



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

Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Seattle Field Office

Tacoma ICE Processing Center
Tacoma, Washington

January 11-14, 2021

COMPLIANCE INSPECTION
of the
TACOMA ICE PROCESSING CENTER
Tacoma, Washington

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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 a compliance inspection of the Tacoma ICE Processing Center (TIPC) in Tacoma, Washington, from January 11 to 14, 2021.¹ The facility opened in April 2004 and is owned and operated by The Geo Group (GEO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at TIPC in May 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).

ERO has assigned deportation officers, a supervisory detention and deportation officer, and a detention services manager to the facility. A TIPC administrator handles daily facility operations and is supported by █ personnel. GEO provides both medical and food services, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in January 2018 and by the National Commission on Correctional Health Care in January 2011. In December 2019, TIPC was audited and certified by the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA).

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	1575
Average ICE Detainee Population ³	█
Male Detainee Population (as of 12/28/2020)	█
Female Detainee Population (as of 12/28/2020)	█

During its last inspection, in Fiscal Year (FY) 2020, ODO conducted an inspection of TIPC and found 13 deficiencies in the following areas: Admission and Release (1); Sexual Abuse and Assault Prevention and Intervention (1); Special Management Units (5); Staff-Detainee Communication (3); Use of Force and Restraints (1); Medical Care – Women (1); and Grievance System (1).

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

² Data Source: ERO Facility List Report as of December 28, 2020.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which 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.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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 Inspected⁵	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	2
Funds and Personal Property	2
Population Counts	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	4
Part 4 – Care	
Food Service	1
Hunger Strikes	0
Medical Care	4
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	5
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	2
Law Libraries and Legal Material	0
Sub-Total	2
Total Deficiencies	11

⁵ For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, nor abuse. Most detainees reported satisfaction with facility services except for the concern listed below. ODO conducted detainee interviews via video teleconference.

Medical Care: One detainee complained the medical treatment he has received for an ongoing scalp condition has not worked and is worsening.

- Action Taken: ODO reviewed the detainee's medical record and interviewed the health service administrator (HSA). On May 27, 2020, the detainee received his initial physical exam, which the detainee complained of a bump on his scalp and informed medical staff of his history of skin lesions. During the detainee's exam, the detainee was diagnosed with folliculitis; however, no medication was prescribed at the time and the detainee was directed to follow-up as needed. On October 22, 2020, the detainee submitted a sick call request concerning scalp irritation and was seen by the physician assistant (PA) on the same day. The detainee was evaluated and prescribed an antibiotic as treatment and instructed to follow-up as needed. On November 27, 2020, the detainee submitted a sick call request concerning a pimple on his scalp, was evaluated by the PA, which the PA drained the pimple and prescribed an antibiotic as treatment on the same day. The detainee was also educated on how provide self-care and advised to follow-up as needed. On January 4, 2021, the detainee submitted a sick call request concerning scalp irritation, was evaluated by the PA, and prescribed Benzoyl Peroxide as treatment on the same day. On January 8, 2021, the detainee submitted a sick call request concerning scalp irritation, which the PA evaluated the detainee and prescribed a topical cream as treatment on the same day. The HSA advised ODO, the detainee received additional self-care education and treatment on each of his follow-up appointments on January 14, 2021, and January 22, 2021.

COMPLIANCE INSPECTION FINDINGS

SECURITY

FACILITY SECURITY AND CONTROL (FS&C)

ODO reviewed the facility's FS&C program, 151 attorney visitor's log entries, and found 24 out of 151 visitor's log entries did not include the detainee's #A-number (**Deficiency FS&C-25⁶**).

ODO reviewed the facility's FS&C program, the perimeter security front entrance procedures, and found 114 out of 114 entrance visitor's log entries and 151 out of 151 attorney visitor's log entries

⁶ "The entry for a person visiting a detainee shall also include the name and A-number of the detainee being visited, and the address and relationship to the detainee." See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(C)(1)(b)(3).

did not include a signature of each visitor (**Deficiency FS&C-26⁷**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed 12 detainee files within the facility's F&PP program and found 12 out of 12 detainee files did not identify a forwarding address for the detainees (**Deficiency F&PP-24⁸**).

