



**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  
Compliance Inspection

Enforcement and Removal Operations  
ERO Seattle Field Office

**TACOMA ICE PROCESSING CENTER**  
**(NORTHWEST DETENTION CTR)**  
Tacoma, Washington

June 22-25, 2020

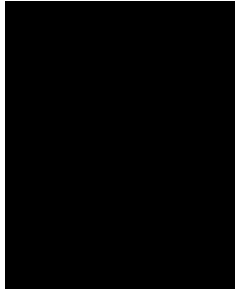
**COMPLIANCE INSPECTION**  
**of the**  
**TACOMA ICE PROCESSING CENTER**  
Seattle, Washington

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## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
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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) (TIPC) in Tacoma, Washington, from June 22 to 25, 2020.<sup>1</sup> The facility opened in 2004 and is owned and operated by The GEO Group, Inc. 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 (FOD) in Seattle (ERO Seattle). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned Deportation Officers to the facility. A facility administrator handles daily facility operations and is supported by ██████ personnel. The GEO Group, Inc., provides food services, the ICE Health Service Corps provides medical care, and Keefe provides commissary services at the facility. The facility was accredited by the American Correctional Association in January 2018 and was Department of Homeland Security (DHS) Prison Rape Elimination Act certified in November 2019.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	1575
Average ICE Detainee Population <sup>3</sup>	858
Male Detainee Population (as of 6/22/2019)	729
Female Detainee Population (as of 6/22/2019)	130

During its last inspection, in Fiscal Year (FY) 2018, ODO found five deficiencies in the following areas: Admission and Release (1); Environmental Health and Safety (1); Medical Care (1); Grievance System (1); and Staff-Detainee Communication (1).

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<sup>1</sup> This facility holds male 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 June 22, 2020.

<sup>3</sup> *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.<sup>4</sup>

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.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES

PBNDS 2011 Standards Inspected <sup>5</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 – Security</b>	
Admission and Release	1
Custody Classification System	0
Funds and Personal Property	0
Sexual Abuse and Assault Prevention and Intervention	1
Special Management Units	5
Staff-Detainee Communication	3
Use of Force and Restraints	1
<b>Sub-Total</b>	<b>11</b>
<b>Part 4 – Care</b>	
Food Service	0
Medical Care	0
Medical Care (Women)	1
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 5 – Activities</b>	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Grievance Systems	1
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>1</b>
<b>Total Deficiencies</b>	<b>13</b>

<sup>5</sup> 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, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

*Grievance System:* One detainee stated she submitted a grievance to DHS four months ago, regarding sexual comments another detainee made to her but had not received a response.

- Action Taken: ODO reviewed facility grievance records and interviewed the facility's grievance officer (GO). The detainee submitted an electronic grievance to the facility on February 7, 2020, which indicated the alleged incident occurred on January 12, 2020. The GO referred the grievance to the facility's prevention of sexual assault compliance manager for investigation. The facility determined the incident did not meet the Sexual Abuse and Assault Prevention and Intervention (SAAPI) criteria, and on February 8, 2020, a facility lieutenant issued a response to the detainee. ODO found no other records, which indicated the detainee submitted a grievance to DHS.

*Medical Care:* One detainee stated he had lower back pain and facility medical staff had not provided effective treatment.

- Action Taken: ODO reviewed the detainee's medical records and spoke with the facility medical staff. The detainee was both admitted to the facility on March 1, 2020, and the clinical provider conducted a physical examination of the detainee on the same date. The detainee disclosed to the clinical provider he had pre-existing back pain as a result of an injury prior to coming to the United States. The clinical provider prescribed ibuprofen and a topical analgesic balm for pain and inflammation. The detainee informed ODO, since his physical examination, he was injured working in the kitchen when a food cart fell on him. The detainee did not provide a date of the incident nor was a date recorded in his medical record. Medical staff had also prescribed him an anti-allergy medication for rhinitis and Pepcid for stomach sensitivity to the ibuprofen. Medical staff informed the detainee he did not need to be seen in the chronic care clinic and to submit a sick call request to be seen if needed.

*Medical Care:* One detainee stated the medication she needed took too long to receive.

