



**U.S. Department of Homeland Security**  
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 San Diego Field Office  
San Diego Contract Detention Facility  
San Diego, California

June 19 – 21, 2018

**COMPLIANCE INSPECTION  
for the  
SAN DIEGO CONTRACT DETENTION FACILITY  
SAN DIEGO, CA**

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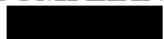
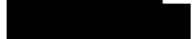
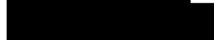
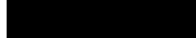
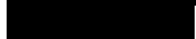
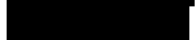
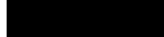
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**COMPLIANCE INSPECTION TEAM MEMBERS**

	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

## FACILITY OVERVIEW

The Office of Detention Oversight (ODO) conducted a compliance inspection of the San Diego Contract Detention Facility (SDCDF) in San Diego, California from June 19-21, 2018<sup>1</sup>. SDCDF opened in October 2015<sup>2</sup> and is owned and operated by CoreCivic. The Office of Enforcement and Removal Operations (ERO) began housing detainees at SDCDF in October 2015, under oversight of the ERO Field Office Director (FOD) in San Diego, California. The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011.

ERO Deportation Officers (DO) and a Detention Services Manager (DSM) are assigned to the facility. A Warden is responsible for oversight of daily facility operations and is supported by [REDACTED] personnel. Trinity Food Service provides food services and medical care is provided by the ICE Health Service Corps (IHSC). The facility is accredited by the American Correctional Association and the National Commission on Correctional Health Care.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>3</sup>	1142
Average ICE Detainee Population <sup>4</sup>	[REDACTED]
Male Detainee Population (as of 6/19/2018)	[REDACTED]
Female Detainee Population (as of 6/19/2018)	[REDACTED]

In FY 2015, ODO conducted an inspection of SDCDF's previous facility and found two (2) deficiencies in the following areas: Admission and Release had one (1) deficiency, and Funds and Personal Property had one (1) deficiency.

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

<sup>2</sup> SDCDF relocated to a new facility in October 2015, and this is ODO's first inspection of the new location. The previous location, which opened in 1998, was owned by the County of San Diego and operated by CoreCivic (formerly Corrections Corporation of America). ERO began housing detainees at SDCDF in May 1998 under an Intergovernmental Service Agreement.

<sup>3</sup> Data Source: ERO Facility List Report as of June 18, 2018.

<sup>4</sup> *Ibid.*

## FINDINGS BY PBND 2011 MAJOR CATEGORIES

PBND 2011 STANDARDS INSPECTED <sup>5</sup>	DEFICIENCIES
<b>Part 1 – Safety</b>	
Environmental Health and Safety	2
<b>Sub-Total</b>	<b>2</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	0
Special Management Units	0
Staff-Detainee Communication	1
Use of Force and Restraints	2
<b>Sub-Total</b>	<b>4</b>
<b>Part 4 – Care</b>	
Disability, Identification, Assessment and Accommodation	0
Food Service	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 5 - Activities</b>	
Telephone Access	0
Voluntary Work Program	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Detainee Handbook	0
Grievance System	6
Law Libraries and Legal Materials	0
<b>Sub-Total</b>	<b>6</b>
<b>Total Deficiencies</b>	<b>12</b>

<sup>5</sup> For greater detail on ODO's findings, see the *Inspection Findings* section of this report.

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 72 hours, to assess compliance with ICE National Detention Standards (NDS) 2000, or the PBNDS 2008, or 2011, as applicable. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.<sup>6</sup> ODO identifies violations linked to ICE detention standards, ICE policies, or operational procedures as *deficiencies*.

For facilities governed by either the PBNDS 2008, or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components” which are considered *critical* to facility security and the legal and civil rights of detainees. ODO also highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection--these corrective actions are annotated with “C” under the *Inspection Findings* section of this report.

At the conclusion of each inspection, ODO holds a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also 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. Additionally, ODO findings inform ICE executive management decision making in better allocating resources across the agency’s entire detention inventory.

