement (PWS) includes “Background and Clearance Procedures,” a section which sets out specific details and criteria concerning employment determination, eligibility, and background investigations. Staff who may have contact with detainees must pass a background check. In addition, the PWS contains Section H entitled “Special Contract Requirements,” which includes “Background and Security Clearance Procedures” requiring the contractor to process all background investigations through the ICE Security Office.¹⁵

OIDO reviewed four supervisor personnel files and 10 personnel files at the NWIPC Human Resources (HR) office. OIDO chose the 14 files from two stacks of files that HR was working on at the time of OIDO’s inspection. The personnel files were well organized with six sections, including employee identification, screening and selection, employment status, performance, training, and attendance. OIDO was able to determine that NWIPC complied with the Statement of Work and processes background checks for employees. Employees are only cleared for work at the facility upon a preliminary clearance from the Personnel Security Unit (PSU). The personnel files reviewed determined that each employee was properly processed for background checks and did receive clearance from the PSU.

The Facility Complied with Requirements to Develop and Implement a Quality Control Plan

The contract PWS states the contractor shall develop a comprehensive program of inspections and monitoring actions and document its approach in a Quality Control Plan (QCP). The QCP, upon approval by the Government, will be made a part of the resultant Agreement.

OIDO reviewed the critical operational performance standards for services provided within the facility’s QCP, which was maintained on the GEO Compliance Audit database. OIDO found the QCP is divided into 12 sub-plans, each assigned to a month of the year for completion. Each monthly plan includes selected audit GEO or PBNDS categories. Finally, the monthly plans also contain an audit summary, or a spreadsheet that specifies the categories being reviewed and the

¹⁵ See CDF Contract HSCEDM-15-D-00015, PWS, Section H, Special Contract Requirements, H.2, Background and Security Clearance Procedures, at 101.

corresponding questions reviewed in each category. The inspectors complete the audit summary report as they conduct each monthly review. OIDO also found the facility maintained Corrective Action Plan Status Logs in the Compliance Audit database. The Status Log showed that when a non-compliance issue was discovered during a monthly review, the facility developed a corrective action plan and assigned a responsible person and estimated completion date. The corrective action plans were available for review by GEO corporate in the database.

OIDO reviewed five monthly audits completed in 2023,¹⁶ one Ad Hoc Corporate audit for 2022, and one Annual Corporate audit for 2022. OIDO found the facility conducted detailed monthly and annual inspections of their operations and performance. OIDO determined the facility has a comprehensive QCP and an effective method to evaluate and report their performance.

The Facility Had an Appropriate Staffing Plan and Provided Staffing Reports to the Contracting Officer's Representative but Did Not Maintain a Staffing Level of 95 Percent

The contract PWS¹⁷ requires the contractor to provide a staffing plan that addresses, at a minimum, the identified staffing needs, minimum personnel qualification standards, special personnel requirements, and key personnel to be employed in connection with the contract. The staffing plan must include stand-by and reserve force staffing plans as part of the contractor's emergency plans. The contractor must submit monthly status reports to the Contracting Officer's Representative (COR) or ICE-designated employee. Such reports must include a monthly key indicator report, which indicates the key personnel positions of the facility to include vacancy rate information.¹⁸

Facility staffing levels shall not fall below a monthly average of 95 percent of the approved staffing plan. The contractor shall provide daily Detention Officer Assignment rosters, by shift, for the duration of the contract. The assignment rosters shall indicate the number of staff, job titles, names, hours, and days of work for each post.

OIDO reviewed a current staffing plan, which provided staffing for the contracted population of 1,181 detainees, and found that it identified the facility's staffing needs, minimum personnel qualification standards, special personnel requirements, and key personnel.¹⁹ The staffing plan included stand-by and reserve force staffing plans as part of the contractor's emergency plans.

OIDO also reviewed the May 2023 monthly key indicator report that had been submitted to the COR. OIDO found the report addressed minimum staffing requirements and included key personnel positions of the facility such as the lieutenant, food service clerk, maintenance clerk, and programs clerk. Further, OIDO reviewed eight daily Detention Officer Assignment rosters for

¹⁶ Monthly audits reviewed included January, February, March, April, and May 2023.

¹⁷ See CDF Contract HSCEDM-15-D-00015, PWS, Section II, Requirements, G. Facility Staffing Plan and Key Personnel, at 55.

¹⁸ *Id.* at 78.

¹⁹ On December 15, 2021, ICE and GEO signed a bilateral contract modification that added revised facility staffing plans. The contract modification provided three staffing plans: (1) a 394 Incremental Staffing Plan; (2) a 1575 Staffing Plan; and (3) a staffing plan for the contracted population of 1,181 detainees. At the time of OIDO's inspection, the facility held 577 detainees. The staffing plan in effect was for a contracted population of 1,181 detainees.

June 2023 that had been provided to the COR and found that each indicated the number of staff, job titles, names, hours, and days of work for each post.

OIDO reviewed the facility's staffing levels report for June 2023 and found that the staffing level percentage was 92 percent instead of the required 95 percent. However, the facility had 69 prospective employees who accepted offers for detention officer positions and were in the pre-employment process. Of those 69 personnel, 37 personnel were in the GEO background process completing the electronic questionnaires for investigative processing and ICE background investigations, and 32 of the personnel were pending ICE background investigations. There were also 13 administrative positions pending ICE background investigations.

In addition, the HR Manager stated that GEO recruits for vacancies utilizing the CareerBuilder Applicant Tracking System in coordination with their established Affirmative Action Plan. This system broadcasts opportunities to a wide variety of websites to attract applicants, including the GEO internal careers site, many mainstream sites, such as Indeed and Google, government unemployment security websites, and specialty websites targeting potential minority, female, disabled, and veteran applicants.

Though the facility was staffed slightly under the 95 percent staffing requirement, OIDO acknowledges its pending new hires as well as hiring and recruitment efforts as sufficient to mitigate the issue.

iii. Medical Findings

The Facility Complied with Requirements to Provide Access to Pregnancy Services

The 2011 PBNDS section 4.4 on medical care for women requires that pregnant detainees have access to pregnancy services. In addition, the National Commission on Correctional Health Care requires that emergency delivery kits are available in the facility.

The facility provided a list of pregnant detainees from June 27, 2022, through June 27, 2023. The list contained two detainees. OIDO conducted a medical record review for the two detainees on the list. OIDO found that each detainee had an intake screening completed, including a urine pregnancy test, with positive results. The detainees did not have a comprehensive health assessment because their length of stay was less than 48 hours. OIDO observed that the facility had one emergency obstetrical kit available for use in the medical clinic. OIDO also reviewed the facility's emergency obstetrical kit training dated September 2022, demonstrating that medical staff were trained to use the kit. Thus, OIDO determined the facility had the means to provide access to pregnancy services.

The Facility Complied with the Hunger Strike Notification, Communication, Medical Management, Counseling, and Termination Order Requirements

The 2011 PBNDS section 4.2 on hunger strikes requires that the facilities immediately notify the local ICE ERO Field Office Director (FOD) when an ICE detainee begins or is on a hunger strike,

declared or otherwise.²⁰ In addition, the standards require medical staff to monitor the health of a detainee on a hunger strike. Records shall be kept for all interactions with the striking detainee, including medical management, provision of food, attempted and successfully administered medical treatment, and communication between the clinical medical authority (CMA),²¹ FA, and ICE ERO regarding the hunger striking detainee. In addition, IHSC Directive: 03-24 Hunger Strike further outlines procedures for the identification, care, and management of hunger striking detainees.²²

Through interviews conducted and documents reviewed, OIDO found ICE ERO, GEO, and IHSC have implemented a monitoring and tracking process for detainees who miss meals. The custody staff have established a notification and referral process to medical staff for tracking detainees with a potential or declared hunger strike.

The Health Services Administrator (HSA) stated email notification of a declared hunger strike is sent to all medical staff and to the Assistant Field Office Director (AFOD) and the ICE Office of the Principal Legal Advisor (OPLA). The HSA or designee is also responsible for inputting the hunger striking detainee's information to provide status updates in the *IHSC Unified Patient Tracking System*, a SharePoint site. The Clinical Director (CD)²³ or designee utilizes this site to communicate the detainee's health status to designated recipients, such as the AFOD, selected SDDO, HSA, Assistant Health Services Administrator (AHSA), IHSC Headquarters' personnel, and identified stakeholders.

