



**U.S. Department of Homeland Security**  
Immigration and Customs Enforcement  
Office of Professional Responsibility  
ICE Inspections  
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**Office of Detention Oversight  
Follow-Up Compliance Inspection**

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

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

**May 24-26, 2022**

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

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## FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead	ODO
Assistant Team Lead	ODO
Inspections and Compliance Specialist	ODO
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 follow-up compliance inspection of the San Luis Regional Detention Center (SLRDC) in San Luis, Arizona, from May 24 to 26, 2022.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of SLRDC from November 15 to 18, 2021. The facility opened in March 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 January 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. The SLRDC 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 February 2019, 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 May 24, 2022)	[REDACTED]
Adult Female Population (as of May 24, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2022, ODO found five deficiencies in the following areas: Detainee Handbook (1) and Medical Care (4).

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

<sup>2</sup> Data Source: ERO Facility List as of May 31, 2022.

<sup>3</sup> *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 include but are not limited to Medical Care, Hunger Strikes, 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 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 NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>4,5</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	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Use of Force and Restraints	0
Special Management Unit	0
Staff-Detainee Communication	2
<b>Sub-Total</b>	<b>2</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	2
Significant Self-Harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 5 - Activities</b>	
Recreation	2
Telephone Access	1
<b>Sub-Total</b>	<b>3</b>
<b>Part 6 - Justice</b>	
Detainee Handbook	0
Grievance System	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>7</b>

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

<sup>5</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.

## DETAINEE RELATIONS

ODO interviewed 27 out of 66 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.

*Grievance System:* One detainee stated SLRDC denied her the use of a back brace to assist with her fibrosis pain while the El Centro Sector Processing Center, a Customs and Border Protection station, previously allowed her to use it.

- Action Taken: ODO reviewed the detainee’s medical records, found she arrived at SLRDC in the past 24 hours and the facility’s medical staff had not completed her full physical examination, in which they have 14 days of her arrival to complete. ODO coordinated with an ICE deportation officer in locating and retrieving the detainee’s property from the personal property storage area. As per regulation, a facility property officer opened the sealed container in the presence of the detainee and medical staff. The detainee then removed the brace and handed it to the medical staff for examination. The medical staff determined the back brace to be a compression device, which did not meet medical device requirements and disapproved its use at SLRDC. On that same day, May 25, 2022, facility medical staff explained to the detainee the reasons for its disapproval and how the detainee may appeal the decision. Following the inspection, the ODO followed-up with ERO San Diego and learned SLRDC transferred the detainee to the Imperial Regional Detention Facility (IRDF) on May 31, 2022, prior to completing her full physical examination. ERO San Diego informed ODO that IRDF medical staff completed a full physical examination of this detainee on June 5, 2022, which was 5 days after her arrival at IRDF and 12 days after her arrival at SLRDC. During her physical examination, the detainee did not inform IRDF medical staff of a need for the compression device, nor did IRDF medical staff note any specific condition requiring the use of a compression device. ERO San Diego released the detainee from custody on June 18, 2022.

## FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### STAFF-DETAINEE COMMUNICATION (SDC)

ODO inspected the posted ERO San Diego contact information listed in five housing units and found the facility did not update the information quarterly nor did the postings contain the most up-to-date contact information for ERO San Diego personnel. Most postings were dated either April 2019 or January 2021 (**Deficiency SDC-23<sup>6</sup>**).

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<sup>6</sup> “Contact information shall be updated quarterly or more frequently as necessary to reflect changes in ICE/ERO personnel.” See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C)(4).

ODO interviewed ERO San Diego and facility staff and found a facility supervisor had access to the ERO San Diego drop box. Additionally, ODO witnessed facility staff opening the drop box, confirming the staff's access to a secure container (**Deficiency SDC-24<sup>7</sup>**).

## **CARE**

### **MEDICAL CARE (MC)**

ODO reviewed the credential files of █ facility health care staff and found in █ out of █ files, no valid professional licensures or certifications allowing for the practice and performance of duties within the appropriate jurisdiction. Specifically, ODO found: no available license for one physician and one contract radiology technician; an expired license for a facility psychologist and expired certifications for two medical assistants; and no validation of certification by the facility for two medical assistants. ODO also found the facility did not replace the psychologist's expired license and the medical assistants' certifications with copies of current license and certifications, that had been renewed on time, into their respective files (**Deficiency MC-11<sup>8</sup>**).

ODO reviewed the facility's detainee handbook and found no reference to the procedure for a detainee to request and receive medical records (**Deficiency MC-102<sup>9</sup>**).

## **ACTIVITIES**

### **RECREATION (R)**

ODO observed the recreation areas and found the facility did not provide any movable equipment. All the recreation areas included one fixed basketball hoop; however, the facility did not provide any other recreation equipment (**Deficiency R-8<sup>10</sup>**).

ODO observed detainees during recreation, reviewed the facility's policy, interviewed the recreation supervisor, and found the facility staff did not provide continuous supervision of the recreation areas. Specifically, the facility policy required the facility staff to observe recreation areas every thirty minutes (**Deficiency R-13<sup>11</sup>**).

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<sup>7</sup> "ICE/ERO may provide a secure drop box for detainees to correspond directly with ICE/ERO management. Only ICE/ERO personnel shall have access to the drop-box." See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C)(4).

<sup>8</sup> "Health care staff shall have a valid professional licensure and/or certification for the jurisdiction in which they practice and will perform duties within the scope of their clinical license." See ICE NDS 2019, Standard, Medical Care, Section (II)(C).

<sup>9</sup> "Detainees and their representatives shall be allowed to request and receive medical records pursuant to facility policy, which shall be communicated to the detainee in the facility handbook." See ICE NDS 2019, Standard, Medical Care, Section (II)(P).

<sup>10</sup> "Exercise areas shall offer a variety of fixed and movable equipment" See ICE NDS 2019, Standard, Recreation, Section (II)(C)(1).

<sup>11</sup> "Recreation areas shall be under continuous supervision by staff." See ICE NDS 2019, Standard, Recreation, Section (II)(C)(7).



## TELEPHONE ACCESS (TA)

ODO inspected 15 telephones in 5 housing units and found in 4 out of 15 phones, no posted notice advising detainees all calls are subject to monitoring. ODO also found no notice posted on how to obtain an unmonitored call for court, legal representative, or other legal representation issues (**Deficiency TA-41**<sup>12</sup>).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 16 standards under NDS 2019 and found the facility in compliance with 12 of those standards. ODO found seven deficiencies in the remaining four standards. ODO commends facility staff for its responsiveness during this inspection. ODO recommends ERO 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 March 28, 2022.

<b>Compliance Inspection Results Compared</b>	<b>First FY 2022 (NDS 2019)</b>	<b>Second FY 2022 (NDS 2019)</b>
Standards Reviewed	20	16
Deficient Standards	2	4
Overall Number of Deficiencies	5	7
Repeat Deficiencies	1	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	N/A

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<sup>12</sup> "If telephone calls are monitored, the facility shall notify detainees of this in a language or manner that they understand and, in the facility, handbook provided upon admission. The facility shall also place a notice at each monitored telephone stating:

1. That detainee calls are subject to monitoring; and
2. The procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation."

*See ICE NDS 2019, Standard, Telephone Access, Section (II)(K).*