



**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**

**January 14-16, 2020**

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

**TABLE OF CONTENTS**

<b>FACILITY OVERVIEW .....</b>	<b>4</b>
<b>COMPLIANCE INSPECTION PROCESS .....</b>	<b>5</b>
<b>FINDINGS BY NATIONAL DETENTION STANDARDS 2000</b>	
<b>MAJOR CATEGORIES .....</b>	<b>6</b>
<b>DETAINEE RELATIONS .....</b>	<b>7</b>
<b>COMPLIANCE INSPECTION FINDINGS .....</b>	<b>8</b>
<b>DETAINEE SERVICES.....</b>	<b>9</b>
Admission and Release (A&R).....	8
Detainee Classification System (DCS).....	9
Detainee Grievance Procedures (DGP) .....	10
Funds and Personal Property (F&PP).....	10
Staff-Detainee Communication (SDC).....	11
<b>SECURITY AND CONTROL.....</b>	<b>11</b>
Environmental Health and Safety (EH&S).....	10
<b>HEALTH SERVICES .....</b>	<b>11</b>
Medical Care (MC).....	11
<b>CONCLUSION .....</b>	<b>11</b>

---

## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead  
Inspections and Compliance Specialist  
Inspections and Compliance Specialist  
Contractor  
Contractor  
Contractor  
Contractor  
Contractor

ODO  
ODO  
ODO  
Creative Corrections  
Creative Corrections  
Creative Corrections  
Creative Corrections  
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 January 14 to 16, 2020.<sup>1</sup> 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).<sup>2</sup> The facility operates under the National Detention Standards (NDS) 2000.

ERO has not assigned Deportation Officers to the facility; however, ERO has assigned a [REDACTED] Detention Services Manager to SLRDC. A LaSalle Corrections Warden handles daily facility operations and is supported by [REDACTED] personnel. LaSalle Corrections provides food, medical, and commissary services. The facility holds no national accreditations.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>3</sup>	360
Average ICE Detainee Population <sup>4</sup>	62
Male Detainee Population (as of 1/14/2020)	38
Female Detainee Population (as of 1/14/2020)	23

During its last inspection, in FY 2017, ODO found 11 deficiencies in the following areas: Access to Legal Material (1); Admission and Release (1); Detainee Classification System (1); Detainee Handbook (2); Environmental Health and Safety (1); Staff-Detainee Communication (3); and Telephone Access (2).

---

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

<sup>2</sup> 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. Supervisory Detention and Deportation Officers from both field offices share staff-detainee communication responsibilities.

<sup>3</sup> Data Source: ERO Facility List Report as of January 14, 2020.

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

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population 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.<sup>5</sup>

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.

---

<sup>5</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected <sup>6</sup>	Deficiencies
<b>Part 1 – Detainee Services</b>	
Access to Legal Material	0
Admission and Release	4
Detainee Classification System	3
Detainee Grievance Procedures	1
Food Service	0
Funds and Personal Property	5
Recreation	0
Religious Practices	0
Staff-Detainee Communication	1
Telephone Access	0
Visitation	0
<b>Sub-Total</b>	<b>14</b>
<b>Part 2 – Security and Control</b>	
Environmental Health and Safety	1
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 3 – Health Services</b>	
Medical Care	0
Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>15</b>

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

## DETAINEE RELATIONS

ODO interviewed 12 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 concerns listed below.

*Medical Care:* One detainee stated the medication he receives during the day causes him to feel sick and he would prefer to receive the medication at night.

- Action Taken: ODO reviewed the detainee's medical record with facility medical staff. ODO learned the detainee is a human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) patient. Facility medical staff informed ODO the prescribed HIV/AIDS medication is most effective when taken at the time it is currently administered and a change to the time of day when it is administered is not medically recommended. Facility medical staff counseled the detainee as to why the medication needs to be administered on its current schedule and the associated risks with changing the schedule.

*Staff-Detainee Communication:* One detainee stated his family is unaware he is detained and he is unable to call them as their contact information is in his cell phone, which the facility has stored with the rest of his personal property.

- Action Taken: ODO spoke with and requested that ERO San Diego staff assist the detainee in retrieving his family's contact information from the cell phone. ERO San Diego staff met with the detainee on January 15, 2020, and allowed the detainee to retrieve the contact information.

# COMPLIANCE INSPECTION FINDINGS

## DETAINEE SERVICES

### ADMISSION AND RELEASE (A&R)

ODO reviewed 20 detainee detention files and found that 7 contained Orders to Detain (Form I-203) without an authorizing official's signature (**Deficiency A&R-1**<sup>7</sup>).

The facility screens an orientation video for each detainee in English and Spanish and provides each detainee a written summary of the video transcript. However, ODO spoke with the facility compliance manager and found that ERO San Diego had not approved the facility's orientation procedures (**Deficiency A&R-2**<sup>8</sup>).

*Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action by submitting the orientation procedures to the ERO San Diego. ERO San Diego reviewed and provided the facility written approval on January 14, 2020 (C-1).

ODO observed the admissions process for 13 detainees admitted to the facility and found that none of the 13 had received a copy of the local handbook (**Deficiency A&R-3**<sup>9</sup>).

ODO reviewed SLRDC release policies and spoke with the facility compliance manager, and found ERO San Diego has not approved the facility's release procedures (**Deficiency A&R-4**<sup>10</sup>).

ODO reviewed the detention files for five detainees who had been released from the facility and found none of the five had Orders to Release (Form I-203) signed by an authorizing official. ODO notes this as an **Area of Concern**.



---

<sup>7</sup> "An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee." See ICE NDS 2000, Standard, Admission and Release, Section (III)(E).

<sup>8</sup> "All facilities shall have a medium to provide INS detainees an orientation to the facility. In IGSA's the INS office of jurisdiction shall approve all orientation procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J). **This is a repeat deficiency.**

<sup>9</sup> "Upon admission every detainee will receive a detainee handbook." See ICE NDS 2000, Standard, Admission and Release, Section (III)(K).

<sup>10</sup> "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding etc. INS will approved [*sic*] the IGSA release procedures." See ICE NDS 2000, Standard Admission and Release, Section (III)(J). *Note:* The NDS outline is erroneous; the cited section should be (III)(L).



## DETAINEE CLASSIFICATION SYSTEM (DCS)

SLRDC's classification policy and detainee handbook list classification levels of low, medium, and high. However, SLRDC's classification form lists levels as very low, low minimum, minimum, minimum pre, medium pre, medium, medium assault/escape, close custody, and high, which is not objective and does not meet the classification requirements directed by the standard (**Deficiency DCS-1**<sup>11</sup>).

ODO interviewed the transportation lieutenant, classification sergeant, and intake/classification officers, who expressed that because the facility's classification system is not reliable, they typically assign each detainee the classification level ERO indicated on the Form I-203, instead of the one generated by their classification system. Facility staff could not produce detainee rosters with the classification level of each detainee by housing assignment. Individual detainee detention files had to be reviewed to determine a detainee's classification level. SLRDC's application of classification procedures is dysfunctional and does not aid staff in ensuring detainees are housed appropriately. The facility assigns color-coded uniforms to detainees; however, the uniform colors do not correspond with assigned classification levels. SLRDC policy and the facility detainee handbook indicate the facility-issued orange uniforms to low-level detainees; blue or orange uniforms, depending on jurisdiction, to medium-level detainees; and red uniforms to high-level detainees. ODO noted the facility's overall classification process as an **Area of Concern**.

ODO's review of 20 detention files confirmed that ERO provided classification documentation to the facility; however, ODO found that the SLRDC classification officer prepared, and the classification sergeant approved, 14 of the 20 initial classification forms without having the appropriate classification level marked (**Deficiency DCS-2**<sup>12</sup>).

[REDACTED]  
(**Deficiency DCS-3**<sup>13</sup>).

*Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action by having the reclassification officer reclassify all 14 detainees and the classification sergeant mark the respective classification level on the classification forms.

[REDACTED]  
(C-2).

## DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed the facility's grievance procedures and found that while detainees can appeal the

<sup>11</sup> "The facility shall abide by INS policy, rules, and guidelines as set forth in this Standard and implement the attached Detainee Classification system for classifying detainees. CDFs and IGSA facilities may continue using the systems established locally, if the classification criteria are objective and all procedures meet INS requirements." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A).

<sup>12</sup> "In all detention facilities, a supervisor will review the intake/processing officer's classification files for accuracy and completeness. Among other things, the reviewing officer shall ensure that each detainee has been assigned to the appropriate housing unit." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(C).

<sup>13</sup> "All facilities shall ensure that detainees are housed according to their classification level.

[REDACTED]  
See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(E)(1)(a).

Warden's decision directly to ERO, the procedure for doing so was not in the detainee handbook (**Deficiency DGP-1<sup>14</sup>**).

*Corrective Action:* Prior to completion of the inspection, the facility took corrective action by revising the handbook to include the rights of detainees to appeal to ICE the Warden's decision (**C-3**).

## **FUNDS AND PERSONAL PROPERTY (F&PP)**

ODO interviewed the property officer and operations lieutenant and found that valuables for detainees who are transferred from the Otay Mesa Detention Center are not inventoried, receipted, or stored as required by the standard and policy (**Deficiency F&PP-1<sup>15</sup>**).