The AFOD stated he advises his ICE ERO chain of command (i.e., Deputy Field Office Director (DFOD) and FOD) when a detainee has missed nine consecutive meals, over 72 hours, and has been declared hunger strike, and then daily updates are provided. Notifications also include daily updates from the medical department specifying the detainee's overall health status, fluid intake/output, and a log documenting last meal and date.

OIDO reviewed a Hunger Strike report from the facility's electronic health record that contained a list of detainees on hunger strike protocol and monitoring between June 27, 2022, and June 27, 2023. The report contained a total of eight detainees on hunger strike monitoring during the defined timeframe. OIDO conducted a medical record review and email notification audit of seven detainees on the list.²⁴ OIDO found that all seven detainees had an official hunger strike initiation, and six had a discontinuation email notification to the ICE ERO AFOD and OPLA. The six records also had a hunger strike discontinuation progress note. The detainee that did not have a

²⁰ The PBNDS, Section 4.2, Hunger Strikes, provides: "Staff shall consider any detainee observed to have not eaten for 72 hours to be on a hunger strike, and shall refer him/her to the CMA for evaluation and management."

²¹ The CMA shall be a medical doctor (MD) or doctor of osteopathy (DO). The CMA may designate a clinically trained professional to have medical decision-making authority in the event that the CMA is unavailable. This is synonymous with the CD position for an IHSC facility.

²² ICE ERO, IHSC Directive 03-24, Hunger Strike, effective date November 27, 2020; updated April 12, 2022.

²³ A clinical director shall be a Doctor of Medicine or Doctor of Osteopathy.

²⁴ OIDO notes that it could not be determined why the eighth detainee on the list had incorrectly appeared on the report; no documentation could be found that showed the detainee had been on a hunger strike during the defined period. The FHPM and CD reviewed the detainee's medical record and found no history of a hunger strike.

discontinuation email notification or progress note was on a hunger strike at the time of OIDO's inspection.

The FA reported that ICE ERO, OPLA, IHSC, and GEO administrators hold weekly stakeholder meetings, during which they discuss hunger strike cases. OIDO reviewed the meeting minutes that corresponded to the dates that detainees were on hunger strike, as determined through the Hunger Strike Report noted above.²⁵ OIDO found the meeting minutes reflected discussions related to the seven cases under review.

The 2011 PBNDS section 4.2 on hunger strikes states that only a physician may order a detainee's release (termination) from hunger strike treatment and shall document that order in the detainee's medical record.²⁶ In support of the PBNDS 4.2, the IHSC Hunger Strike Directive further clarifies the process for termination of the hunger strike when the physician is not on site, and states that only a physician can terminate hunger strike monitoring. However, if a physician is not on-site, the advanced practice provider (APP)²⁷ could consult with the physician to terminate the hunger strike monitoring. OIDO notes that ICE ODO completed an inspection of the facility in June 2022 and found that in one out of four medical files for detainees on hunger strike a physician did not order the detainee's release from hunger strike treatment.²⁸

OIDO reviewed the medical records for detainees on hunger strike referenced above. OIDO found the CD evaluated, managed, and documented the hunger strike cases, and an APP consulted with the CD during non-business hours. The CD reviewed and cosigned with the APP all hunger strike discharges for the six completed hunger strike records.

Finally, the 2011 PBNDS section 4.2 on hunger strike requires medical, mental health, or hospital staff to offer counseling regarding medical risks, and detainees shall be encouraged to end the hunger strike or accept medical treatment.

OIDO conducted a chart review for the seven detainees noted above and found that medical staff had documented progress notes for all seven cases. Further, all notes contained information that health care staff had counseled the detainee regarding the medical risks for continuing the hunger strike and encouraged the detainee to terminate the hunger strike. The health care records OIDO reviewed demonstrated that the facility had implemented early counseling and de-escalation techniques to reduce the number of hunger strikes. OIDO found this counseling and de-escalation technique engaged all entities, including medical staff, ICE ERO, OPLA, and facility custody staff in the effort to understand and address detainee concerns, mitigating hunger strikes.

²⁵ This included the following dates: December 8, 2022, January 19, 2023, February 9, 2023, April 6 and 13, 2023, May 4 and 11, 2023, and June 20, 2023.

²⁶ See also PBNDS, Section 4.2, Hunger Strikes, (V)(F), Release from Treatment: Only the physician may order the termination of hunger strike treatment; the order shall be documented in the detainee's medical record.

²⁷ APPs are also known as mid-level practitioners or non-physician practitioners. They include physician assistants (PAs) and nurse practitioners.

²⁸ See *ODO Follow-Up Compliance Inspection*, <https://www.ice.gov/doclib/foia/odo-compliance-inspections/2022-TacomaIPC-June.pdf>, p.14.

B. Areas of Non-Compliance

i. Custody Findings

The Facility Did Not Maintain a High Standard of Facility Sanitation and General Cleanliness

The 2011 PBNDS section 1.2 on environmental health and safety states that environmental health conditions shall be maintained at a level that meets recognized standards of hygiene. The FA shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness. In addition, sanitation in barber operations is imperative because of the possible transfer of diseases through direct contact or by towels, combs, and clippers. Instruments such as combs and clippers shall not be used successively on detainees without proper cleaning and disinfecting. In June 2022, ICE ODO conducted a follow-up inspection of the facility and found the barbershop did not have all equipment and resources necessary for sanitary barbershop procedures.²⁹ In February 2023, ICE ODO conducted a compliance inspection of the facility and found deficiencies related to broken tiles, missing grout, soap scum, grime, and dust residue in housing and shower units as well as food debris and stains in the microwave ovens in several units.³⁰

During its inspection, OIDO observed the barbershop had the requisite equipment and facilities to maintain sanitary procedures. For instance, OIDO observed unused hair combs maintained in a cleaning solution and a general cleaning solution in a spray bottle. Additionally, trashcans were lined and covered, and clean towels were stacked on a cart within the shop.

Separately, OIDO found other parts of the facility were not clean and sanitary. OIDO observed a black organic substance consistent with the appearance of mold on the wall adjoining a bunk in housing unit A-3 (*See Exhibit 1*). OIDO notified the FA about the substance, and he advised that he would reassign all detainees out of housing unit A-3, and he would instruct personnel to send a sample of the substance to an outside vendor for testing. The GEO Auditor assigned at NWIPC subsequently stated that all detainees housed in Unit A-3 were moved to other housing units. On June 28, 2023, OIDO observed a large envelope with the words “Mold Analysis” that was addressed to Alpha Energy Laboratories.

²⁹ *See id.* at p. 11.

³⁰ *See* ODO 2023-001-061, p. 8.



Exhibit 1. Black organic substance consistent with the appearance of mold on the lower wall in housing unit A-3 (left), black organic substance between corner walls of housing unit A-3 (middle), and black organic substance on the side wall of the housing unit A-3 (right), as observed by OIDO on June 27, 2023.

Source: OIDO

OIDO observed that the interior of the microwaves ovens in housing units A-3 and C-1 had a large amount of food stains and appeared to be in unsanitary condition. OIDO was informed that housing unit officers were responsible for housing inspections and cleaning of the common area; of the housing unit once per shift. Further, the GEO Auditor's role was to conduct a monthly sanitation/cleanliness inspection throughout the detention facility to include the individual detainee bunk areas. However, OIDO could not verify reports of cleaning having been conducted. Failure to properly clean and sanitize the microwaves can lead to the growth of mold and harmful bacteria such as *E. coli*. The heat and steam of the microwaves could create an environment of cross contamination leading to food poisoning. Further, while mold indoors is very common and does not always guarantee severe illness, exposure can lead to irritation of the eyes, nose, throat, and lungs. Neglecting proper cleaning techniques and facility maintenance can create risks to the health of detainees and staff members.

ICE ERO Did Not Meet the Three-Day Requirement to Respond to Detainee Requests in 10 Percent of Cases

The 2011 PBNDS section 2.13 on staff–detainee communication requires that, in facilities with ICE ERO onsite presence, the ICE ERO staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable but no later than within three business days of receipt.