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<sup>6</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## DETAINEE RELATIONS

ODO interviewed twenty-five (25) detainees, each of whom volunteered to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services, except for the concerns listed below.

***Environmental Health and Safety:*** One detainee complained showers in her housing unit had insects. She further claimed medical staff saw her for a neck bite after one of the insects bit her.

- **Action Taken:** ODO discussed the claim with facility leadership and inspected the housing unit's showers and found no evidence of insects in the showers or housing units. Facility leadership informed ODO of previous occurrences of drain flies; however, they claimed pest control services resolved the problems and are part of the facility's routine health and safety regimen. ODO also spoke with medical staff and reviewed the detainee's medical file and found no recorded history of treatment related to an insect bite.

***Medical Care:*** One detainee claimed ICE denied him surgery to repair an injured shoulder. The detainee also claimed ICE has not responded to a grievance he filed related to the denial.

- **Action Taken:** ODO discussed the complaint with medical staff and ERO staff and reviewed the detainee's detention file and medical records. ODO confirmed a copy of the grievance was maintained in the detainee's medical file; however, ODO found no reference related to the grievance in the ICE grievance or request logs. Medical records indicate the detainee was seen by an orthopedic specialist who recommended several sessions of physical therapy (PT), which he received, and surgery. Records show the physician approved therapy but denied surgery, stating the condition was not emergent. The PT team stated the detainee had good movement of his upper and lower extremities. As ODO found no record showing ICE received a copy of the grievance related to the denial of surgery, ODO requested ERO staff meet with the detainee to discuss his concerns.

***SAAPI:*** One transgender detainee claimed she received sexual advances from two detainees in the same housing unit; however, she did not report the incident for fear of reprisal from the two detainees.

- **Action Taken:** ODO informed the Warden and ERO staff of the allegation. The Warden and facility PREA investigator spoke to the complaining detainee who disclosed the incident occurred approximately five months ago, and the other two detainees are no longer at the facility. The PREA investigator determined the allegation qualified as a PREA incident, reported the incident to the ERO field office, and began an investigation. The facility asked the detainee if she felt safe in her housing unit or if she wanted to be moved. She stated she wanted to stay in her current unit. The ERO field office reported the PREA incident to the Joint Intake Center.

***Staff-Detainee Communication:*** One male detainee claimed he has been separated from his child upon apprehension. After calling the ICE Detainee Reporting and Information Line (DRIL) for assistance in contacting his minor child, the father claimed the child's social worker (at the facility

where the child was housed) told him this was the only call he would get with the child.

- Action Taken: ODO observed posters in the housing units in English and Spanish informing detainees separated from their children what actions they need to take to obtain assistance locating and communicating with their child(ren). ODO spoke with the SDDO regarding the detainee's claim. The SDDO indicated a deportation officer would speak with the detainee and ensure regular communication is established between the detainee and his child.

# COMPLIANCE INSPECTION FINDINGS

## SAFETY

### ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

During barbering operations in housing [REDACTED] ODO observed hair clippers were not sanitized between haircuts (**Deficiency EH&S-1**<sup>7</sup>).

ODO's review of barbering operations found sanitation regulations were not posted in areas where hair cutting took place (**Deficiency EH&S-2**<sup>8</sup>).

*Corrective Action:* During the inspection, the facility posted detailed hair care sanitation regulations on the walls of all hair cutting areas and placed a copy in each barbering kit (**C-1**).

## SECURITY

### ADMISSION AND RELEASE (A&R)

ODO reviewed the facility's orientation video. The video included most of the required topics; however, it did not include information on the voluntary work program and specific details on how to volunteer (**Deficiency A&R-1**<sup>9</sup>).

### STAFF-DETAINEE COMMUNICATION (SDC)

The local supplement to the detainee handbook includes contact information for the ERO field office, scheduled hours and days the ERO staff visits, and procedures for submitting written requests to ERO; however, the local handbook supplement does not specifically inform detainees about the availability of assistance to prepare written requests to ERO (**Deficiency SDC-1**<sup>10</sup>).