ODO reviewed the daily shift inventory property safe log within the facility's F&PP program and found the facility's property safe log entries did not include the names nor signatures of the on-coming and off-going supervisors (**Deficiency F&PP-100⁹**).

CARE

FOOD SERVICE (FS)

ODO reviewed the facility's FS program and found the facility's shelf stable entrées (kosher) are not heated when served to detainees in the housing units (**Deficiency FS-196¹⁰**).

MEDICAL CARE (MC)

ODO reviewed the facility's MC program, interviewed the facility health program manager, the designation of authority of the HSA, and found the HSA is not identified to the detainees (**Deficiency MC-12¹¹**).

ODO reviewed ■ health care staff credential files within the MC program and found ■ out of ■ staff credential files did not have the documented primary source verification of their license at the start of employment, and ■ out of ■ files did not contain the required national practitioner's data bank query (**Deficiency MC-101¹²**).

ODO reviewed ■ health care staff credential files within the MC program and found ■ out of ■ staff credential files did not contain copies of required documentation on location at the facility

⁷ "The entry for a person visiting a detainee shall also include the name and A-number of the detainee being visited, and the address and relationship to the detainee." See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(C)(1)(b)(3).

⁸ "Standard operating procedure shall include obtaining a forwarding address from every detainee for use in the event that personal property is lost or forgotten in the facility after the detainee's release, transfer, or removal." See ICE PBNDS 2011(Revised 2016), Standard, Funds and Personal Property, Section (V)(D).

⁹ "Both on-coming, and off-going supervisors shall simultaneously conduct an audit of detainee funds, property envelopes and large valuables where physical custody of, or access to such items changes with facility shift changes." See ICE PBNDS 2011(Revised 2016), Standard, Funds and Personal Property, Section (V)(J).

¹⁰ "With the exception of fresh fruits and vegetables, the facility's kosher-food frozen entrees shall be purchased precooked in a sealed container, heated and served hot." See ICE PBNDS 2011(Revised 2016), Standard, Food Service, Section (V)(G)(5).

¹¹ "The HSA is a physician or health care professional and shall be identified to detainees." See ICE PBNDS 2011(Revised 2016), Standard, Medical Care, Section (V)(B).

¹² "All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements." See ICE PBNDS 2011(Revised 2016), Standard, Medical Care, Section (V)(I).

(Deficiency MC-102¹³).

ODO reviewed five detainee medical records within the MC program and found one out of five detainees enrolled in the mental health chronic care clinic with prescribed psychotropic medications, did not have a consent form signed prior to the administration of the psychotropic medications (**Deficiency MC-241¹⁴**).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility’s GS program and found the facility’s policy and procedural manual 3.5.3 does not indicate those grievances determined to be frivolous in nature are elevated and sent to the next grievance level (**Deficiency GS-87¹⁵**).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 21 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 16 of those standards. ODO found 11 deficiencies in the remaining five standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 (PBNDS 2011 Revised 2016)	FY 2021 (PBNDS 2011 Revised 2016)
Standards Reviewed	19	21
Deficient Standards	7	5
Overall Number of Deficiencies	13	11
Repeat Deficiencies	N/A	N/A
Areas of Concern	N/A	N/A
Corrective Actions	1	N/A

¹³ “Copies of the documents must be maintained on site and readily available for review.” See ICE PBNDS 2011(Revised 2016), Standard, Medical Care, Section (V)(I).

¹⁴ “Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication’s side effects, shall be obtained.” See ICE PBNDS 2011(Revised 2016), Standard, Medical Care, Section (V)(AA)(4).

¹⁵ “For a detainee so identified by the facility administrator:

2. if designated staff at the facility’s first grievance system level make the initial determination that the grievance is one that should not be fully processed due to its frivolous nature, they shall forward the grievance to the next grievance level;” See ICE PBNDS 2011(Revised 2016), Standard, Grievance System, Section, (V)(E)(2).