OIDO found ICE ERO maintained detainee response logbooks both electronically and in written form. OIDO reviewed a spreadsheet report containing information about detainee requests dated between April 1 through June 29, 2023. Out of 4,229 detainee requests, ICE ERO had 440 late electronic responses, or 90 percent within the required response time. In addition, OIDO found the written response logbook did not include any entries for a five-month period between January and June 2023. OIDO found ICE ERO did not have personnel assigned to provide oversight over responses. ICE ERO SDDO stated that on June 25, 2023, the day before OIDO arrived for its inspection, the AFOD made a verbal statement directing the SDDO to form a compliance unit with an SDDO in charge to ensure compliance requirements were met moving forward. This initiative had not been formalized at the time of OIDO's inspection.

Late responses to detainee requests can have a detrimental effect on detainee morale and safety. When detainee responses are received in a timely manner, it offers detainees a sense of confidence that their needs are being reviewed.

The Facility Did Not Strictly Control and Collect Disposable Razors Daily

The 2011 PBNDS section 4.5 on personal hygiene provides that the distribution of razors must be strictly controlled. Disposable razors shall be provided to detainees daily. Razors shall be issued and collected daily by staff. The local supplement to the National Detainee Handbook states disposable razors will be provided daily, in exchange for the detainee’s personal identification (I.D.) card. After each use, the razor is to be returned to the Housing Officer for disposal, and the I.D. card will be returned to the detainee. Detainees may not be in possession of a razor unless the Housing Officer has the detainee’s I.D. card.

On June 28, 2023, OIDO visited housing unit B-1 and observed that there was not an officer present at the housing unit officers’ desk. The drawer that contained the disposable razors was unsecured (*See Exhibit 2*). On June 29, 2023, OIDO visited housing unit D-2 and observed that there was an officer present at the housing unit officers’ desk; however, the drawer containing the disposable razors was unsecured. The Housing Officer opened the drawer to reveal disposable razors, batteries, combs, toothbrushes, and toothpaste (*See Exhibit 2*). OIDO also observed the disposable razor deposit bins in housing units B-1 and D-2 and found that they were secured.

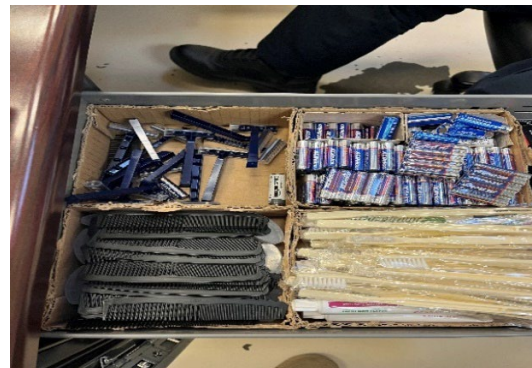
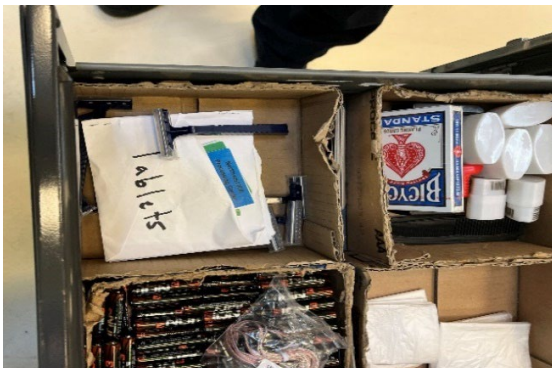


Exhibit 2. Unsecured drawer in housing unit B-1 contained disposable razors, batteries, playing cards and hygiene items (left) and unsecured drawer in housing unit D-2 contained disposable razors, batteries, combs, toothbrushes, and toothpaste (right), as observed by OIDO on June 28 and 29, 2023, respectively.

Source: OIDO

While the local supplement to the detainee handbook did outline how disposable razors will be provided daily, including exchanging the detainee’s personal I.D. for the razor, OIDO reviewed the GEO NWIPC Policy and Procedure Manual No. 4.4.4, Detainee Clothing, Bedding, Linens, and Hygiene Kits, and No. 4.4.6, Bathing and Hair Care, as well as the Housing Unit Officer Post Order and found the documents did not reference a procedure for the issuing and return of disposable razors, razor security, or inventory.

Having well-defined policies and procedures are critical for the issuance, security, inventory,

inspection, and return of disposable razors. The lack of policies and procedures can lead to inconsistent practices, security risks, and health and safety risks for detainees and staff. The CUOF incident of early February 2023 when razor blades were found in the detainees' possession, leading to an escalated disturbance, is just one example of the facility's failure to control prohibited contraband. Furthermore, when drawers are not secured with an officer present at the desk, in the event of an emergency requiring an immediate response, the Housing Officer would not be able to secure the drawer or the contents inside.

The Facility Did Not Have a Process to Collect and Forward G-28 Forms to ICE ERO and Did Not Have a Legal Visitation Policy Available Upon Request

The 2011 PBNDS section 5.7 on visitation provides that once an attorney-client relationship has been established, or if an attorney-client relationship already exists, the legal representative shall complete and submit a Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, available in the legal visitation reception area. Staff shall collect completed forms and forward them to ICE ERO. The facility's written legal visitation policy shall be available upon request. The site-specific policy shall specify visitation hours, procedures, and standards.

OIDO observed the legal visitation reception area and found the facility did not have blank G-28 forms available. Moreover, the facility did not have a method or specific location for facility staff to collect and to forward the forms to ICE ERO.

In addition, OIDO requested a copy of the legal visitation policy that should have been available upon request. The NWIPC staff did not have this policy available and were not aware of this standard requirement. According to GEO staff, no oversight entity had ever checked for compliance on these components of the detention standard. OIDO was the first to reveal this detention standard deficiency. Having a legal visitation policy readily available is important to maintain transparency of facility procedures for the attorneys.

ICE ERO and GEO Facility Staff Did Not Timely Respond to Detainee Grievances

The 2011 PBNDS section 6.2 on grievance systems states that each facility shall have written policy and procedures for a detainee grievance system. For formal written grievances, detainees shall be provided with a written or oral response within five days of receipt of the grievance. During its inspection of NWIPC on August 30 – September 1, 2022, OIG found the facility did not always timely respond to detainee grievances.³¹

OIDO reviewed the facility's written policy and procedure for detainee grievances dated January 12, 2021. OIDO also reviewed an electronic log file containing records of detainee grievances received between April 1 and June 29, 2023. OIDO found that ICE ERO responded outside of the five-day requirement for 22 out of the total 113 detainee grievances received during that period,

³¹ OIG found the facility responded to 81 percent of grievances within five days, 9 percent in six to 10 days, 9 percent in 11 to 20 days, and 1 percent in 21 or more days. In response to OIG's finding, ICE submitted a logbook of detainee grievances submitted to the facility from February 2 through April 5, 2023, demonstrating improvement to 87 percent in responding to grievances within five calendar days. See [OIG-23-26](#).

or an 80 percent compliance rate for responding to detainee grievances within the required timeframe. ICE did not have an organized process for monitoring when grievances were approaching the five-day response time. A timely response to grievances provides detainees with confidence and the satisfaction of knowing that concerns and issues are being heard. If there is a grievance, it may be revealing serious issues that may cause harm to the health, morale, and mental well-being of detainees. OIDO also reviewed an electronic report of detainee grievances submitted to GEO staff between April 1 and June 27, 2023. OIDO found that GEO did not respond to 12 out of a total of 147 grievances received during that period, or a 92 percent compliance rate for responding within the required timeframe. The GEO Facility Administrator's secretary stated that she is specifically assigned to provide daily oversight of detainee grievances to help ensure that staff are meeting the five-day response requirement. The Secretary indicated that she sends reminders for grievances that are approaching the end of the allowable response time. She also stated that she reopens and returns any grievances to the responders if she finds the response unsatisfactory.

