MEMORANDUM FOR:  John P. Torres  Acting Director

FROM:  Reviewer-In-Charge  HQDRO/DMD/DSCU


The Detention Management Division, Detention Standards Compliance Unit, performed a Headquarters Detention Review of the San Pedro Processing Center in San Pedro, California from August 9-12, 2005. The review was performed under the guidance of [Redacted] Reviewer-In-Charge. Team members included [Redacted] San Francisco Field Office/DRO, [Redacted] El Paso Field Office/DRO and [Redacted] Department of Immigration Health Services/PHS Washington, DC.

**Type of Review**

This review is a scheduled Headquarters Review, which is performed to determine overall compliance with the Immigration Customs Enforcement (ICE) National Detention Standards (NDS). The facility received a previous rating of “Acceptable” during the July 2004 review.

**Review Summary**

The American Correctional Association (ACA), National Commission on Correctional Health Care (NCCHC) and the Joint Commission on Accreditation of Health Organizations (JCAHO) have all accredited the San Pedro Processing Center.

**Standards Compliance**

The following information is a summary of the standards that were reviewed and overall compliance that was determined as a result of the 2004 and 2005 detention reviews:

<table>
<thead>
<tr>
<th>2004 Review</th>
<th>2005 Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliant</td>
<td>36</td>
</tr>
<tr>
<td>Deficient</td>
<td>0</td>
</tr>
<tr>
<td>Repeat Deficiency</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>
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San Pedro Processing Center Review Summary Report  
Page 2

**Staff Detainee Communications- Deficiency**

- ICE department heads do not conduct regular unannounced visits of facility living areas  
- ICE staff does not conduct scheduled weekly visits to detainee living areas  
- Scheduled visits are not posted in detainee areas  
- ICE staff does not log incoming and outgoing detainee request forms  
- ICE staff does not respond to detainee request forms within 72 hours  
- Copies of completed detainee request forms are not maintained in detainee detention files

☐ The facility could not provide documentation signifying that department heads and deportation officer's conduct unannounced visits to the facility's living and activity areas. Logs are not maintained tracking detainee request form receipt and response activity. Copies of detainee request forms are not maintained in detention files.

**Detainee Transfer Standard-Advisory**

A review of nine detainee detention files of previously transferred detainees from the San Pedro Processing Center revealed that, of the nine total transfers, only two did not have completed transfer documentation prepared. The facility is advised that procedures and notification requirements per the ICE Transfer Standard shall be followed when detainees are transferred from one facility to another.

☐ Staff was advised of this Advisory during the closeout.

**Detainee Property-Best Practice**

The facility practices effective property control measures by using vinyl bags to store detainee property within the processing area. This system includes heavy-duty zippered bags that are durable and custom made to hold a recycled paper property box measuring 45" x 33" x 40". Each bag has the capability to be secured using an individually numbered tamper-proof seal. Boxes are further outfitted with a clear plastic compartment, which accompanies an I-77 property receipt tag that displays the detainees name and alien registration number.

**Bulletin Boards-Best Practice**

Bulletin boards located within the facility housing units were set up neatly and were visibly available to the detainee population. All items were arranged in concise order in English and Spanish and other prevalent languages spoken by detainees at the facility. Bulletin boards were consistently arranged in mirror image order from unit to unit. This demonstrated the facility’s good quality effort to assure that communication via bulletin presentation was made available to detainees.
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**Correspondence and Other Mail-Best Practice**

The facility mailroom was staffed by what appeared to be very dedicated and experienced officers. Mailroom logs were maintained and up to date. Officers processed mail into the facility while being very security conscious of contraband entering the facility.

**Significant Observations**

**Maintenance**

The facility and maintenance tool room area were reviewed and found to exceed the standard of compliance. The facility is currently functioning without a permanent Facility Manager. Maintenance Supervisor, has occupied the Facility Manager position on a voluntary basis. In this capacity is responsible for all facility maintenance functions. The dedicated effort set forth by and the maintenance were undoubtedly noticed during this review.

**Food Service**

The facility is currently operating with an acting Food Service Administrator in Food Service. acting in this capacity on a voluntary basis, has demonstrated his tireless effort by assuring that the facility had available a 35-day standard menu approved by a Registered Dietician. further efforts were observed in his ability to assure that detainees commenced receiving the proper training necessary when they are cleared to work in the kitchen. and the kitchen crew displayed their efforts during the review by presenting a very clean atmosphere.

**American Correctional Association (ACA) Team-Best Practice**

The San Pedro ACA team appeared to be very knowledgeable of policy and procedure requirements. The team demonstrated a can-do and responsible attitude during the entire facility review. The team members also appeared to be very knowledgeable of the detention environment with team members having various law enforcement experiences in their background. This is a well-supervised team.

