



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

**Office of Detention Oversight
Follow-Up Compliance Inspection
2023-002-177**

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

**Tacoma ICE Processing Center
Tacoma, Washington**

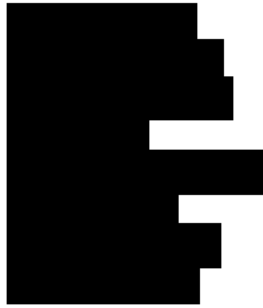
August 1-3, 2023

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

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Unit Chief	ODO

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 the Tacoma ICE Processing Center (TIPC) in Tacoma, Washington, from August 1 to 3, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of TIPC from February 14 to 16, 2023. 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 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 both the National Commission on Correctional Health Care in and the American Correctional Association in January 2021. 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 Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of August 1, 2023)	[REDACTED]
Adult Female Population (as of August 1, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found one deficiency in the following area: Environmental Health and Safety (1).

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 Facility List as of July 31, 2023.

³ *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/or 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 may include but are not limited to Medical Care, 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.

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

PBNDs 2011 (Revised 2016) Standards Inspected ^{4,5}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	1
Sub-Total	1
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Special Management Units	0
Staff-Detainee Communication	1
Use of Force and Restraints	0
Sub-Total	1
Part 4 - Care	
Food Service	1
Medical Care	0
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	1
Part 5 - Activities	
Recreation	0
Telephone Access	2
Sub-Total	2
Part 6 - Justice	
Grievance System	1
Sub-Total	1
Total Deficiencies	6

⁴ For greater detail on ODO's findings, see the *Follow-up Compliance Inspection Findings* section of this report.

⁵ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

DETAINEE RELATIONS

ODO interviewed 16 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the fire safety manager, toured 11 housing units and all other areas of the facility, and found facility cleanliness was below standard. Specifically, ODO found in 6 out of the 11 housing units (B-2, B-3, C-2, F-3, F-4, and G-4), clutter (papers, trash, and garbage) and excessive property in the open bay bunks. Additionally, ODO made the following observations: graffiti on the walls in unit A-1; dried toilet paper covering the vents in units A-1 and F-4; dirt and debris under the stairwell in unit B-2; and stained ceiling tiles in unit F-4 (**Deficiency EHS-11⁶**). **This is a repeat deficiency.**

SECURITY

STAFF-DETAINEE COMMUNICATION (SDC)

ODO toured 15 housing units and found in 14 out of 15 units, outdated DHS Office of Inspector General Hotline posters (**Deficiency SDC-27⁷**).

CARE

FOOD SERVICE (FS)

ODO interviewed the food service administrator (FSA), reviewed 25 weekly FS inspections, and found in 3 out of 25 inspections, the FSA did not inspect the FS areas for the weeks of May 7, 2023, June 18, 2023, and July 9, 2023 (**Deficiency FS-415⁸**).

⁶ “The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(A)(3).

⁷ “DHS/OIG periodically revises a “DHS OIG Hotline” poster which is to be posted in facilities that house ICE/ERO detainees.” See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(D).

⁸ “The FSA or CS shall inspect food service areas at least weekly.” See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(13).

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO observed 15 housing units and found in 15 out of 15 units, no posted telephone access hours (**Deficiency TA-25⁹**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by posting the telephone access hours in all housing units (**C-1**).

ODO observed 15 housing units and found in 15 out of 15 units, no telephone access hours posted by the telephones (**Deficiency TA-30¹⁰**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by posting the telephone access hours near all housing unit telephones (**C-2**).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility's grievance log and found in 2 out of 25 grievances, facility staff did not provide a response within 5 days of the receipt of the grievance, but instead, responded between 7 and 9 days of receipt of the grievances (**Deficiency GS-57¹¹**).

CONCLUSION

During this follow-up compliance inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 13 of those standards. ODO found six deficiencies in the remaining five standards. Since TIPC's last full inspection in February 2023, the facility's overall compliance has trended slightly down. TIPC went from one deficient standard and one deficiency in February 2023 to five deficient standards and six deficiencies during this most recent inspection. One deficiency in EHS is a repeat deficiency for general cleanliness. ODO did not review the SDC, TA, nor GS standards during the February 2023 inspection as they were not FY 2023 core standards, and these standards accounted for four out of the six deficiencies found during this most recent inspection. ODO has received the UCAP for ODO's last full inspection of TIPC in February 2023. ODO recommends ERO continue to work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

⁹ "Telephone access hours shall also be posted." See ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(C).

¹⁰ "Telephone access hours shall be posted near the telephones." See ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(D).

¹¹ "Detainee shall be provided with a written or oral response within five days of receipt of the grievance." See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(C)(3)(b)(1)(b).

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2023 Follow-up Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	25	18
Deficient Standards	1	5
Overall Number of Deficiencies	1	6
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	1
Areas Of Concern	0	0
Corrective Actions	0	2
Facility Rating	Superior	N/A