Providing detainees informal direct and written access to ICE ERO and facility staff is critical to maintaining positive morale and welfare and allows for identification of potential issues within the detention facility.

ii. Contract Findings

The Facility Did Not Provide Advance Notice of Audits and Identify Deficiencies, Corrective Actions, and Implementation Plans to the Contracting Officer's Representative

The contract PWS³² states the contractor shall provide a final QCP that addresses critical operational performance standards for the services required under the contract. The contractor shall audit facility operations monthly for compliance with the QCP and report the results to ICE. The contractor shall notify the Government 48 hours in advance of an audit to ensure the COR is available to participate. The contractor's QCP shall identify deficiencies, appropriate corrective action(s), and timely implementation plan(s) to the COR.

OIDO interviewed the FA, who stated that NWIPC did not notify the COR 48 hours in advance of an audit. The FA stated that NWIPC provided information about the facility audits to ICE during their weekly stakeholder meetings. However, the notification to the COR was occurring after the audit, not before. The facility's failure to notify the COR 48 hours in advance of the audit as required then precludes the COR from participating. OIDO interviewed the COR, who stated the facility did not provide the advanced notifications the PWS requires. GEO was not familiar with the requirements to notify the COR 48 hours in advance of an audit.

The facility, the COR, and the OAQ held a meeting to discuss contract issues at the facility. A follow-up meeting was held in June 2023, and OIDO was informed the OAQ is working directly with GEO in resolving contract issues which included a list of deliverables and the Quality

³² See CDF Contract HSCEDM-15-D-00015, Performance Work Statement, Section II, Requirements, A. Quality Control, at 53.

Assurance Surveillance Plan (QASP). There will be follow up meetings every two weeks to monitor and track GEO's progress.

Proper notification to the COR is necessary to ensure the COR can properly oversee the contractor's performance, and assess, record, and report on the technical performance of the contractor. Providing the COR with all required information will be very useful in evaluating the contractor's performance.

The Facility Had an Appropriate Training Program but Did Not Properly Document Training or Provide Training Information to the Contracting Officer's Representative

The PWS for the contract provides that the contractor shall establish a training program for all employees, which incorporates the training requirements set forth in the ICE PBNDS, American Correctional Association Standards, ICE ERO mandated training, and the contract PWS. The training plan shall include proficiency testing, remediation (if necessary), instructor(s) and instructor qualifications, course descriptions, and detailed lesson plans that include subject matter and methods of presentation, course objectives, student evaluation procedures, and the location and duration of training.³³ Further, the PWS provides that the contractor shall certify and submit the training hours, type of training, date and location of training, and name of the instructor monthly for each employee to the COR or ICE-designated employee.³⁴

OIDO reviewed the NWIPC 2023 Annual Training Plan and found that it listed all the training requirements, including the mandated training set forth in the contract PWS. The training files were organized by Training Summary, Pre-Service, On-the-Job Training (OJT), Annual Refresher Training, Specialized, Guard License, Name, and Date of Hire. The structure of the files saved time finding items, managing content, and provided locations to place appropriate employee information.

OIDO reviewed four supervisor and 10 employee training files at NWIPC during the inspection. OIDO found two Pre-Service Academy syllabus documents that were incorrect. One document listed only the last name of the staff member with a date of hire and had class dates recorded on the day lines. The other document from 2021 did not have a staff name or date of hire and had initials on the class date line. In addition, OIDO found that several OJT records were not properly completed, as they were missing dates and had unmarked ratings. The Training Administrator took immediate action and sent an email to all Lieutenants and Captains to instruct the shift supervisors on the proper procedures for completing the OJT forms. OIDO noticed that one file contained a weapons card that had expired the day of the review. The Training Administrator provided OIDO with confirmation that the weapons card had been renewed.

OIDO reviewed the Roster/Sign-In Sheets provided for new supervisory training and found four Roster/Sign-In Sheets were not dated. The sheets listed the Presenter/Trainer and the names and signatures of two students. In a follow-up email, OIDO asked the Training Administrator whether

³³ See CDF Contract HSCEDM-15-D-00015, PWS, Section II, Requirements, M, Training Program, at 57.

³⁴ *Id.* at Section V. Training, E. Training Documentation, at 74.

he provided documentation to the COR to confirm all required training had been completed by each employee. The Training Administrator replied that he had not sent any training records or completion documentation to the COR and as far as he knew, this had not been done in the past.

Several training records reviewed provided documentation for all required training per the PWS. However, OIDO discovered several documents that were incomplete or contained errors. Improper review of training documentation forms and the Training Administrator's lack of familiarity with the requirements within the PWS regarding COR notification was issue for concern.

An effective training plan guides the planning and delivery of instruction for employees, apprentices, or trainees. It is an organized tool for the development of specific skills and outlines the type, duration, and content of the training program. A training plan helps to ensure the efficiency, effectiveness, and integrity of the training and assessment process. Proper training documentation serves as a safeguard against compliance issues by reducing risks and vulnerabilities.

iii. Medical Findings

The Facility Conducted Annual Reviews of Their Health Care Staffing Plan but Did Not Meet Staffing Level Requirements

The 2011 PBNDS section 4.3 on medical care requires that a staffing plan be reviewed at least annually which identifies the positions needed to perform the required services. Further, the standard provides that all facilities shall provide medical staffing and sufficient support personnel to meet these standards.

At NWIPC, IHSC and contractors provided health care services. OIDO reviewed the facility health care staffing plans for calendar years (CY) 2021 and 2022 and found that the facility HSA had conducted an annual staffing plan review for each year. The HSA completed the last documented review on December 14, 2022.

ICE and STGi have a contract to provide IHSC with medical staffing to provide a continuum of health care services to ICE ERO detainees onsite. IHSC assesses penalties when the contractor does not meet the contractual staffing agreement as outlined in the QASP.³⁵ Per the QASP, the contractor must have 92 percent of position codes scheduled and working at each site in compliance with the Site Status Report.

OIDO reviewed the staffing plan and staffing roster in place as of June 8, 2023. OIDO compared the positions filled as outlined in the staffing roster to the number of positions allotted to the facility

³⁵ QASP on page 1, functional area staffing, outlines the deduction or withholding criteria when the contractor does not meet staffing requirements. IHSC HQ tracks and hires the federal health care positions, and STGi tracks and hires health care contractor positions. Only contractor positions filled through STGi are considered regarding penalties based on contractual obligation.

in the staffing plan. The facility was allotted 88 medical staffing positions, including 40 federal and 48 contractors. OIDO found 17 of the 40 federal positions were vacant and seven of the 48 contractor positions were vacant. These vacancies resulted in a fill rate of 57.5 and 85 percent, respectively, and an overall staffing rate of 72 percent for all health care positions.

As of the March, April, and May 2023 NWIPC Site Status Reports, the contractor was not compliant with staffing across all position categories. Due to staffing non-compliance, the COR assessed penalties to STGi from March through May 2023, totaling \$81,115.37. Fill rates by position type and penalties assessed per month are detailed in Exhibits 3, 4, and 5.

Position Title	Number of Required Positions	Number of Vacancies	Fill Rate	March 2023 Penalties
Licensed Vocational Nurses/Licensed Practical Nurses	7	2	71%	
Registered Nurses	17	3	82%	
Advanced Practice Providers	5	2	60%	
Behavioral Health Providers	1	1	0%	
Medical Technician/Assistant	15	2	87%	
Medical Doctor/Osteopathic Doctor, Doctor of Dental Surgery/Pharmacist	3	3	0%	
Total	48	13	73%	\$28,192.42

Exhibit 3. Based on contractual requirements for contractor positions, number of vacancies, fill rates, and penalties assessed for non-compliance, this figure identifies the vacant positions by specialty for March 2023.

Source: OIDO

Position Title	Number of Required Positions	Number of Vacancies	Fill Rate	April 2023 Penalties
Licensed Vocational Nurses/Licensed Practical Nurses	7	2	71%	
Registered Nurses	17	1	94%	
Advanced Practice Providers	5	1	80%	
Behavioral Health Providers	1	1	0%	
Medical Technician/Assistant	15	2	87%	
Medical Doctor/Osteopathic Doctor, Doctor of Dental Surgery, Pharmacist	3	3	0%	
Total	48	10	79%	\$26,335.79

Exhibit 4. Based on contractual requirements for contractor positions, number of vacancies, fill rates, and penalties assessed for non-compliance, this figure identifies the vacant positions by specialty for April 2023.