**Headquarters Office of Professional Responsibility (OPR) Review**

The Headquarters Office of Professional Responsibility conducted a MID review of the San Pedro Processing Center June 12-17, 2005. A Staff Officer from the Detention Standards Compliance Unit assisted OPR in this review. Many deficiencies were identified at the time of the OPR review. During this DSCU annual review it was revealed that the Field Office remedied most of the findings identified during the OPR review.
Recommended Rating and Justification

It is the RIC recommendation that the facility receive a rating of “Good”. The facility has dedicated the time and effort necessary to assure that it was prepared for this Annual Detention Review. The facility fully complies with 37 of the 38 standards. A Plan of Action shall be submitted for the noted deficiency identified in this RIC Memorandum.
A. Type of Facility Reviewed
- [x] ICE Service Processing Center
- [ ] ICE Contract Detention Facility
- [ ] ICE Intergovernmental Service Agreement

B. Current Inspection
Type of Inspection
- [ ] Field Office
- [x] HQ Inspection
Date[s] of Facility Review
August 9-11, 2005

C. Previous/Most Recent Facility Review
Date[s] of Last Facility Review
July 6-8, 2004
Previous Rating
- [x] Acceptable
- [ ] Deficient
- [ ] At-Risk
- [ ] Superior
- [ ] Good

D. Name and Location of Facility
Name
San Pedro Processing Center
Address (Street and Name)
2001 Seaside Avenue
City, State and Zip Code
San Pedro, California 90731
County
Los Angeles
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)
Officer-In-Charge
[Redacted]
Telephone # (Include Area Code)
310 [Redacted]
Field Office / Sub-Office (List Office with oversight responsibilities)
Los Angeles Field Office
Distance from Field Office
28 Miles

E. ICE Information
Name of Inspector (Last Name, Title and Duty Station)
[Redacted]
Name of Team Member / Title / Duty Location
[Redacted]
Name of Team Member / Title / Duty Location
[Redacted]
Name of Team Member / Title / Duty Location
[Redacted]
Name of Team Member / Title / Duty Location
[Redacted]

F. CDF/IGSA Information Only
Contract Number
Date of Contract or IGSA
None
Basic Rates per Man-Day
Other Charges: (If None, Indicate N/A)
Estimated Man-days Per Year

G. Accreditation Certificates
List all State or National Accreditation[s] received:
- ACA, NCCCHG, JCAHO
- [ ] Check box if facility has no accreditation[s]

H. Problems / Complaints (Copies must be attached)
The Facility is under Court Order or Class Action Finding
- [ ] Court Order
- [ ] Class Action Order
The Facility has Significant Litigation Pending
- [ ] Major Litigation
- [ ] Life/Safety Issues
- [x] Check if None.

I. Facility History
Date Built
1936
Date Last Remodeled or Upgraded
2005
Date New Construction / Bedspace Added
None
Future Construction Planned
- [ ] Yes
- [x] No
Date:

J. Total Facility Population
Total Facility Intake for previous 12 months
6940
Total ICE Mandays for Previous 12 months
27096

K. Classification Level (ICE SPCs and CDFs Only)
<table>
<thead>
<tr>
<th></th>
<th>L-1</th>
<th>L-2</th>
<th>L-3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Male</td>
<td>31</td>
<td>65</td>
<td>249</td>
</tr>
<tr>
<td>Adult Female</td>
<td>39</td>
<td>65</td>
<td>25</td>
</tr>
</tbody>
</table>

L. Facility Capacity
<table>
<thead>
<tr>
<th></th>
<th>Rated</th>
<th>Operational</th>
<th>Emergency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Male</td>
<td>342</td>
<td>374</td>
<td>436</td>
</tr>
<tr>
<td>Adult Female</td>
<td>108</td>
<td>108</td>
<td>148</td>
</tr>
</tbody>
</table>
- [ ] Facility holds Juveniles 16 and older as Adults

M. Average Daily Population
<table>
<thead>
<tr>
<th></th>
<th>ICE</th>
<th>USMS</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Male</td>
<td>325</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Female</td>
<td>85</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

N. Facility Staffing Level
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Security</td>
<td>Support</td>
</tr>
</tbody>
</table>

Form G-324A (Rev. 8/13/04) No Prior Version May Be Used After 10/1/04
## Significant Incident Summary Worksheet

