



**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

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**Office of Detention Oversight  
Follow-Up Compliance Inspection**

**Enforcement and Removal Operations  
ERO Seattle Field Office**

**Tacoma ICE Processing Center  
Tacoma, Washington**

**June 7-11, 2021**

**FOLLOW-UP COMPLIANCE INSPECTION**  
**of the**  
**TACOMA ICE PROCESSING CENTER**  
Tacoma, Washington

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## FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Team Lead  
Contractor  
Contractor  
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ODO  
Creative Corrections  
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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 follow-up compliance inspection of Tacoma ICE Processing Center (TIPC) in Tacoma, Washington, from June 7 to 11, 2021.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of TIPC from January 11 to 14, 2021. The facility opened in 2004 and is owned and operated by the GEO Group, Inc. (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 Supply Company provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in January 2011 and by the American Correctional Association in January 2018. In December 2019, TIPC 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 Detainee Bed Capacity <sup>2</sup>	1575
Average ICE Detainee Population <sup>3</sup>	█
Male Detainee Population (as of June 7, 2021)	█
Female Detainee Population (as of June 7, 2021)	█

During its last inspection, in Fiscal Year (FY) 2021, ODO found 11 deficiencies in the following areas: Facility Security and Control (2); Food Service (1); Funds and Personal Property (2); Grievance System (2); and Medical Care (4).

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

<sup>2</sup> Data Source: ERO Facility List Report as of May 31, 2021.

<sup>3</sup> *Ibid.*

## **FOLLOW-UP COMPLIANCE INSPECTION PROCESS**

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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 well-being. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which 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 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.

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.

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

<b>PBNDS 2011 (Revised 2016) Standards Inspected<sup>4</sup></b>	<b>Deficiencies</b>
<b>Part 1 – Safety</b>	
Emergency Plans	1
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 2 – Security</b>	
Admission and Release	1
Custody Classification System	1
Facility Security and Control	0
Funds and Personal Property	9
Special Management Units	2
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>13</b>
<b>Part 4 – Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Grievance System	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>14</b>

<sup>4</sup> For greater detail on ODO’s findings, see the *Follow-Up 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, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

*Environmental Health and Safety:* A detainee stated facility officers do not allow him to keep his extra blankets and mattress cushions.

- Action Taken: ODO interviewed the assistant facility administrator (AFA) and found facility officers remove any excess items not authorized by TIPC medical staff because TIPC considers such items as contraband. ODO reviewed the facility handbook and found each detainee may have two blankets and one mattress. ODO confirmed the facility provided the detainee with a copy of the facility handbook. The AFA stated all detainee mattresses are identical, and if the detainee has a medical concern, the detainee must submit a request for additional items.

*Food Service:* A detainee stated she is on a medical diet and would like to replace white bread with wheat bread.

- Action Taken: ODO interviewed the AFA and found TIPC does not have any detainees on a medical diet that does not contain white bread in the meals. ODO reviewed the facility handbook and found the detainee must submit a request to medical for a special diet to receive wheat bread instead of white bread with meals. On June 1, 2021, the facility staff informed the detainee on how to submit a medical diet request.

*Medical Care:* A detainee stated she has gallstones and medical staff treated her for heartburn without running any lab tests.

- Action Taken: ODO interviewed the health program manager and found a physician's assistant (PA) saw the detainee for epigastric pain on December 30, 2020, after the detainee stated she ate spicy foods. The detainee informed medical staff that in 2016, a medical professional at an outside medical center in Burley, Idaho, told her she had gallstones, but she has been symptom free from that point until now. The PA prescribed the detainee aluminum-magnesium-simethicone to neutralize the effects of the spicy foods. During a follow-up medical visit on January 7, 2021, the detainee stated she had intermittent abdominal pain. The detainee signed a request form to fax her past medical file to TIPC for review, and the nurse practitioner stated the detainee would then have a follow-up visit. On February 17, 2021, the nurse practitioner received the detainee's medical file; however, her medical file contained information of painful menstrual cramps and no references pertaining to abdominal pain or gallstones. Medical staff treated the detainee for menstrual cramps by providing the detainee Ibuprofen. The detainee said she would return to sick call if symptoms worsened prior to the next appointment. The detainee has not complained about epigastric or gallstone pain since January 7, 2021.