Source: OIDO

Position Title	Number of Required Positions	Number of Vacancies	Fill Rate	May 2023 Penalties
Licensed Vocational Nurses/Licensed Practical Nurses	7	2	71%	
Registered Nurses	17	1	94%	
Advanced Practice Providers	5	1	80%	
Behavioral Health Providers	1	1	0%	
Medical Technician/Assistant	15	2	87%	
Medical Doctor/Osteopathic Doctor, Doctor of Dental Surgery, Pharmacist	3	2	33%	
Total	48	9	81%	\$26,587.16

Exhibit 5. Based on contractual requirements for contractor positions, number of vacancies, fill rates, and penalties assessed for non-compliance, this figure identifies the vacant positions by specialty for May 2023.

Source: OIDO

Public Health Service (PHS) and government health care positions are difficult to fill per the HSA at NWIPC. The HSA reported that PHS officers working within IHSC are used on a rotational schedule to fill key vacant medical positions at the 19 IHSC staffed facilities. IHSC uses what is labeled as the IHSC Temporary Duty On-call Schedule (ITOS) to identify and deploy IHSC officers to various IHSC staffed facilities to fill hard-to-fill and vacant contractor, PHS, and government positions for either two weeks or a 30-day span. Currently, to help bridge the gap in vacant contractor positions, NWIPC uses PHS officer's temporary duty assignment (TDY) to the facility to fill vacant Registered Nurse positions. The HSA reported that NWIPC had used 16 TDY support staff to address gaps in healthcare staffing in the last six months.

As mentioned above, the facility has a total of 1,575 bed spaces. The facility's contract with ICE provides for a guaranteed minimum of 1,181 detention beds per day. The facility's daily average ICE detainee population was 569 for fiscal year 2023. At the time of OIDO's inspection, the facility had 577 detainees. The contract to provide medical staffing is set at the guaranteed minimum. Due to the difficulties of fully staffing medical services and the reduced ICE population, a review of medical staffing may be appropriate based on the agency's reduced population needs. Having a fully staffed medical department with skilled and knowledgeable professionals increases a detainee's quality of care. It also allows the facility to achieve positive patient outcomes and decreases the risk of negative care outcomes.

The Facility Did Not Comply Fully with the Initial Medical Evaluation Requirements

The 2011 PBNDS section 4.2 on hunger strikes requires medical staff to monitor the health of a detainee on hunger strike. During the initial medical evaluation, medical staff shall perform a urinalysis. In addition, the IHSC Directive 03-24 Hunger Strike also requires a physician cosign all APP evaluations of hunger strike detainees.

OIDO found that all seven detainee medical records reviewed (100 percent) had an initial medical and mental health evaluation progress note documented in their charts. However, of the seven

charts reviewed, one had an initial medical evaluation that did not meet all required criteria for completion; specifically, the record did not show that the medical staff had performed a urinalysis. In addition, another record did not have the physician co-signature on the initial medical evaluation that had been completed by an APP.

Depending on availability, either the CD or the APPs are responsible for completing the initial medical evaluations once a detainee has met the official hunger strike criteria. If the CD is present, the CD will complete the initial medical evaluation. When the CD is not present, the APP will complete the evaluation. The APP is to consult with the CD via telephone and send his/her progress note within eClinicalWorks for the CD to review and co-sign.³⁶ The lack of review and/or co-signature by the CD of the APP's initial medical evaluation progress note is a case of noncompliance with the IHSC Hunger Strike Directive.

It is essential that medical establishes a consistent evaluation process for any detainee who is on an official hunger strike. This allows medical to track the detainee's health status throughout the strike to identify deterioration and opportunity for intervention.

The Facility Did Not Consistently Complete 15-Minute Checks of Detainees on Suicide Watch

The 2011 PBNDS section 4.6 on significant self-harm and suicide prevention and intervention provides that a suicidal detainee requires close supervision in a setting that minimizes opportunities for self-harm. If a staff member identifies someone who is at risk of significant self-harm or suicide, the detainee must be placed on suicide precautions and immediately referred to a qualified mental health professional. The qualified mental health professional may place the detainee in a special isolation room designed for evaluation and treatment with continuous monitoring that must be documented every 15 minutes or more frequently if necessary. All suicidal detainees placed in an isolated confinement setting will receive continuous one-to-one monitoring.

OIDO reviewed the facility's custody staff's Suicide Prevention Training document. In this training, custody staff are instructed to conduct 15-minute irregular-timed custody checks for detainees on suicide watch. OIDO reviewed a list of all detainees at the facility on suicide watch for the period from June 2022 to May 2023.³⁷

From the June 2022 to May 2023 suicide watch list, OIDO selected and reviewed 12 detainee suicide watch logs for their 15-minute checks. OIDO found the facility completed 15-minute staggered checks for all four detainees on suicide watch in 2022. However, OIDO reviewed the records for the eight detainees on suicide watch in 2023 and found that one watch log was missing entirely from the detainee's electronic health record. In addition, six of the other seven watch logs

³⁶ Software called eClinicalWorks is an electronic health record application used for clinical documentation.

³⁷ OIDO notes that ICE ODO completed a follow-up inspection at the facility in June 2022 and had found the facility non-compliant in completing the required 15-minute checks of detainees on suicide watch. For this reason, OIDO selected and reviewed suicide watch records completed after ODO's June 2022 inspection to see if the facility had addressed this deficiency. See *ODO Follow-Up Compliance Inspection*, <https://www.ice.gov/doclib/foia/odo-compliance-inspections/2022-TacomaIPC-June.pdf>.

had entries showing more than 15 minutes between checks.

During separate interviews, the Assistant Warden and Chief of Security reported that both training and retraining, individually and in groups, is the venue to address this non-compliance with the security staff. The Assistant Warden further reported using and tracking “pocket training memorandums.” These memorandums outlined the specific training and the corrective actions required for the officer to comply. Based on the historical use of training to address this issue, that alone is insufficient and did not address the disparity between the requirement for 15-minute suicide watch checks to include documentation and what security staff performed. Regarding the consistent findings from the ICE ODO and OIDO inspections of non-compliance, the contractor inadvertently highlighted the insufficiency of its training program to address staff non-compliance with the proper checks and documentation of 15-minute checks for detainees on suicide watch.

Having an effective and comprehensive plan to implement harm reduction, such as the 15-minute suicide watch checks, maintains detainees’ safety, security, and well-being while on suicide watch. Furthermore, having skilled and knowledgeable security staff adequately trained and well equipped to follow proper protocol is imperative to a successful implementation strategy. A comprehensive protocol, comprehensive training, competency assessments of staff, and follow through by management to ensure proper execution, remediation, disciplinary action, and termination, if needed, is paramount to ensuring the safety and security of detainees in custody.

C. Area of Concern

The Facility Continues to be the Source of Multiple Hunger Strikes and Subsequent CUOF Incidents

As stated in the Background section of this report, the NWIPC has been the subject of negative attention due to different issues, including multiple reports of hunger strikes staged by detainees that led to the use of chemical agents against them.³⁸ OIDO reviewed an After-Action Review dated February 3, 2023, documenting a CUOF incident that occurred in housing unit F-4 on February 1, 2023, during one of these hunger strikes. Based on the documents reviewed by OIDO, a Crisis Management Team Member attempted to engage in confrontational avoidance, and a detainee reportedly stated, “The only time we get our problems addressed here is when we do things like this or go on hunger strike.” The detainees reportedly escalated their non-compliant behavior by barricading themselves inside the unit, damaging the microwave, and covering facility cameras, which led to the CERT preparing for CUOF and the authorization of the calculated use of force and use of chemical agents.

