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U.S. Immigration and Customs Enforcement  
Office of Professional Responsibility  
ICE Inspections  
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**Office of Detention Oversight  
Compliance Inspection**

**Enforcement and Removal Operations  
ERO San Diego Field Office**

**San Luis Regional Detention Center  
San Luis, Arizona**

**November 15-17, 2022**

**COMPLIANCE INSPECTION**  
**of the**  
**SAN LUIS REGIONAL DETENTION CENTER**  
San Luis, Arizona

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## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
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Inspections and Compliance Specialist	ODO
Contractor	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 compliance inspection of San Luis Regional Detention Center (SLRDC) in San Luis, Arizona, from November 15 to 17, 2022.<sup>1</sup> The facility opened in 2007 and is owned by the City of San Luis and operated by LaSalle Corrections. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at SLRDC in 2011 under the oversight of ERO's Field Office Director in San Diego (ERO San Diego). The facility operates under the National Detention Standards (NDS) 2019.

ERO does not have any staff assigned to the facility. A warden handles daily facility operations and manages [REDACTED] support personnel. LaSalle Corrections provides food services and medical care, and Correct Commissary Services provides commissary services at the facility. In April 2022, SLRDC was audited for the Department of Justice (DOJ) Prison Rape Elimination Act (PREA) and was DOJ PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of November 15, 2022)	[REDACTED]
Adult Female Population (as of November 15, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2022, ODO found seven deficiencies in the following areas: Medical Care (2); Recreation (2); Staff-Detainee Communication (2); and Telephone Access (1).

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

<sup>2</sup> Data Source: ERO Facility List as of November 14, 2022.

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

## 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. 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 highlights instances when 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.

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

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>5,6</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Environmental Health and Safety	0
Transportation by Land	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Use of Force and Restraints	0
Special Management Unit	0
Staff-Detainee Communication <sup>7</sup>	1
Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 3 - Order</b>	
Disciplinary System	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
Food Service	0
Medical Care	2
Significant Self-Harm and Suicide Prevention and Intervention	1
Terminal Illness and Death	0
Disability Identification, Assessment, and Accommodation	1
<b>Sub-Total</b>	<b>4</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Recreation	0
Visitation	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Detainee Handbook	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>5</b>

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

<sup>6</sup> 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.

<sup>7</sup> The deficiency cited under the Staff-Detainee Communication standard was identified while performing detainee interviews and the Staff-Detainee Communication standard was not reviewed in its entirety.

## DETAINEE RELATIONS

ODO interviewed 24 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 concern listed below.

*Staff-Detainee Communication:* One detainee stated he received a response from ERO 8 days after placing his request in the ICE request box on November 7, 2022.

- Action Taken: ODO reviewed the ICE request, dated November 7, 2022, and found no information in the “Request Completed” area of the form. ODO spoke with an ERO San Diego Supervisory Detention and Deportation Officer (SDDO), and he stated he had no awareness of the issue but would speak to the ERO San Diego deportation officer (DO) involved. In a follow-up with ODO, the SDDO confirmed the DO removed the ICE request from the ICE request box on November 15, 2022, and classified it as an asylum issue. The DO handed the form back to the detainee and verbally informed the detainee to bring that information to his asylum hearing. On November 16, 2022, the SDDO ordered staff DOs to collect all written requests within 72 hours, provide written responses, archive the requests, and give copies to the detainees. ODO noted the DO did not follow a formal process in documenting the request nor in providing an official response. ODO cited this as a deficiency in the *Staff Detainee Communication* section of the report.

## COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### STAFF-DETAINEE COMMUNICATION (SDC)

ODO spoke with a detainee during a routine interview and found ERO San Diego staff did not retain all detainee requests in the detainee’s detention file nor retrievable electronic archive. Specifically, staff removed the detainee’s request from the request box and handed it back to him without recording receipt nor a response (**Deficiency SDC-17<sup>8</sup>**).

### CARE

#### MEDICAL CARE (MC)

ODO reviewed the medical record of a detainee with suspected tuberculosis (TB) disease and found the facility did not house the detainee in an airborne-infection isolation room with negative pressure ventilation nor promptly evaluate him for TB (**Deficiency MC-20<sup>9</sup>**).

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<sup>8</sup> “All completed detainee request documents will be retained in the detainee’s detention file or a retrievable electronic archive.” See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C)(2).

<sup>9</sup> “Detainees with symptoms suggestive of pulmonary TB disease and/or with suspected or confirmed TB disease

ODO reviewed [REDACTED] detainee physical examinations conducted by nurses and found the provider reviewed only [REDACTED] out of [REDACTED] examinations (**Deficiency MC-29<sup>10</sup>**).

### **SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)**

ODO reviewed training records of [REDACTED] medical staff and [REDACTED] correctional staff and found, [REDACTED] out of [REDACTED] medical staff received annual comprehensive suicide prevention training but [REDACTED] out of [REDACTED] correctional staff received no such annual training. Specifically, [REDACTED] out of [REDACTED] correctional staff received the training 13 months following the last documented training date and [REDACTED] correctional staff received training 15 months following the last documented training date (**Deficiency SSHSPI-2<sup>11</sup>**). **This is a priority component.**

### **DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIAA)**

ODO observed the medical unit and detainee living areas and found the facility did not post the disability notice in the detainee living areas (**Deficiency DIAA-51<sup>12</sup>**).

*Corrective Action:* On November 17, 2022, ODO observed facility staff post the disability notice in the detainee living areas (**C-1**).

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 20 standards under NDS 2019 and found the facility in compliance with 16 of those standards. ODO found five deficiencies in the remaining four standards. ODO recommends ERO San Diego work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ERO provided ODO with the uniform corrective action plan for ODO's last inspection of SLRDC on May 24, 2022.

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based on historical, clinical and/or laboratory findings will be housed in an airborne infection isolation room with negative pressure ventilation and promptly evaluated for TB disease." See ICE NDS 2019, Standard, Medical Care, Section (II)(D)(1).

<sup>10</sup> "When a physical examination is not conducted by a provider, it must be reviewed by a provider." See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

<sup>11</sup> "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during orientation and refresher training at least annually thereafter." See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(B).

<sup>12</sup> "The facility orientation program shall notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request, in a language and/or manner they can understand. The facility will post other documents for detainee awareness in detainee living areas and in the medical unit, as requested by ICE/ERO." See ICE NDS 2019, Standard, Disability Identification, Assessment, and Accommodation, Section (II)(I).



<b>Compliance Inspection Results Compared</b>	<b>FY 2022 (NDS 2019)</b>	<b>FY 2023 (NDS 2019)</b>
Standards Reviewed	16	20
Deficient Standards	4	4
Overall Number of Deficiencies	7	5
Priority Component Deficiencies	0	1
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	1
Facility Rating	N/A	Superior