



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

**Office of Detention Oversight
Compliance Inspection**

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

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

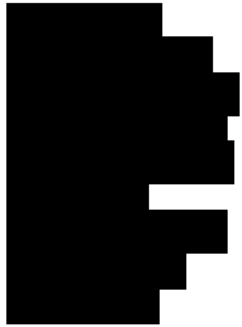
November 30 – December 4, 2020

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
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
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 San Luis Regional Detention Center (SLRDC) in San Luis, Arizona, from November 30 to December 4, 2020.¹ The facility opened in 2007 and is owned by the city of San Luis and operated by LaSalle Corrections West. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at SLRDC in 2007 under the oversight of ERO’s Field Office Director (FOD) in Phoenix (ERO Phoenix).² The facility operates under the National Detention Standards (NDS) 2019.

ERO has not assigned deportation officers nor a detention services manager to the facility. A LaSalle Corrections warden handles daily facility operations and is supported by [REDACTED] personnel. LaSalle Corrections provides food and commissary services, and medical care at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ³	150
Average ICE Detainee Population ⁴	[REDACTED]
Male Detainee Population (as of 11/30/2020)	[REDACTED]
Female Detainee Population (as of 11/30/2020)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2020, ODO found 15 deficiencies in the following areas: Admissions and Release (4), Detainee Classification System (3), Detainee Grievance Procedures (1), Environmental Health and Safety (1), Funds and Personal Property (5), Staff-Detainee Communication (1).

¹ This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods longer than 72 hours.

² The facility is physically located in the ERO Phoenix area of responsibility (AOR); however, the FOD in San Diego (ERO San Diego) has case management responsibility for detainees originating in its AOR.

³ Data Source: ERO Facility List Report as of November 30, 2020.

⁴ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) 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.⁵

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, 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.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{6&7}	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	0
Custody Classification System	1
Facility Security and Control	0
Funds and Personal Property	2
Use of Force and Restraints	0
Special Management Units	1
Staff-Detainee Communication	1
Sexual Abuse and Assault Prevention and Intervention	2
Sub-Total	7
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	4
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	1
Sub-Total	5
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	12

⁶ For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

⁷ Beginning in FY 2021, ODO added Emergency Plans, Facility Security and Control, Population Counts, Hunger Strikes, and Staff Training as core standards. NDS 2019 does not include Emergency Plans, Population Counts, nor Staff Training as individual standards; however, those specific requirements are resident in other core standards.

DETAINEE RELATIONS

The facility's ICE detainee population count was zero during the entire inspection. As such, ODO did not interview any detainees during this inspection. Although the facility's population count was zero, the facility has an active contract to house detainees and their ADP on November 30, 2020, was 92, which met ODO's inspection criteria of an ADP of 10 or more.

COMPLIANCE INSPECTION FINDINGS

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO interviewed a classification supervisor, reviewed the facility's classification policy and their orientation video and found the facility had not established a system to readily identify each detainees' classification level. Specifically, the facility issued a yellow identification badge to all detainees, red uniforms for high-custody detainees, and blue uniforms to low and medium-custody detainees (**Deficiency CCS-8⁸**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed 12 detainee detention files and found the facility did not document a forwarding address for 12 out of 12 detainees (**Deficiency F&PP-15⁹**).

ODO reviewed the detainee detention files for four released detainees and found one out of four detention files did not contain a signed receipt, which indicated the facility returned the detainee's property upon release from the facility (**Deficiency F&PP-24¹⁰**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed the SMU records for two detainees the facility placed in their SMU and found 67 instances where the facility did not log observing the detainees every [REDACTED] [REDACTED] schedule (**Deficiency SMU-84¹¹**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed SDC documentation and found ERO San Diego staff did not retrieve nor respond to detainee requests between March 2020 and November 2020 (**Deficiency SDC-9¹²**).

⁸ "The classification system shall ensure: ...

6. Each facility shall establish a system that readily identifies a detainee's classification level, for example, color-coded uniforms."

See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(6).

⁹ "Standard operating procedures will include obtaining a forwarding address from every detainee who has personal property." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(C)(1).

¹⁰ "... After a property check, the detainee will then sign a receipt for the property, indicating his or her receipt of all funds and personal property due him or her." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(E).

¹¹ "SMU staff shall observe and log observations at least every [REDACTED] See ICE NDS 2019, Standard, Special Management Units, Section (II)(K).