During the inspection, GEO’s facility investigator informed OIDO that they suspect detainees were accepting funds through commissary and phone account deposits from an outside group to initiate protests and threaten hunger strikes within the facility and that these payments have compromised the facility’s safety, security, and good order, actions which may constitute prohibited acts under

³⁸ See, e.g., KUOW, “Hunger Strike Suspended at Tacoma ICE Facility, But Objections Remain,” dated February 6, 2023, <https://www.kuow.org/stories/hunger-strike-ends-at-ice>.

the detention standards. The 2011 PBNDS section 3.1 on disciplinary system provides that staff who have reason to suspect that a detainee has engaged in a prohibited act or who witness a prohibited act that cannot or should not be resolved informally, shall prepare a clear, concise, and complete Incident Report. OIDO requested copies of Significant Incident Reports related to this allegation but was told by the ICE ERO SDDO that none exist.

OIDO remains concerned about the conditions and factors that lead to repeated hunger strikes and subsequent CUOF incidents, and their impacts to the well-being of the detained population. This necessitates thorough and consistent documentation and elevation of significant incidents threatening the safety and security of the facility encountered by staff, as required by the PBNDS. The specialized issues raised were beyond of scope of what OIDO could examine during this inspection, but OIDO intends to continue to explore the root causes leading to the incidents of unrest and issue future recommendations if necessary.

Conclusion

OIDO's inspection led to 18 general custody, five contract, and five medical findings. Of the findings related to general custody issues, 12 were compliant findings, and five were non-compliant findings, and one was an area of concern. Of the findings related to contract issues, three were compliant findings, and two were non-compliant. Finally, of the findings related to medical issues, two were compliant findings, and three were non-compliant findings. The facility's non-compliant findings included the following: maintaining facility sanitation and cleanliness, responding to detainee requests, controlling disposable razors, collecting and forwarding attorney forms, responding to detainee grievances, notifying the Contracting Officer's Representative of audits, documenting training, documenting initial medical evaluations, staffing medical, and checking detainees on suicide watch. In addition, the area of concern related to insufficient documentation of the facility's ongoing safety concerns for Component action.

It is essential that NWIPC comply with the 2011 PBNDS to ensure the health, safety, and rights of detainees. ICE must ensure that NWIPC complies with the detention standards, takes meaningful action to address deficiencies, and gives serious consideration to addressing the facility's issues that have been linked to public scrutiny.

Recommendations

Recommendation 1: Regarding environmental health and safety, establish and implement internal controls, training, and oversight that ensures proper cleaning techniques and facility maintenance are performed within common areas and housing units to promote the highest level of sanitation.

Recommendation 2: Regarding staff-detainee communication, establish and implement internal controls to ensure ICE ERO staff respond to all detainee requests within required timeframes.

Recommendation 3: Regarding the distribution, issuance, and collection of razors, update the local supplement to the National Detainee Handbook and implement an effective local procedure

for issuance and inventory of razors.

Recommendation 4: Regarding the availability, collection, and dissemination of Form G-28, establish and implement internal policy, training, and oversight that ensures forms are readily available to attorneys and are collected and disseminated to ICE ERO.

Recommendation 5: Regarding untimely response to detainee grievances, create and implement training and oversight that ensures:

- (a) ICE ERO collects, documents, and responds to grievances filed by detainees within required timeframes.
- (b) GEO collects, documents, and responds to grievances filed by detainees within required timeframes.

Contract-Related Recommendations

Recommendation 6: Regarding advanced notice of audits to the COR, the facility should create and implement internal controls and oversight that ensures the COR is notified of internal facility audits 48 hours in advance.

Recommendation 7: Regarding improper documentation of training and lack of notification to the COR, create and implement procedures that ensure the Training Administrator completes all training-related documentation as required by the PWS, to include COR notification.

Medically Related Recommendations

Recommendation 8: Regarding Hunger Strikes, the IHSC Directive 03-24, Hunger Strike, requires a physician to cosign all APP evaluations for detainees on hunger strike. The facility should ensure this requirement is being met.

Recommendation 9: Regarding the staffing level requirements, IHSC and the facility should increase their efforts to strengthen their recruitment and retention strategies to fill vacant federal and contract positions. In the alternative, ICE should consider reducing the minimum bed space to more closely align with adequate medical staffing levels for the facility's average daily population.

Recommendation 10: Regarding the 15-minute checks of detainees on suicide watch, the facility should review its internal processes to identify and address reasons officers are not consistently completing and/or documenting the required staggered checks every 15 minutes.

Area of Concern

Recommendation 11: Regarding the disciplinary system, the facility should establish and implement internal policy, training, and oversight that ensures officers who witness a prohibited act, or have reason to suspect one has been committed, shall immediately prepare and submit an Incident Report. All Incident Reports should state facts clearly, precisely, and concisely, omitting no details that may prove significant.

Response from Inspected Component and OIDO Analysis

ICE Officials concurred with all 11 recommendations and identified corrective actions. Based on the information provided in the response to the draft report, OIDO considers 10 recommendations closed and one recommendation open. Below is a summary of ICE's response and OIDO's analysis thereof. ICE's full response is available in Appendix A.

Component Response to Recommendation 1: ICE concurred with OIDO's recommendation regarding environmental health and safety. ICE indicated the facility conducts regular and thorough inspections of all facility areas on all shifts. The facility has a dedicated cleaning contract that is responsible for cleaning housing units' common areas, bathrooms, and showers. ICE noted that the facility continues increased frequency cleaning, sanitation, and disinfection procedures. ICE also indicated the facility will continue to monitor to ensure sanitation is maintained at a high level.

OIDO Analysis: OIDO finds this corrective action to be responsive and considers the recommendation addressed and closed.

Component Response to Recommendation 2: ICE concurred with OIDO's recommendation regarding staff-detainee communication. ICE indicated the facility updated the policy to match PBNDS 2011 (revised 2016) standards. The new process acknowledges the receipt of electronic requests, ensuring the start of the 3-business day requirement for response. The facility will continue to monitor response time moving forward. ERO local management will have oversight over Talton communication and will audit staff-detainee communications to ensure deadlines are met. If either appear to not meet appropriate standards, corrective action will be taken.

OIDO Analysis: OIDO finds this corrective action to be responsive and considers the recommendation addressed and closed.

Component Response to Recommendation 3: ICE concurred with OIDO's recommendation regarding the distribution, issuance, and collection of razors. ICE indicated the facility updated the local Detainee Handbook on March 1, 2024, to further clarify how the facility will manage disposable razors. A statement was added to clarify that disposable razors are available in exchange for a detainee's facility-issued identification (ID) card and must be returned for disposal to regain detainee ID. ICE indicated the facility administrator sent a directive to update housing unit post orders with a note to keep the desk and/or drawers locked, and to reemphasize the importance of accountability of all razors and cartridge blades during all shift briefings.

OIDO Analysis: OIDO finds this corrective action to be responsive and considers the recommendation addressed and closed.

Component Response to Recommendation 4: ICE concurred with OIDO's recommendation regarding the availability, collection, and dissemination of Form G-28. ICE indicated that G-28 forms are available in the facility's public lobby with a drop box where forms can be submitted. The drop box is monitored and collected daily by ERO staff. ICE also indicated that the process

can be done electronically.

OIDO Analysis: OIDO finds this corrective action to be responsive and considers the recommendation addressed and closed.

Component Response to Recommendation 5: ICE concurred with OIDO's recommendation regarding untimely response to detainee grievances. ICE indicated ERO has dedicated officers who respond to electronic kites daily and that paper kites are also addressed daily by the appropriate officers. The facility has implemented a process to acknowledge the receipt of electronic grievances to ensure the start of the five-day requirement for response. ICE notes that a review of submitted grievances from January to September 2024 shows only one out of 617 grievances that fell outside of the five-day requirement, or a 99.8 percent completion rate.

OIDO Analysis: OIDO finds this corrective action to be responsive and considers the recommendation addressed and closed.

Component Response to Recommendation 6: ICE concurred with OIDO's recommendation regarding advanced notice of audits to the COR. ICE indicated the facility updated the COR on annual internal audit plans for 2024. Quality control plan audits are pre-planned on a fixed schedule, so the COR will receive more than 48 hours of notice. The COR agreed to this process, which will be completed annually.

OIDO Analysis: OIDO finds this corrective action to be responsive and considers the recommendation addressed and closed.