- Action Taken: ODO reviewed the detainee's medical records and spoke with the facility medical staff. The detainee was admitted to the facility on February 20, 2020. Medical records indicated she had a history of obesity, anxiety, constipation, and chronic lower back pain. A psychiatrist evaluated the detainee for bipolar condition and admitted her to the facility's management health unit, under constant watch, in early April 2020, and adjusted her psychiatric medications accordingly. On April 5, 2020, medical staff informed her the medication she used for constipation was unavailable on that day; however, she was provided the medication on April 6, 2020. Medical staff informed ODO the detainee periodically refused one of her daily medications each morning, Fluoxetine, which was prescribed for her anxiety and depression.

*Religious Practices:* Two detainees stated they had not been visited by their respective religious faith leaders, a chaplain for one detainee and a rabbi for the other detainee.

- Action Taken: ODO interviewed the facility's chaplain and learned volunteer religious faith leaders, such as rabbis, were recently restricted from entering the facility in response to the COVID-19 pandemic. The chaplain stated he had not received a request from either detainee for a visit; however, the chaplain said he would follow-up with both detainees.



# COMPLIANCE INSPECTION FINDINGS

## SECURITY

### ADMISSION AND RELEASE (A&R)

ODO interviewed the detention intake officer and found A&R staff did not complete a Report of Detainees Missing Property (Form I-387) at the time of admission (**Deficiency A&R-1<sup>6</sup>**).

### SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's SAAPI postings and found the postings did not include the mailing address for local organizations, capable of assisting detainees who had been victims of sexual assault (**Deficiency SAAPI-1<sup>7</sup>**).

*Corrective Action:* The facility updated the SAAPI postings to include the local organization mailing address and re-posted them in each housing unit and other common areas (**C-1**).

### SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed the restricted housing unit (RHU) daily records for 12 detainees who had been housed in the RHU and found two RHU daily record forms did not contain an entry indicating the detainees accepted or refused their meal (**Deficiency SAAPI-1<sup>8</sup>**).

ODO reviewed six daily RHU reports, which documented [REDACTED] security rounds and found on four out of six daily RHU reports, several recorded security rounds were at intervals of between [REDACTED], instead of irregular intervals, not to exceed [REDACTED] (**Deficiency SMU-2<sup>9</sup>**).

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<sup>6</sup> "...When a newly arrived detainee claims his/her property has been lost or left behind, staff shall complete a Form I-387, 'Report of Detainee's Missing Property.' IGSA facilities shall forward completed Forms I-387 to ICE/ERO. See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Admission and Release, Section (V)(B)(6).

<sup>7</sup> "ICE/ERO has provided a sexual assault awareness notice to be posted on all housing-unit bulletin boards, as well as a 'Sexual Assault Awareness Information' pamphlet to be distributed... The facility shall post with this notice the name of the PSA Compliance Manager and information about local organizations that can assist detainees who have been victims of sexual assault, including mailing addresses and telephone numbers (including toll-free hotline numbers where available)." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(F)(3). *Note:* the standard outline is in error. This refers to the second (3).

<sup>8</sup> "Detainees in SMU shall be personally observed and logged at least [REDACTED] on an irregular schedule." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Special Management Units, Section (V)(M)..

a. The special housing unit officer shall immediately record:

1) whether the detainee ate, showered, recreated and took any medication." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Special Management Units, Section (V)(D)(3)(a)(1).

<sup>9</sup> "Detainees in SMU shall be personally observed and logged at least [REDACTED] on an irregular schedule." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Special Management Units, Section (V)(M).

ODO reviewed the RHU records for 12 detainees and found in one detainee's record, the shift supervisor visited the detainee 40 out of 41 days, during the detainee's 41-day placement in the RHU, instead of daily as required (**Deficiency SMU-3<sup>10</sup>**).

ODO reviewed the RHU visitor's log and found the facility administrator visited the RHU one time during a two-week period, instead of daily as required (**Deficiency SMU-4<sup>11</sup>**).

ODO reviewed the facility's curriculum for specialized SMU training and found it did not include all required topics. Specifically, the following topics were missing from the curriculum: identifying signs of mental health decompensation, techniques for more appropriate interactions with mentally ill detainees, the impact of isolation, and de-escalation techniques (**Deficiency SMU-5<sup>12</sup>**).

### **STAFF-DETAINEE COMMUNICATION (SDC)**

ODO reviewed the facility's SDC detainee request procedures and found requests submitted via the electronic tablet service were logged within the electronic tablet service; however, requests detainees submitted via paper were not logged (**Deficiency SDC-1<sup>13</sup>**).

