

Office of Professional Responsibility

**Tacoma ICE Processing Center (Northwest
Detention CTR)**

Compliance Inspection 2025-001-050

January 28-30, 2025



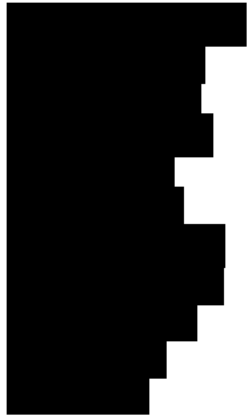
U.S. Immigration
and Customs
Enforcement

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

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COMPLIANCE INSPECTION TEAM MEMBERS



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

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Tacoma ICE Processing Center (Northwest Detention CTR) (NDCTR) in Tacoma, Washington, from January 28 to 30, 2025.¹ The facility opened in 2001 and is owned 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 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 January 28, 2025)	[REDACTED]
Adult Female Population (as of January 28, 2025)	[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); Personal Hygiene (2); Post Orders (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 January 27, 2025.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 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.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as “deficiencies.” ODO highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

Upon completion of each 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 corrective action plans; 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.

⁴ ODO 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}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Transportation (By Land)	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Contraband	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Key and Lock Control	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Tool Control	0
Use of Force and Restraints	0
Sub-Total	0
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	2
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	1
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	3
Part 5 - Activities	
Recreation	0
Visitation	0
Sub-Total	0

⁵ For greater detail on ODO's findings, see the *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.

Part 6 - Justice	
Detainee Handbook	0
Grievance System	0
Legal Rights Group Presentations	0
Sub-Total	0
Part 7 - Administration and Management	
Interview and Tours	0
Staff Training	0
Sub-Total	0
Total Deficiencies	3

DETAINEE RELATIONS

ODO interviewed 44 detainees who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concern listed below.

Medical Care: [REDACTED] out of [REDACTED] detainees stated the food portion sizes were small.

- Action Taken: ODO interviewed the food service manager, reviewed the facility food service policies, and observed the food service program from January 7 to 9, 2024. ODO found a registered dietitian completed a nutritional analysis of the meals served at the facility, certified the meals met the U.S. recommended daily allowances, and documented the analysis in a nutritional adequacy statement on March 6, 2024. Additionally, ODO observed food service line operations during the inspection and found the facility offered food portions according to the approved food service menu.

COMPLIANCE INSPECTION FINDINGS

CARE

MEDICAL CARE (MC)

ODO reviewed [REDACTED] detainee medical files and found in [REDACTED] out of [REDACTED] files, facility medical staff did not refer the detainee for mental health treatment during intake on October 23, 2024 (**Deficiency MC-120**⁷).

ODO reviewed [REDACTED] medical files of detainees with mental health referrals, and found in [REDACTED] out of [REDACTED] files, a registered nurse examined the detainee for an urgent mental health matter on October 23,

⁷ “Mental health evaluations must be conducted within the timeframes prescribed in “O. Mental Health Program” of this standard.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(J).

2024, but did not refer him to the mental health provider within the next business day (**Deficiency MC-157⁸**). **This is a repeat deficiency.**

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

ODO reviewed seven suicide watch logs for detainees placed on suicide precautions during the inspection period and found in one out seven watch logs, one instance where clinical staff documented a welfare check 10 hours and 45 minutes after the previous entry (**Deficiency SSHSPI-35⁹**).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 28 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 26 of those standards. ODO found three deficiencies in the remaining two standards. Since NDCTR’s last full inspection in January 2024, the facility’s compliance with ICE PBNDS 2011 (Revised 2016) has trended upward. NDCTR went from 6 deficient standards and 11 deficiencies in January 2024 to 2 deficient standards and 3 deficiencies during this most recent inspection. ODO did not receive a completed uniform corrective action plan for NDCTR’s last inspection in January 2024, so ODO could not assess the facility’s corrective actions from that inspection. ODO recommends ERO Seattle continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2025 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	29	28
Deficient Standards	6	2
Overall Number of Deficiencies	11	3
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	1
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Acceptable/Adequate	Good

⁸ “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).

⁹ “Receive continuous one-to-one monitoring, welfare checks at least every 8 hours conducted by clinical staff.” See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).



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