ODO considers the ERO field office's use of an electronic logbook for tracking and responding to ICE detainee requests a **Best Practice**. The field office maintains the logbook on an ICE SharePoint webpage which can be accessed by any ICE employee granted specific access. ERO staff logs the request and assigns a log number. The original request is scanned and hyperlinked

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<sup>7</sup> "After each detainee visit, all hair care tools that came in contact with the detainee shall be cleaned and effectively disinfected." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(E)(3).

<sup>8</sup> "Detailed hair care sanitation regulations shall be conspicuously posted in each barbershop for the use of all hair care personnel and detainees." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(E)(4).

<sup>9</sup> "At SPCs, CDFs, and dedicated IGSA's, the facility administrator shall produce an orientation video that covers the required topics listed below and shall screen it for every detainee. The video shall generally be in English and Spanish and provisions shall be made for other significant segments of the population with limited English proficiency. The facility administrator shall establish procedures that ensure the availability of an interpreter for a detainee who does not speak the language(s) used in the video. The interpreter shall be available for orientation and scheduled meetings with the detainee. Outside sources may be used if necessary to ensure compliance with this requirement, consistent with security measures. The orientation shall include the following information: ...

11. voluntary work program, with specific details including how to volunteer."

See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(F)(11).

<sup>10</sup> "As required by standard '6.1 Detainee Handbook,' each facility's handbook (or supplement) shall advise detainees in a language or manner that they understand of the procedures to submit written questions, requests, or concerns to ICE/ERO staff, as well as the availability of assistance to prepare such requests." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(B)(3).



to the log number in the logbook. An assigned DO provides an answer to the detainee's request. ERO staff then updates the log with the response, date, and name of the responding officer. The request is again scanned and hyperlinked to the log number and marked "final." ERO staff returns the response to the requesting detainee and sends a copy to the SDCDF records department for inclusion in the detainee detention file.

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

ODO's review of After-Action Reviews included commentary regarding the reasonableness of staff actions and force taken relative to the proportionality of the detainee's actions. The review of audio visual recordings revealed one media file was corrupt without any video to view and a second video revealed a debrief of the incident did not occur (**Deficiency UOF&R-1<sup>11</sup>**).

The hand-held cameras are inspected for operability at each shift by the corridor officer; however, this procedure was not incorporated in one or more post orders to include who has the responsibility for testing (**Deficiency UOF&R-1<sup>12</sup>**).

## **JUSTICE**

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

ODO reviewed SDCDF's grievance policy and procedures. The facility logs and tracks ICE detainee grievances in an ICE detainee specific grievance log; however, SDCDF policy does not include written policy or procedure to track or log all ICE detainee grievances separately from other facility populations (**Deficiency GS-1<sup>13</sup>**).

The facility returns a written decision to the detainee for all appeals including a separate form for appealing the decision to ICE; however, the SDCDF local handbook supplement does not address the procedure for contacting ICE/ERO to appeal a decision (**Deficiency GS-2<sup>14</sup>**).

The Grievance System at SDCDF allows detainees the opportunity to submit informal oral grievances, formal grievances, medical grievances and emergency grievances; however, facility policy and the local supplement place time limits on when a detainee may submit a formal

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<sup>11</sup> "2. Documentation and Audiovisual Recording. ...The facility administrator or designee is responsible for ensuring that use of force incidents are audio visually recorded. Staff shall be trained in the operation of audiovisual recording equipment. There shall be a sufficient number of cameras appropriately located and maintained in the facility. The audiovisual record and accompanying documentation shall be included in the investigation package for the after-action review described below. Calculated use-of-force incidents shall be audio visually-recorded in the following order: ...  
f. Debrief the incident with a full discussion/analysis/assessment of the incident."

See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I)(2). **Priority Component.**

<sup>12</sup> "Since audiovisual recording equipment must often be readily available, each facility administrator shall designate and incorporate in one or more post orders responsibility for:

1. Maintaining cameras and other audiovisual equipment;
2. Regularly scheduled and documented testing to ensure all parts, including batteries, are in working order; and
3. Keeping back-up supplies on hand (e.g. batteries, tapes or other recording media, lens cleaners)."