ODO interviewed staff and found the facility kept copies of confidential detainee requests in the detainee's detention file instead of the detainee's alien file as required (**Deficiency SDC-2<sup>14</sup>**).

ODO reviewed telephone serviceability records, interviewed facility and field office staff, and determined the field office did not maintain the telephone serviceability forms, organized by month, for three years as required (**Deficiency SDC-3<sup>15</sup>**).

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<sup>10</sup> "In addition to the direct supervision performed by unit staff: 1. The shift supervisor shall see each segregated detainee daily, including on weekends and holidays." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Special Management Units, Section (V)(N)(1).

<sup>11</sup> "In addition to the direct supervision performed by unit staff: ...

2. The facility administrator (or designee) shall visit each SMU daily." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Special Management Units, Section (V)(N)(2).

<sup>12</sup> "Security staff assigned to SMU shall receive specialized training in relevant topics, such as:

1. Identifying signs of mental health decompensation;
2. Techniques for more appropriate interactions with mentally ill detainees;
3. The impact of isolation; and

4. De-escalation techniques." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Special Management Units, Section (V)(O)(1) thru (4).

<sup>13</sup> "Security staff assigned to SMU shall receive specialized training in relevant topics, such as:

1. Identifying signs of mental health decompensation;
2. Techniques for more appropriate interactions with mentally ill detainees;
3. The impact of isolation; and

4. De-escalation techniques." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Special Management Units, Section (V)(O)(1) thru (4).

<sup>14</sup> "... Copies of confidential requests shall be maintained in the A-file." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Staff-Detainee Communication, Section (V)(B)(2).

<sup>15</sup> "Staff shall document each serviceability test on a form that has been provided by ERO, and each Field Office shall maintain those forms, organized by month, for three years. See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Staff-Detainee Communication, Section (V)(C).

## **USE OF FORCE AND RESTRAINTS (UOF&R)**

ODO reviewed 12 UOF after-action review reports and found the facility administrator did not attend 7 out of 12 after-action reviews (**Deficiency UOF&R-1<sup>16</sup>**).

## **CARE**

### **MEDICAL CARE (WOMEN) (MCW)**

ODO reviewed six female detainee medical records and found six out of six medical records did not include a family history of breast and gynecological problems, in the patient history medical staff took, during their initial health assessments (**Deficiency MCW-1<sup>17</sup>**).

## **ACTIVITIES**

### **TELEPHONE ACCESS (TA)**

ODO reviewed telephone serviceability forms and found 36 out of 438 forms were incomplete. Specifically, the officer's name, date the form was completed, and signature were missing, which ODO noted as an **Area of Concern**.

## **JUSTICE**

### **GRIEVANCE SYSTEM (GS)**

ODO reviewed 25 grievances records and found 18 out of 25 grievances were not forwarded to the grievance appeal board for second-level review (**Deficiency GS-1<sup>18</sup>**).

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<sup>16</sup> “The facility administrator, the assistant facility administrator, the Field Office Director’s designee and the health services administrator (HSA) shall conduct the after-action review. This four-member after-action review team shall convene on the workday after the incident. *See* ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Use of Force and Restraints, Section (V)(P)(3).

<sup>17</sup> “All initial health assessments of female detainees shall be conducted by a trained and qualified health provider. In addition to the criteria listed on the health assessment form, the evaluation shall inquire about the following: ...  
g. family history of breast and gynecological problems.” *See* ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Medical Care (Women), Section (V)(B)(2)(g).

<sup>18</sup> If the GO designated to receive grievances believes the grievance is one that should not be fully processed, he or she shall document that determination and refer the grievance to the GAB for second-level review. If the GAB concurs, the grievance shall be logged in the detainee grievance log with ‘rejected’ as the disposition, and a copy of the grievance shall be placed in the detainee’s detention file. *See* ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Grievance System, Section (V)(E).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under PBNS 2011 and found the facility in compliance with 11 of those standards. ODO found 13 deficiencies in the remaining 7 standards. ODO noted one instance where facility staff took corrective action during the inspection. ODO commends facility and ERO/staff for their responsiveness during the contingency inspection and recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2018 (PBNS 2011)</b>	<b>FY 2020 (PBNS 2011)</b>
Standards Reviewed	16	19
Deficient Standards	4	7
Overall Number of Deficiencies	5	13
Repeat Deficiencies	0	0
Corrective Actions	1	1