¹² "All detainees shall have the opportunity to submit written questions, requests, or concerns to ICE/ERO staff...

The facility shall have written procedures to route detainee requests to the appropriate ICE/ERO official(s).

Detainee request forms shall be delivered to ICE/ERO staff without reading, altering, or delaying such requests.

The detainee may, if he or she chooses, seal the request in an envelope and clearly mark the envelope with the name, title or office to which the request is to be forwarded.

1. Response Times

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's SAAPI policy and procedures, interviewed the facility's Prison Rape Elimination Act compliance manager, and found the facility's SAAPI policy and procedures did not reflect the facility having access to specialized community-based services and rape crisis/trauma units in local hospitals (**Deficiency SAAPI-1**¹³).

Corrective Action: Prior to the conclusion of the inspection, the facility initiated corrective action. Specifically, the facility revised their SAAPI policy to include access to sexual assault nurse examiners at a local hospital and the availability of community resources and the rape crisis center (**C-1**).

ODO reviewed the facility's memorandum of understanding (MOU) with a local rape crisis center and found the MOU did not provide for victim advocate services. Additionally, ODO interviewed facility and ERO staff and found neither ERO San Diego nor ERO Phoenix provided victim advocate services (**Deficiency SAAPI-94**¹⁴).

CARE

MEDICAL CARE (MC)

ODO interviewed the facility's health services administrator, reviewed the facility's medical staffing plan and credentialing information for the facility's medical staff, and found [REDACTED] of [REDACTED] registered nurse (RN)/licensed practical nurse positions were vacant until November 2020 (**Deficiency MC-5**¹⁵).

ODO reviewed 12 detainee medical records and found the facility did not complete 9 out of 12 detainees' comprehensive health assessments within 14-days of their arrival (**Deficiency MC-27**¹⁶).

ODO reviewed 12 detainee medical records and found a provider did not review 12 out of 12 comprehensive health assessments completed by a RN (**Deficiency MC-29**¹⁷).

Detainee requests shall be forwarded to ICE/ERO within 72 hours. The facility will provide ICE/ERO's returned response to the detainee within 24 hours." See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C).

¹³ "The facility's policy and procedures shall reflect the unique characteristics of the facility, including factors such as the availability of specialized community-based services, including rape crisis/trauma units in local medical centers, clinics, and hospitals." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

¹⁴ "If a rape crisis center is not available to provide victim advocate services, ICE/ERO will provide these services by making available a qualified staff member from a community-based organization, or a qualified agency staff member." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(J).

¹⁵ "Facilities will employ sufficient medical staff to perform basic exams and treatments for all detainees." See ICE NDS 2019, Standard, Medical Care, Section (II)(A).

¹⁶ "The facility will conduct and document a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival at the facility." See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

¹⁷ "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).

ODO reviewed the facility’s sick call documentation and found the facility’s medical staff triaged one detainee sick call request four-days after receipt instead of within 24-hours of receipt as required (**Deficiency MC-51¹⁸**).

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)

ODO reviewed the facility’s disability accommodation policies and procedures and interviewed the facility’s medical staff. ODO found the facility did not have an established process, which included reasonable timelines, to review a detainee’s request for disability accommodations and provide accommodations (**Deficiency DIA&A-1¹⁹**).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 18 standards under NDS 2019 and found the facility in compliance with 11 of those standards. ODO found 12 deficiencies in the remaining seven standards. ODO commends facility staff for their responsiveness during this inspection and notes there was one instance where staff initiated immediate corrective action during the inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 (NDS 2000)	FY 2021 (NDS 2019)
Standards Reviewed	17	18
Deficient Standards	6	7
Overall Number of Deficiencies	15	12
Repeat Deficiencies	2	N/A
Areas of Concern	5	0
Corrective Actions	3	1

¹⁸ “The facility shall have procedures to ensure that all request slips are received and triaged by the medical staff within 24 hours of receipt of the request.” See ICE NDS 2019, Standard, Medical Care, Section (II)(I).

¹⁹ “The facility shall develop a process, which includes reasonable timelines, for reviewing detainees’ requests for accommodations related to a disability and for providing accommodations (including interim accommodations), modifications, and reassessments.” See ICE NDS 2019, Standard, Disability Identification, Assessment, and Accommodation, Section, (II)(B)(1).