See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(K).

<sup>13</sup> "Each facility shall have written policy and procedures for a detainee grievance system that: ...

2. establish a procedure to track or log all ICE detainee grievances separately from other facility populations;"

See ICE PBNDS 2011, Standard, Grievance System, Section (V)(A)(2). **Priority Component.**

<sup>14</sup> "The facility shall provide each detainee, upon admittance, a copy of the detainee handbook and local supplement (see also standard "6.1 Detainee Handbook"), in which the grievance section provides notice of the following: ...

6. The procedures for contacting ICE/ERO to appeal a decision;"

See ICE PBNDS 2011, Standard, Grievance System, Section (V)(B)(6).

grievance (**Deficiency GS-3**<sup>15</sup>).

SDCDF has three levels of formal grievance review including review by a grievance officer (GO), grievance appeal board (GAB), and an appellate review conducted by the Warden. ODO reviewed the grievance logs for the last 12 months and found the responses provided to detainees following review by the GO, GAB, and appellate review routinely exceeded the five-day requirement (**Deficiency GS-4**<sup>16</sup>). ODO notes the current version of PBNDS 2011 limits all responses to five calendar days, except medical responses which are limited to five “working days.”

ODO reviewed the format of the ICE detainee grievance log. The grievance log contained all required elements except one: Following an appellate review, the grievance log does not contain the basis of the GAB decision (**Deficiency GS-5**<sup>17</sup>).

ODO spot-checked seven detainee detention files to verify completed grievances are maintained in the detention files. Two of seven files were missing the copy of the completed grievance (**Deficiency GS-6**<sup>18</sup>).

*Corrective Action:* SDCDF staff printed an electronic copy of the final grievance dispositions and placed the copy in the respective detainee detention files (**C-2**).

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<sup>15</sup> “The detainee may file a formal grievance at any time during, after, or in lieu of lodging an informal complaint. The facility may not impose a time limit on when a detainee may submit a formal grievance.” See ICE PBNDS 2011, Standard, Grievance System, Section (V)(C)(3).

<sup>16</sup> “Detainee shall be provided with a written or oral response within five days of receipt of the grievance. ...The designated members of the GAB shall review and provide a decision on the grievance within five days of receipt of the appeal. ...The facility administrator, in some cases in conjunction with the Field Office Director, shall review the grievance appeal and issue a decision within five days of receipt of the appeal.” See ICE PBNDS 2011, Standard, Grievance System, Section (V)(C)(3)(b).

<sup>17</sup> “The appellate reviewer shall note the grievance log with the following information: ...

- Basis of the GAB decision;”

See ICE PBNDS 2011, Standard, Grievance System, Section (V)(C)(3)(b)(3)(c).

<sup>18</sup> “A copy of the grievance disposition shall be placed in the detainee’s detention file and provided to the detainee within five days.” See ICE PBNDS 2011, Standard, Grievance System, Section (V)(D). **Priority Component.**

## CONCLUSION

During this inspection, ODO reviewed the facility's compliance with 18 standards under PBNDS 2011, finding the facility compliant with twelve (12) standards. ODO found twelve (12) deficiencies in the remaining six (6) standards. This is a significant increase in deficiencies since ODO's inspection of the previous location in 2015. While most of these deficiencies are administrative in nature, ODO notes six deficiencies were found in the facility's grievance system alone. ODO commends facility staff and the ERO field office for their responsiveness during the inspection as well as the best practice found in Staff-Detainee Communication related to maintenance of the request log. ODO recommends ERO work with the facility to remedy any deficiencies which remain outstanding, as applicable and in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2015 (PNDS 2011)</b>	<b>FY 2018 (PNDS 2011)</b>
Standards Reviewed	16	18
Deficient Standards	2	6
Overall Number of Deficiencies	2	12
Deficient Priority Components	0	4
Corrective Action	0	2