*Grievance System:* A detainee stated he filed a grievance 3 months ago regarding facility officers

spraying cleaning solution onto the dining tables while detainees were eating their meal.

- Action Taken: ODO interviewed the AFA, reviewed detainee grievances, and confirmed that the detainee submitted a grievance on January 20, 2021, regarding facility officers spraying tables while detainees were eating. The AFA stated he acted on the grievance by instructing all facility officers not to spray the cleaning solution onto tables while the detainees are eating. ODO reviewed grievances from January 2021 to June 2021 and did not find any recurrence of this complaint.

## **FOLLOW-UP COMPLIANCE INSPECTION FINDINGS**

### **SAFETY**

#### **EMERGENCY PLANS (EP)**

ODO reviewed the TIPC Hostage Negotiation Team (HNT) roster, interviewed the training administrator, and found the HNT does not have a team leader (**EP-93**<sup>5</sup>).

### **SECURITY**

#### **ADMISSION AND RELEASE (AR)**

ODO reviewed ■ training files for officers assigned to the admissions process and found ■ out of ■ officers did not receive training on the facility admissions process (**Deficiency AR-10**<sup>6</sup>).

#### **CUSTODY CLASSIFICATION SYSTEM (CCS)**

ODO reviewed ■ initial detainee classification files and ■ detainee reclassification files and found a supervisor did not review nor approve ■ out of ■ detainee reclassification files (**Deficiency CCS-97**).

#### **FUNDS AND PERSONAL PROPERTY (FPP)**

ODO interviewed the property officer and an intake officer and found TIPC does not store large valuables in a secured locker (**Deficiency FPP-10**<sup>8</sup>).

ODO interviewed the property officer and an intake officer and found the facility does not have a

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<sup>5</sup> "The facility administrator shall generally select a department head as the team leader." *See* ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plans, Section (V)(E)(5)(b)(1)(a).

<sup>6</sup> "Staff members shall be provided with adequate training on the admissions process at the facility." *See* ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(B)(1).

<sup>7</sup> "Each detainee's classification shall be reviewed and approved by a first-line supervisor or classification supervisor." *See* ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(A)(4).

<sup>8</sup> "All facilities, at a minimum, shall provide:

1. a secured locker for holding large valuables, which can be accessed only by designated supervisor(s) and/or property officer(s)." *See* ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(A)(1).



large-valuables locker accessible only to shift supervisors (**Deficiency FPP-12<sup>9</sup>**).

ODO reviewed the intake funds, property log, and the property safe shift inventory log from March 31, 2021 to June 1, 2021, interviewed the property officer, and found officers do not record large valuables in the property logbook nor store them in a secure locker (**Deficiency FPP-70<sup>10</sup>**).

ODO reviewed the intake funds, property log, and the property safe shift inventory log from March 31, 2021 to June 1, 2021, interviewed the property officer, and found officers do not record large valuables in the property logbook nor store them in a secure locker (**Deficiency FPP-74<sup>11</sup>**).

ODO reviewed the property safe daily shift inventory log from April 1, 2021 to June 1, 2021, interviewed the property officer and intake officer, and found a supervisor did not verify the accuracy of all G-598 forms nor verify all large valuables were stored in a secured locker. Specifically, the facility stored large valuables in an unsecured property room and not within secured area (**Deficiency FPP-75<sup>12</sup>**).

ODO reviewed the property safe daily shift inventory log from April 1, 2021 to June 1, 2021, interviewed the property officer and intake officer, and found a supervisor did not verify the safekeeping of all large valuables in a designated and secured locked area (**Deficiency FPP-79<sup>13</sup>**).

