

Office of Professional Responsibility

Tacoma ICE Processing Center Inspection 2024-005-389

August 13–15, 2024



U.S. Immigration
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Office of Detention Oversight
Unannounced Follow-Up Compliance
Inspection
2024-005-389

Enforcement and Removal Operations
ERO Seattle Field Office

Tacoma ICE Processing Center
(Northwest Detention CTR)
Tacoma, Washington

August 13-15, 2024

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION
of the
TACOMA ICE PROCESSING CENTER
(NORTHWEST DETENTION CTR)
Tacoma, Washington

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UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Senior Inspections and Compliance Specialist	ODO
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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted an unannounced follow-up compliance inspection of the Tacoma ICE Processing Center (Northwest Detention CTR) (NDCTR) in Tacoma, Washington, from August 13 to 15, 2024.¹ This inspection focused on the standards found deficient during ODO’s last inspection of NDCTR from January 23 to 25, 2024. The facility opened in 2001 and is owned by and operated by The Geo Group, Inc. (GEO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at NDCTR in 2004 under the oversight of ERO’s Field Office Director in Seattle (ERO Seattle). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

[REDACTED]

A facility administrator handles daily operations and manages [REDACTED] support personnel. GEO provides food services, ICE Health Service Corps provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in January 2021 and the American Correctional Association in April 2021. In January 2023, NDCTR was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of August 13, 2024)	[REDACTED]
Adult Female Population (as of August 13, 2024)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 11 deficiencies in the following areas: Environmental Health and Safety (1); Facility Security and Control (2); Post Orders (2); Personal Hygiene (2); Religious Practices (1); and Telephone Access (3).

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

² Data Source: ERO Custody Management Division Authorized Facility List as of August 12, 2024.

³ *Ibid.*

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for longer than 72 hours, to assess compliance with ICE National Detention Standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all over 72-hour ICE detention facilities with an ADP of 10 or more detainees that ODO conducted a full inspection of earlier in the FY.⁴

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

In FY 2022, ODO began conducting unannounced inspections of ICE detention facilities, ensuring each facility subject to biannual inspections receives an unannounced inspection at least once every 3 years. Upon completion of each special review or unannounced inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating UCAPs; and (ii) provide senior executives with an independent assessment of facility operations. ODO's findings inform ICE executive management in their decision-making to better allocate resources across the agency's entire detention inventory.

⁴ODO reviews the facility's compliance with selected standards in their entirety.

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

PBNDS 2011 (Revised 2016) Standards Inspected ^{5,6,7}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	1
Funds and Personal Property	0
Post Orders	1
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	2
Use of Force and Restraints	0
Sub-Total	4
Part 4 - Care	
Food Service	0
Hunger Strikes	4
Medical Care	1
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Sub-Total	5
Part 5 - Activities	
Religious Practices	1
Telephone Access	0
Sub-Total	1
Total Deficiencies	10

⁵ For greater detail on ODO's findings, see the *Unannounced Follow-Up Compliance Inspection Findings* section of this report.

⁶ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

⁷ During an unannounced inspection, ODO will review a facility's compliance with at least 10 individual standards; however, unannounced full inspections will include a review of the same standards as announced full inspections.

DETAINEE RELATIONS

ODO interviewed 25 detainees who each voluntarily agreed to participate. Two detainees made allegations of discrimination and mistreatment, which ODO reviewed and detailed below. All other detainees reported satisfaction with facility services.

Sexual Abuse and Assault Prevention and Intervention: One detainee stated a member of the facility staff was verbally sexually harassing her.

- Action Taken: ODO interviewed the facility investigator assigned to this incident, reviewed the facility's Sexual Abuse and Assault Prevention and Intervention (SAAPI) investigation reporting worksheet, spoke with ERO Seattle staff, and found the detainee alleged a facility officer had been making sexual comments to the detainee, provided his phone number to her, and had requested she move back to Washington state and marry him once she is released. On August 4, 2024, the facility removed the officer from duties involving contact with detainees, notified ERO Seattle, and notified the facility's SAAPI coordinator of the allegation. The facility's investigation concluded on August 6, 2024, and determined this was not a SAAPI incident. On August 7, 2024, the facility's medical staff evaluated the detainee, and she stated she felt comfortable returning to general population. As of the conclusion of ODO's inspection, the investigation for potential misconduct was ongoing. ODO noted the case was recorded in the Joint Integrity Case Management System (JICMS #202413104) prior to ODO's arrival.

Sexual Abuse and Assault Prevention and Intervention: One detainee stated she felt discriminated against by facility staff due to another detainee making false allegations against her.