Additionally, ODO found Otay Mesa Detention Center detainee property and baggage were not inventoried and receipted (**Deficiency F&PP-2<sup>16</sup>**).

ODO's review of detainee valuables and property documentation confirmed that the facility conducts inventories as required; however, SLRDC does not have written procedures for audits of detainee valuables and property (**Deficiency F&PP-3<sup>17</sup>**).

ODO interviewed the transportation lieutenant, classification sergeant, and intake/classification officers, and reviewed 20 detainee detention files, and found that SLRDC does not obtain a forwarding address from every detainee (**Deficiency F&PP-4<sup>18</sup>**).

ODO reviewed SLRDC's funds and personal property policy and found the facility does not have written procedures for returning funds, valuables, and personal property to detainees being released (**Deficiency F&PP-5<sup>19</sup>**).

ODO reviewed five detainee files and found that all five were missing documentation verifying the return of detainee funds, valuables, and personal property in accordance with the standard and SLRDC policy. ODO notes this as an **Area of Concern**.

---

<sup>14</sup> "The facility shall provide each detainee, upon admittance, a copy of the detainee handbook or equivalent. The grievance section of the detainee handbook will provide notice of the following: ...

4. The procedures for contacting the INS to appeal the decision of the OIC of a CDF or IGSA facility."

See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(G)(4)

<sup>15</sup> "Each facility shall have a written standard procedure for inventory and receipt of detainee funds and valuables." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(D).

<sup>16</sup> "Each facility shall have a written procedure for inventory and receipt of detainee baggage and personal property (other than [*sic*] funds and valuables)." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(E).

<sup>17</sup> "Each facility shall have a written procedure for inventory and audit of detainee funds, valuables, and personal property." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(F).

<sup>18</sup> "Standard operating procedure will include obtaining a forwarding address from every detainee who has personal property that could be lost or forgotten in the facility after the detainee's release, transfer, or removal." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(C).

<sup>19</sup> "Each facility shall have a written procedure for returning funds, valuables and personal property to a detainee being transferred or released." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(G).

## **STAFF-DETAINEE COMMUNICATION (SDC)**

ODO requested to review the Facility Liaison Visit Checklists and Model Protocol Forms for the previous six months; however, the Yuma sub-office of ERO Phoenix did not have the forms available for review (**Deficiency SDC-1<sup>20</sup>**).

## **SECURITY AND CONTROL**

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

ODO reviewed the facility's fire and safety inspection documentation and found that although the facility conducts [REDACTED] fire drills, to include drawing and testing emergency keys, fire drills are not conducted in each department every [REDACTED] (**Deficiency EH&S-1<sup>21</sup>**).

## **HEALTH SERVICES**

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

ODO notes that ERO San Diego—not ERO Headquarters—issued a waiver to SLRDC, citing PBNDS 2011, Part 4.3, Medical Care, Section R, as the reference for waiving an NDS Medical Care standard requirement. The facility is not contractually obligated to comply with ICE PBNDS 2011 (Revised 2016) and those standards should not be used to waive an NDS requirement. ODO notes the practice of a Field Office, not ERO Headquarters, issuing a waiver from a standard requirement, as well as using a PBNDS standard to waive an NDS requirement, as an **Area of Concern**.

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 17 standards under NDS 2000 and found the facility in compliance with 11 of those standards. ODO found 15 deficiencies in the remaining 6 standards. ODO noted five **Areas of Concern** during this inspection. ODO commends facility staff for their responsiveness during this inspection and notes there were three instances in which staff initiated immediate corrective action. The average length of stay for a detainee at SLRDC is seven days; despite the high rate of detainees SLRDC admits and releases, the facility manages the turnover, ensuring all necessary medical milestones are met for the detainee population.

ODO noted a very high level of sanitation throughout the facility. Facility staff were professional, knowledgeable about their assigned duties, and familiar with the individual detainees within their area of responsibility. ODO recommends ERO work with the facility to resolve any outstanding

---

<sup>20</sup> “For Inter-Governmental Service Agreements (IGSAs) facilities housing ICE detainees the model protocol should be completed weekly for regularly used facilities and each visit for facilities, which are used intermittently. In addition, all model protocol forms shall be submitted annually with the Annual Detention Reviews.” *See* Change Notice National Detention Standards—Staff-Detainee Communication Standard, dated June 15, 2007. **This is a repeat deficiency.**

<sup>21</sup> “4. Fire Drills  
[REDACTED] fire drills will be conducted and documented separately in each department.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4).

deficiencies, in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2017 (NDS 2000)</b>	<b>FY 2020 (NDS 2000)</b>
Standards Reviewed	15	17
Deficient Standards	7	6
Overall Number of Deficiencies	11	15
Deficient Priority Components	N/A	N/A
Repeat Deficiencies	4	2
Corrective Actions	4	3