Component Response to Recommendation 7: ICE concurred with OIDO's recommendation regarding improper documentation of training and lack of notification to the COR. ICE indicated the facility assigned staff to conduct a complete review of training paperwork and hired a training administrator (TA) on July 2, 2024. The training program was recently audited in February 2024; the audit documented zero findings with syllabus and training documentation, including accurately completed training documentation, on the job training records, and new supervisor training. All weapons cards were current and not expired for those holding armed posts.

OIDO Analysis: OIDO finds this corrective action to be responsive; however, ICE must provide supporting documentation from the audit that shows all training is up to date. Therefore, OIDO considers this matter open. OIDO will close this recommendation when ICE provides completed training documentation.

Component Response to Recommendation 8: ICE concurred with OIDO's recommendation regarding hunger strikes. ICE noted all medical staff members are required to acknowledge and review IHSC Directive 03-24 annually. This yearly enforcement ensures that advance practice provider staff remain informed and compliant with the protocols and procedures in managing hunger strike cases.

OIDO Analysis: OIDO finds this corrective action to be responsive and considers the recommendation addressed and closed.

Component Response to Recommendation 9: ICE concurred with OIDO’s recommendation regarding staffing level requirements. ICE noted that while the facility was staffed at 92 percent of the target at the time of the OIDO report, they operated at a level equivalent to 100 percent by strategically using overtime and reassigning staff to critical posts. To maintain full staffing, the facility has intensified recruitment efforts and streamlined internal processes to ensure swift onboarding. As of July 2024, the facility has successfully reached a 100 percent staffing level, as documented in its report to the COR. ICE indicated the facility will continue to monitor staffing levels and implement forward-looking recruitment strategies to ensure it maintains an adequate and prepared workforce.

OIDO Analysis: OIDO finds this corrective action to be responsive and considers the recommendation addressed and closed.

Component Response to Recommendation 10: ICE concurred with OIDO’s recommendation regarding 15-minute checks for detainees on suicide watch. This finding was due to a logging oversight by the officer while performing a continuous one-on-one watch. ICE noted that the officer never left sight of the detained noncitizen. In October 2023, NWIPC provided post order training to staff as it related to 15-minute checks for all suicide watches. ICE stated that, during an internal ICE audit conducted in February 2024, the area pertaining to timely check for suicide watches had zero findings on non-compliance with suicide watch guidance.

OIDO Analysis: OIDO finds this corrective action to be responsive and considers the recommendation addressed and closed.

Component Response to Recommendation 11: ICE concurred with OIDO’s recommendation regarding the disciplinary system. As per the facility Employee Handbook, employees are required to report any violation or attempted violation of policy to management immediately. The handbook is issued to new hires at orientation and is available from Human Resources online or on request.

OIDO Analysis: OIDO finds this corrective action to be responsive and considers the recommendation addressed and closed.

Appendix A: Component Response


Enforcement and Removal Operations

U.S. Department of Homeland Security
500 12th Street, SW
Washington, DC 20536



**U.S. Immigration
and Customs
Enforcement**

MEMORANDUM FOR: David D. Gersten
Acting Ombudsman
Office of the Immigration Detention Ombudsman

FROM: Russell Hott 
Deputy Executive Associate Director
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement

SUBJECT: ICE Response to the OIDO Draft Inspection Report, Northwest
ICE Processing Center, June 27-29, 2023

Digitally signed by Russ Hott
Date: 2024.10.17 11:25:16
-0400

Purpose

In June 2023, the Department of Homeland Security Office of the Immigration Detention Ombudsman (OIDO) conducted an unannounced inspection of the Northwest U.S. Immigration and Customs Enforcement (ICE) Processing Center (NWIPC) to review the facility's performance and compliance with applicable detention standards. OIDO found 17 areas of compliance, 10 areas of noncompliance, 1 area of concern, and issued 11 recommendations. ICE takes its commitment to promoting safe, secure, and humane environments for those in its custody very seriously. The health and safety of noncitizens in ICE custody and the ICE workforce is paramount. This memorandum is in response to OIDO's draft report, *OIDO Inspection of the Northwest ICE Processing Center*.

Background

ICE Enforcement and Removal Operations (ERO) oversees the detention of noncitizens at facilities throughout the United States, which it manages directly or in conjunction with private contractors or federal, state, or local governments. ICE uses several detention standards to regulate conditions of confinement, program operations, and management expectations within the agency's detention system. The set of detention standards that apply to a facility is determined by the detention facility contract.

NWIPC is a contract detention facility located in Tacoma, Washington. The facility opened in 2004 and is owned and operated by The Geo Group, Inc. (GEO). ICE began housing detained noncitizens at the facility in 2004 under the oversight of ERO's Field Office Director in Seattle. NWIPC operates under ICE Performance-Based National Detention Standards 2011 (revised

www.ice.gov

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2016) (PBND 2011). The most recent contract between ICE and GEO provides for a period of performance from September 28, 2015 to September 27, 2025. ICE Health Service Corps (IHSC) along with medical contractor STG International, Inc. (STGi) provide medical care for detained noncitizens.¹

The facility has a total of 1,575 bed spaces. The facility houses male and female detained noncitizens from low through high level classifications. At the time of OIDO's inspection, the facility had 577 detained noncitizens. The facility's average daily ICE detained noncitizen population for Fiscal Year (FY) 2023² was 569.

ICE Response to OIDO Recommendations

Recommendation 1: Regarding environmental health and safety, establish and implement internal controls, training, and oversight that ensures proper cleaning techniques and facility maintenance are performed within common areas and housing units to promote the highest level of sanitation.

Response: ICE concurs with this recommendation. NWIPC conducts regular and thorough inspections of all facility areas to identify and mitigate potential hazards. These inspections are conducted on all shifts by supervisors and the designated fire and safety manager. The facility has a dedicated cleaning contract that is responsible for cleaning housing units' common areas, bathrooms, and showers. NWIPC continues increased frequency cleaning, sanitation, and disinfection procedures, particularly in high-traffic and common areas. The facility will continue to monitor areas throughout the facility to ensure sanitation is maintained at a high level.

Please refer to Attachments 1 and 2. ICE recommends closing this recommendation.

Recommendation 2: Regarding staff-detainee communication, establish and implement internal controls to ensure ICE ERO staff respond to all detainee requests within required timeframes.

Response: ICE concurs with this recommendation. NWIPC updated the current policy to match PBND 2011 (revised 2016) standards, which mandate that noncitizen requests receive a response within three business days of receipt. NWIPC has implemented a new process to acknowledge the receipt of electronic requests, ensuring the start of the 3-business day requirement for response. Moving forward, the facility will continue to monitor its response times closely to ensure full compliance with PBND 2011 (revised 2016) standards.

ERO local management will have oversight over Talton communication to ensure deadlines are met. Local management will also audit staff/detained noncitizen communications to ensure deadlines are met. If either appear to not meet appropriate standards, corrective action will be taken.

¹ See STG International, Inc., <https://www.stginternational.com/>.

² See ICE Detention Statistics: *ICE Detention Data, EO FY 2023*, https://www.ice.gov/doclib/detention/FY23_detentionStats.xlsx.

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Please refer to Attachment 3. ICE recommends closing this recommendation.

Recommendation 3: Regarding the distribution, issuance, and collection of razors, update the local supplement to the National Detainee Handbook and implement an effective local procedure for issuance and inventory of razors.

Response: ICE concurs with this recommendation. NWIPC updated the local Detainee Handbook on March 1, 2024, to further clarify how the facility will manage disposable razors. The following statement was added: "A. Disposable Razors/Beard Trimming; Disposable razors will be provided daily, in exchange for your facility issued identification (ID) card. After each use, the razor is to be returned to the pod officer for disposal and your ID card will be returned to you. You may not be in possession of a razor unless the pod officer has your ID card."

On August 5, 2024, the Facility Administrator sent a directive to the Chief of Security (CoS) to add to all housing unit general post orders to keep the desk and/or drawers locked when the officer is or is not at the desk and/or podium. The directive also requires the CoS to reemphasize this during all shift briefings, the importance of ensuring desk drawers are secured at all times, and the importance of accountability of all razors and cartridge blades.

Please refer to Attachments 4 and 6. ICE recommends closing this recommendation.

Recommendation 4: Regarding the availability, collection, and dissemination of Form G-28, establish and implement internal policy, training, and oversight that ensures forms are readily available to attorneys and are collected and disseminated to ICE ERO.