- Action Taken: ODO spoke with a facility lieutenant and found a detainee complained to facility staff that a detainee made sexual comments to her while they were in the D-1 dorm on July 8, 2024. In response, the facility initiated their SAAPI protocols and moved the alleged perpetrator to another housing unit while they conducted their investigation. The facility's investigation of the incident determined the allegation was unsubstantiated, and the facility decided to continue housing the two detainees in separate housing units. The detainee ODO interviewed stated she felt the detainee making the false claims should be punished for lying and the facility discriminated against her because of the allegation. ODO reminded the detainee of the facility's SAAPI protocols and after, she felt better about the situation and was content in her current housing unit.

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the housing unit logs for 5 out of 21 units during the period of July to August 10, 2024, and found 2 instances in the 5 logs where the facility administrator, designated assistant facility administrator, supervisors and other designated staff did not document they visited the housing units weekly to observe living conditions and interact informally with detainees (**Deficiency FSC-80⁸**). **This is a repeat deficiency.**

POST ORDERS (PO)

ODO reviewed 25 POs and found the facility administrator last reviewed the kitchen PO in December 2022 (**Deficiency PO-31⁹**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed 15 electronic ICE requests and found ERO Seattle replied to 8 requests between 5 and 10 days after receipt of the request and had not replied to 2 requests at the time of the ODO inspection. The detainees submitted the 2 requests 35 and 38 days respectively, prior to the start of the inspection (**Deficiency SDC-16¹⁰**).

ODO reviewed the ICE request logbook, spoke with an ERO Seattle assistant field office director, and found because ERO Seattle was understaffed with DOs, they actively responded to hard copy ICE requests but stopped logging the hard copy requests in March 2024 (**Deficiency SDC-19¹¹**).

CARE

HUNGER STRIKES (HS)

ODO reviewed medical records of [REDACTED] detainees on hunger strikes during this inspection period and found in [REDACTED] out of [REDACTED] records:

⁸ “The facility administrator, designated assistant facility administrator, supervisors and others designated by the facility administrator shall be required to visit all housing units weekly at minimum to observe living conditions and interact informally with detainees.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(D)(2).

⁹ “Post orders shall be formally reviewed annually, at a minimum, and updated as needed.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(G).

¹⁰ “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 (3) business days of receipt.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B)(1)(a).

¹¹ “All requests shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B)(2).

- No recorded examination results by medical staff (**Deficiency HS-13**¹²);
- A physician did not order a detainee’s release from hunger strike treatment nor document the order in the detainee’s medical record (**Deficiency HS-19**¹³);
- The physician did not order the termination of hunger strike treatment (**Deficiency HS-35**¹⁴); and
- Facility staff did not document the physician’s order to terminate hunger strike treatment (**Deficiency HS-36**¹⁵).

MEDICAL CARE (MC)

ODO reviewed █ detainee medical files with mental health referrals and found in █ out of █ files, a mental health provider evaluated the detainee 37 days after receipt of the referral (**Deficiency MC-157**¹⁶).

ACTIVITIES

RELIGIOUS PRACTICES (RP)

ODO observed the housing unit postings in 21 housing units and found in 1 out of 21 housing units, the chaplain did not post the current religious programs on the detainee bulletin board (**Deficiency RP-32**¹⁷). **This is a repeat deficiency.**

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 20 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 14 of those standards. ODO found 11 deficiencies in the remaining 6 standards. Since NDCTR’s last full inspection in January 2024, the facility has remained consistent. NDCTR went from 6 deficient standards and 1 deficiencies in January 2024 to 6 deficient standards and 10 deficiencies during this most recent inspection, which included 2 repeat deficiencies. NDCTR completed its UCAP for its last inspection in January 2024, which may not have been sufficient to prevent the repeat deficiencies ODO identified during this follow-up inspection. ODO recommends ERO Seattle continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual

¹² “Medical staff shall record all examination results in the detainee’s medical file.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Hunger Strikes, Section (V)(C)(4).

¹³ “Only a physician may order a detainee’s release from hunger strike treatment and shall document that order in the detainee’s medical record.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Hunger Strikes, Section (V)(C)(8).

¹⁴ “Only the physician may order the termination of hunger strike treatment.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Hunger Strikes, Section (V)(F).

¹⁵ “The order shall be documented in the detainee’s medical record.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Hunger Strikes, Section (V)(F).

¹⁶ “If the practitioner is not a mental health provider and further referral is necessary, the detainee will be evaluated by a mental health provider within the next business day.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(O)(4).

¹⁷ “The chaplain or religious services coordinator shall schedule and direct the facility’s religious activities, and current program schedules shall be posted on all unit and detainee bulletin boards in languages understood by a majority of detainees.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Religious Practices, Section (V)(D).

obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (PBNDS 2011 (Revised 2016))	FY 2024 Follow-Up Inspection (PBNDS 2011 (Revised 2016))
Standards Reviewed	29	20
Deficient Standards	6	6
Overall Number of Deficiencies	11	10
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	2
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Acceptable/Adequate	N/A



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