ODO interviewed the property officer and intake officer and found the facility does not secure in a tamper-resistant manner all detainee luggage and facility containers used for storing detainee personal property (**Deficiency FPP-84<sup>14</sup>**) and (**Deficiency FPP-97<sup>15</sup>**).

ODO reviewed the property safe inventory log from April 1, 2021 to June 1, 2021, interviewed the property officer and intake officer, and found the on-coming and off-going supervisors do not simultaneously conduct an audit of large valuables, where physical custody of or access to such

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<sup>9</sup> "Both the safe and the large-valuables locker shall either be kept in the shift supervisor's office or otherwise secured in an area accessible only to the shift supervisor." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(A).

<sup>10</sup> "The officers should then record the issuance of this Form G-589 in the facility's Property Receipt Logbook or equivalent, tag the large valuable with a copy of the Form G-589 and a Baggage Check (Form I-77), and secure the item(s) in the designated storage area." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(G)(3).

<sup>11</sup> "The processing officer shall record the G-589 issuance in the facility's G-589 Property Receipt Logbook or equivalent and secure the item(s) in the designated storage area." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(G)(3).

<sup>12</sup> "During each shift, the supervisory security officer shall verify the accuracy of all G-589 Forms or equivalent, record all funds and items in the drop safe or similarly secured depository in the supervisors' property log, and verify the disposition of all large valuables in the designated secured locked area." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(H).

<sup>13</sup> "The supervisor shall:

3. verify the proper disposition of funds and valuables by checking the sealed envelopes in the cash box, the property envelopes in the safe, and the safekeeping of all large valuables in the designated secured locked area." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(H)(3).

<sup>14</sup> "All detainee luggage and facility containers used for storing detainee personal property shall be secured in a tamper-resistant manner and shall only be opened in the presence of the detainee." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(I).

<sup>15</sup> "All detainee luggage and facility containers used for storing detainee personal property shall be secured in a tamper-resistant manner (e.g., by a tamperproof numbered tie strap) and shall only be opened in the presence of the detainee." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(I).

items, occurs with facility shift changes (**Deficiency FPP-100<sup>16</sup>**). **This is a repeat deficiency.**

### **SPECIAL MANAGEMENT UNITS (SMU)**

ODO reviewed ■ detainee SMU files and found ■ file did not contain printed names nor signatures of the officers who conducted and recorded the activities of the detainees in the SMU (**Deficiency SMU-99<sup>17</sup>**).

ODO reviewed ■ detainee SMU files and found ■ file did not contain signatures of medical staff completing detainee visits in the SMU (**Deficiency SMU-100<sup>18</sup>**).

### **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 14 standards under PBNSD 2011 (Revised 2016) and found the facility in compliance with 9 of those standards. ODO found 14 deficiencies in the remaining 5 standards. ODO commends members of the facility staff for their responsiveness during this inspection. ODO recommends ERO Seattle work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the uniform corrective action plan for ODO's last inspection of TIPC, which occurred in January 2021.

<b>Compliance Inspection Results Compared</b>	<b>First FY 2021 (PBNSD 2011) (Revised 2016)</b>	<b>Second FY 2021 (PBNSD 2011) (Revised 2016)</b>
Standards Reviewed	21	14
Deficient Standards	5	5
Overall Number of Deficiencies	11	14
Repeat Deficiencies	0	1
Areas of Concern	0	0
Corrective Actions	0	0

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<sup>16</sup> "Both on-coming and off-going supervisors shall simultaneously conduct an audit of large valuables where physical custody of, or access to such items changes with facility shift changes." *See* ICE PBNSD 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(J).

<sup>17</sup> "The special housing unit officer shall immediately record:

3) the officer that conducts the activity shall print his/her name and sign the record." *See* ICE PBNSD 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(3)(a)(3).

<sup>18</sup> "The facility medical officer shall sign each individual's record when he/she visits a detainee in the SMU." *See* ICE PBNSD 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(3)(b).