Response: ICE concurs with this recommendation. G-28 forms are available in the NWIPC public lobby with a drop box for the G-28 forms to be submitted. The drop box is monitored and collected daily by ERO staff. This can also be done electronically.

ICE recommends closing this recommendation.

Recommendation 5: Regarding untimely response to detainee grievances, create and implement training and oversight that ensures:

- (a) ICE ERO collects, documents, and responds to grievances filed by detainees within required timeframes.
- (b) GEO collects, documents, and responds to grievances filed by detainees within required timeframes.

Response: ICE concurs with this recommendation. ERO has dedicated offsite officers that monitor, distribute, and respond to electronic kites daily. Paper kites are gathered and distributed to the appropriate Deportation Officers who respond daily.

The policy and process of handling detained noncitizen grievances at NWIPC is based on the PBNDS 2011 (revised 2016) standards, which states that the detained noncitizen shall be provided a response within 5 days of receipt of the grievance. NWIPC has implemented a

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process to acknowledge the receipt of electronic grievances to notate the start of the 5-day requirement for response.

A review of NWIPC's submitted grievances from January 2024 to September 2024 shows only 1 out of 617 grievances fell outside of the 5-day requirement, or a 99.8 percent completion rate. That one grievance was only two days late.

Please refer to Attachment 5. ICE recommends closing this recommendation.

Recommendation 6: Regarding advanced notice of audits to the COR, the facility should create and implement internal controls and oversight that ensures the COR is notified of internal facility audits 48 hours in advance.

Response: ICE concurs with this recommendation. On July 31, 2024, NWIPC updated the COR on annual internal audit plans for 2024. The quality control plan audits are pre-planned based on a fixed schedule, which will give the COR more than the 48-hour notice requirement. The COR agreed to this process, which will be completed annually and satisfy the contract and the performance work statement (PWS) requirements. ICE recommends closing this recommendation.

Recommendation 7: Regarding improper documentation of training and lack of notification to the COR, create and implement procedures that ensure the Training Administrator completes all training-related documentation as required by the PWS, to include COR notification.

Response: ICE concurs with this recommendation. Effective November 6, 2023, NWIPC assigned additional staff to conduct a complete review of training paperwork. In addition, on July 7, 2024, a new training administrator (TA) entered on duty, which will further expedite the training paperwork review. The TA has been tasked to ensure all training material is reviewed for correctness and timely submissions to the COR. The training program was recently audited through corporate QCP staff in February 2024, which documented zero findings with syllabus and training documentation, including accurately completing training documentation, on the job training records, and new supervisors training. All weapons cards are current and not expired for those holding armed posts.

Please refer to Attachment 7. ICE recommends closing this recommendation.

Recommendation 8: Regarding Hunger Strikes, the IHSC Directive 03-24, Hunger Strike, requires a physician to cosign all APP evaluations for detainees on hunger strike. The facility should ensure this requirement is being met.

Response: ICE concurs with this recommendation. As part of IHSC's commitment to maintaining rigorous medical standards in regards to hunger strikes, all medical staff members are required to acknowledge and review IHSC Directive 03-24 annually. This yearly enforcement ensures that advance practice provider staff remain informed and compliant with the protocols and procedures in managing hunger strike cases.

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Please refer to Attachment 8. ICE recommends closing this recommendation.

Recommendation 9: Regarding the staffing level requirements, IHSC and the facility should increase their efforts to strengthen their recruitment and retention strategies to fill vacant federal and contract positions. In the alternative, ICE should consider reducing the minimum bed space to more closely align with adequate medical staffing levels for the facility's average daily population.

Response: ICE concurs with this recommendation. OIDO's June 2023 report identified that the staffing levels were 92 percent; however, the facility operated at a staffing level equivalent to 100 percent by strategically using overtime and reassigning staff to critical posts. This approach allowed the facility to meet operational needs without compromising on safety or service standards.

The OIDO report also identified concerns regarding NWIPC's ability to maintain a staffing level of 95 percent, as required by the contract PWS. While the facility had an appropriate staffing plan and provided the required staffing reports to the COR, the report notes that NWIPC's staffing level for June 2023 was at 92 percent, below the 95 percent requirement. NWIPC recognizes the importance of maintaining adequate staffing levels for the safety and security of the facility and has taken steps to address these challenges and achieve full compliance with PWS staffing requirements.

Multiple job announcements are posted on USA Jobs to fill the remaining federal vacancies for General Schedule and U.S. Public Health Service (USPHS) officers. Upon receipt of selection certificates from the ICE Office of Human Capital, IHSC staff will conduct interviews, background checks, etc., to complete the hiring process, as appropriate. Similarly, USPHS officers' applications are processed immediately and referred to IHSC hiring authorities. IHSC's Personnel Unit also hired two Recruitment Specialists to manage all USPHS officer recruitment. The Medical Staffing Services (MSS) conducts continuous monitoring of STGi staffing levels, vacancies, and recruitment efforts. MSS has weekly engagement with the vendor to review open contract vacancies and personnel in the hiring pipeline. STGi has made improvements by increasing their recruitment teams and focusing on facilities that require increased staffing levels.

To maintain full staffing, NWIPC has intensified recruitment efforts and streamlined internal processes to ensure swift onboarding once candidates receive the necessary clearances. As of July 2024, NWIPC has successfully reached a 100 percent staffing level, as documented in its report to the COR (please refer to Attachment 12). Looking ahead, NWIPC will continue to rigorously monitor staffing levels and implement forward-looking recruitment strategies to ensure it maintains an adequate and prepared workforce. This includes close collaboration with the COR to address any staffing concerns preemptively to ensure that it fully complies with the PWS requirements. The goal is to sustain this level of operational readiness, even as the facility navigates the complexities of the ICE clearance process.

Please refer to Attachment 9. ICE recommends closing this recommendation.

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Recommendation 10: Regarding the 15-minute checks of detainees on suicide watch, the facility should review its internal processes to identify and address reasons officers are not consistently completing and/or documenting the required staggered checks every 15 minutes.

Response: ICE concurs with this recommendation. This finding was due to a logging oversight by the officer while performing a continuous one-on-one watch. It should be noted that the officer never left sight of the detained noncitizen. In October 2023, NWIPC provided post order training to staff as it related to 15-minute checks for all suicide watches. In February 2024, as part of the annual internal QCP corporate audit, the area pertaining to timely check for suicide watches had zero findings and was compliant as it pertains to suicide watches.

Please refer to Attachment 10. ICE recommends closing this recommendation.

Recommendation 11: Regarding the disciplinary system, the facility should establish and implement internal policy, training, and oversight that ensures officers who witness a prohibited act, or have reason to suspect one has been committed, shall immediately prepare and submit an Incident Report. All Incident Reports should state facts clearly, precisely, and concisely, omitting no details that may prove significant.

Response: ICE concurs with this recommendation. As per the facility Employee Handbook, Section 2: Workplace Conduct – Pg 33: Duty to Report Work Related Violations, employees are required to report any violation or attempted violation of any policy, regulation, or law to management immediately. This includes any act or omission by any person that resulted in a breach of facility security. The handbook is issued upon orientation to new hires. It is also always available via request from Human Resources (HR) and can be found on the facility shared HR Drive.

Please refer to Attachment 11. ICE recommends closing this recommendation.

Attachments:

- Attachment 1: Recommendation 1 - D2 Sanitation Record
- Attachment 2: Recommendation 1 - Picture of Tile
- Attachment 3: Updated policies
- Attachment 4: Section of Handbook
- Attachment 5: Grievance Review
- Attachment 6: Picture of Secured Drawer
- Attachment 7: COR Email re Training
- Attachment 8: Hunger Strike Training Sign In Sheet
- Attachment 9: Tacoma Arrivals and Departures 06.2023-07.2024
- Attachment 10: Recommendation 10 Watch Log.
- Attachment 11: GEO Employee Handbook - Duty to Report Work Related Violations
- Attachment 12: July 2024 Staffing Levels to COR-Final

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For further information or questions, please contact the Office
of the Immigration Detention Ombudsman at:
detentionombudsman@hq.dhs.gov.