For ICE to complete its review of your facility, the following information must be completed prior to the scheduled review dates. The information on this form should contain data for the past twelve months in the boxes provided. The information on this form is used in conjunction with the ICE Detention Standards in assessing your Detention Operations against the needs of the ICE and its detained population. This form should be filled out by the facility prior to the start of any inspection. Failure to complete this section will result in a delay in processing this report and the possible reduction or removal of ICE detainees at your facility.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assault: Offenders on Offenders</td>
<td>Types (Sexual², Physical, etc.)</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td>P</td>
</tr>
<tr>
<td>With Weapon</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Without Weapon</td>
<td>6</td>
<td>3</td>
<td>2</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Assault: Detainee on Staff</td>
<td>Types (Sexual Physical, etc.)</td>
<td>P</td>
<td>P</td>
<td>0</td>
<td>P</td>
</tr>
<tr>
<td>With Weapon</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Without Weapon</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Number of Forced Moves, incl. Forced Cell moves</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Disturbances</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Number of Times Chemical Agents Used</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Number of Times Special Reaction Team Deployed/Used</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td># Times Four/Five Point Restraints applied/used</td>
<td>Number/Reason (M=Medical, V=Violent Behavior, O=Other)</td>
<td>V/1</td>
<td>V/1</td>
<td>V/2</td>
<td>V/2</td>
</tr>
<tr>
<td>Type (C=Chair, B=Bed, DB=Beard, O=Other)</td>
<td>B</td>
<td>B</td>
<td>0</td>
<td>B</td>
<td></td>
</tr>
<tr>
<td>Offender / Detainee Medical Referrals as a result of injuries sustained</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Escapes</td>
<td>Attempted</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Actual</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>1 from Hospital not from facility</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Grievances:</td>
<td># Received</td>
<td>0</td>
<td>6</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td># Resolved in favor of Offender/Detainee</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Deaths</td>
<td>Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Psychiatric / Medical Referrals</td>
<td># Medical Cases referred for Outside Care</td>
<td>17</td>
<td>56</td>
<td>10</td>
<td>38</td>
</tr>
<tr>
<td># Psychiatric Cases referred for Outside Care</td>
<td>15</td>
<td>11</td>
<td>7</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

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¹ Any attempted physical contact or physical contact that involves two or more offenders
² Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consensual or non-consensual
³ Routine transportation of detainees/offenders is not considered "forced"
⁴ Any incident that involves four or more detainees/offenders, includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large scale incidents.

Form G-324A (Rev. 8/13/04) No Prior Version May Be Used After 10/1/04
### Legal Access Standards
1. Access to Legal Materials
2. Group Presentations on Legal Rights
3. Visitation
4. Telephone Access

### Detainee Services
5. Admission and Release
6. Classification System
7. Correspondence and Other Mail
8. Detainee Handbook
9. Food Service
10. Funds and Personal Property
11. Detainee Grievance Procedures
12. Issuance and Exchange of Clothing, Bedding, and Towels
13. Marriage Requests
14. Non-Medical Emergency Escorted Trip
15. Recreation
16. Religious Practices
17. Voluntary Work Program

### Health Services
18. Hunger Strikes
19. Medical Care
20. Suicide Prevention and Intervention
21. Terminal Illness, Advanced Directives and Death

### Security and Control
22. Contraband
23. Detention Files
24. Disciplinary Policy
25. Emergency Plans
26. Environmental Health and Safety
27. Hold Rooms in Detention Facilities
28. Key and Lock Control
29. Population Counts
30. Post Orders
31. Security Inspections
32. Special Management Units (Administrative Segregation)
33. Special Management Units (Disciplinary Segregation)
34. Tool Control
35. Transportation (Land management)
36. Use of Force
37. Staff/Detainee Communication (Added August 2003)
38. Detainee Transfer (Added September 2004)

All findings (Deficient and At-Risk) require written comment describing the finding and what is necessary to meet compliance.

Form G-324A (Rev. 8/13/04) No Prior Version May Be Used After 10/1/04
RIC Review Assurance Statement

By signing below, the Reviewer-In-Charge (RIC) certifies that all findings of noncompliance with policy or inadequate controls contained in the Inspection Report are supported by evidence that is sufficient and reliable. Furthermore, findings of noteworthy accomplishments are supported by sufficient and reliable evidence. Within the scope of the review, the facility is operating in accordance with applicable law and policy, and property and resources are efficiently used and adequately safeguarded, except for the deficiencies noted in the report.

<table>
<thead>
<tr>
<th>Reviewer-In-Charge: (Print Name)</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title &amp; Duty Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detention and Deportation Officer, Washington, DC</td>
<td>August 11, 2005</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Team Members</th>
<th>Print Name, Title, &amp; Duty Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Print Name, Title, &amp; Duty Location</td>
<td>Print Name, Title, &amp; Duty Location</td>
</tr>
<tr>
<td>DO, San Francisco Field Office</td>
<td>SIEA, El Paso Field Office</td>
</tr>
<tr>
<td>CDR, Washington, DC</td>
<td>CDR, Washington, DC</td>
</tr>
</tbody>
</table>

Recommended Rating:  

- [ ] Superior  
- [x] Good  
- [ ] Acceptable  
- [ ] Deficient  
- [ ] At-Risk

Comments:
HEADQUARTERS EXECUTIVE REVIEW

Review Authority

The signature below constitutes review of this report and acceptance by the Review Authority. OIC/CEO will have 30 days from receipt of this report to respond to all findings and recommendations.

<table>
<thead>
<tr>
<th>HQDRO EXECUTIVE REVIEW (Please Print Name)</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>John P. Torres</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Date</td>
</tr>
<tr>
<td>Acting Director</td>
<td></td>
</tr>
</tbody>
</table>

Final Rating:  □ Superior  □ Good  □ Acceptable  □ Deficient  □ At-Risk

Comments: The Review Authority (RA) concurs with the recommended rating of "Good" made by the Reviewer-In-Charge (RIC) as justified in the RIC Memorandum and the G-324A Worksheets.

Form G-324A (Rev. 8/1/01) No Prior Version May Be Used After 12/31/01