



U.S. Immigration
and Customs
Enforcement

Interoffice Memorandum

To: Anthony S. Tangeman
Director
Office of Detention and Removal

From: [REDACTED] b6, b7c
Detention and Deportation Officer
Detention Compliance Branch

Date: December 31, 2003

Re: Headquarters Detention Review – San Pedro Service Processing Center

The Detention Management Division (DMD) performed a detention operations review of the San Pedro Service Processing Center (SPC). The review was conducted on November 17 – 19, 2003. This review was performed under the supervision of [REDACTED] b6, b7c Reviewer-In-Charge. Team members included [REDACTED] b6, b7c Supervisory Detention and Deportation Officer, [REDACTED] b6, b7c Immigration Enforcement Agent and Captain [REDACTED] b6 Division of Immigration Health Services.

Type of Review:

This review was an unscheduled Headquarters Review, and was directed due to recent events occurring within the facility including a suicide of a detainee in the segregation unit. This review is being conducted to determine if the facility is compliant with the Immigration and Customs Enforcement National Detention Standards.

Review Summary:

The facility last received accreditation by the American Correctional Association (ACA) on April 2001. The Joint Commission for Clinical Health Care and the National Commission on Correctional HealthCare currently accredit the Health Unit within the SPC.

Standards Compliance:

The following information summarizes those standards *not* in compliance. Each standard is identified and a short summary provided regarding standards or procedures not currently in compliance.

Findings for 2002

Compliant	-	33
Deficient	-	3
Repeat	-	0
At-Risk	-	0

Current Review 2003

Compliant	-	30
Deficient	-	7
Repeat	-	1
At-Risk	-	0

Funds and Personal Property – DEFICIENT (REPEAT)

- Funds and personal property were located unsecured in the property room
- Detainee medication was found in the property room.
- Property from Santa Ana Jail detainees had not been properly secured and funds were not placed into the drop safe.

Access to Medical Care – DEFICIENT:

- The unit has a high number of off-site referrals for psychiatric and suicide watch precautions. The use of available regional facilities is not maximized resulting in a high cost to the Service.
 - The facility is currently operating at 80 percent of its staffing model. This is below the acceptable ratio of 10 percent.
 - Due to the number of acute care cases managed at this site, the facility has very little down time to clean the clinic area. The unit was not sanitary.
 - Medical Charts are not returned and secured at the end of each day. Lost charts have been a problem.
 - Form I-819, Medical Psych alert is underutilized.
 - Only 20 percent of routine mental health referrals are followed up in a timely manner.
 - Medical/Psych alerts are not being placed into the detainee medical files.
 - Medical acuity and psychiatric care at this facility are exceptionally high.
- ✓ Medical conditions at the SPC have improved minimally since a Special Assessment was conducted in July 2003. The facility continues to experience a high degree of suicide watches, off-site referrals and lack of attention to medical files. The Division of Immigration Health Service needs to continue its oversight and monthly audits of this operation are encouraged until it has attained a satisfactory effort.

Environmental Health and Safety – DEFICIENT:

- The facility does not have a system for storing, issuing, and maintaining inventories of hazardous materials.
- Constant inventories are not maintained throughout the facility.
- Manufacturers Safety Data sheets (MSDs) are not properly maintained throughout the facility.
- Chemical logs are not properly maintained and updated for daily usage.
- Thinner was located in an open coffee can, unmarked and unattended on an open cart.
- The facility does not comply with OSHA standards regarding accountability of chemicals.
- The facility lacks a method of follow-up when areas are found to be deficient.
- Not all employees have been trained in the management of spills involving blood or body fluids.

- The facility lacks documentation regarding the testing of emergency generators from February to August 2003.
- ✓ The management of caustics and chemicals at this facility is poor. The lack of attention to an inventory system for chemicals and caustics, plus the lack of appropriate training and safety equipment places both staff and detainees at-risk for a hazardous materials accident. Immediate compliance is required.

Key and Lock Control – DEFICIENT

- Facility lacks documentation to show that the security officer follows a preventive maintenance program.
- The facility does not maintain a written inventory of all keys.
- Security and control of keys was poor during the review period. Secure key doors were open and accessible to all staff.
- ✓ A number of findings were related to a lack of practice for existing policy and procedure. Implementation of existing policy and procedure would significantly reduce the findings of this review.

Post Orders – DEFICIENT:

- Not all post orders were updated. Post orders at the Segregation and Processing areas were outdated.
- Post orders for Food Service were last reviewed and updated in 1993.
- All Post Orders are lacking “General Post Orders”.
- ✓ Post orders must be reviewed and updated annually. The approving authority must sign and authorize each post order before placement it a specified post. Staff must be aware of changes and requirements within each specific post order.

Tool Control – DEFICIENT

- The facility does not have an inventory protocol for ensuring what tools enter and leave the facility. The maintenance supervisor, contract maintenance workers and the satellite food services entering the facility are not required to provide an inventory to a perimeter officer when permitted into the facility.
- Tool Inventories are not conducted as specified in the standard.
- The facility has not classified its tool according to requirements within the standard.
- Tool inventories were not evident during the review within each respective department. S full set of security tools was located in the Food Service area and no inventory showed their existence.
- The SPC does not have an approved tool storage system in place.
- There is no checking process against tools leaving the facility once these persons are completed with their duties inside the facility.
- ✓ Tool control is poor at this location. Immediate corrective action is required to ensure that tools or dangerous implements do not become contraband within the facility.

Use of Force – DEFICIENT

- Protective gear is not always worn when restraining detainees with open cuts or wounds.
- Proper procedures are not followed when conducting a calculated use of force technique.
 - During the review, a detainee was removed from a segregation cell by a number of supervisors. A team had been deployed and was ready to enter the cell. The supervisors did not follow policy and procedure. Their failure to follow established guidelines placed both staff and the detainee at risk for injury.
 - During the extraction the detainee was lifted by her arms several times. The practice of pulling restrained individuals up in such a manner is discouraged as it often results in unnecessary injury to the detainee.
- The lack of staff adherence to existing policy, procedure and training indicates the need for additional training and possible disciplinary action.
- ✓ Further review indicates that staff generally follows policy and procedure. It also indicates that supervisory staff must reassess their individual responsibilities when performing their roles as supervisors. The particular incident reviewed indicated the need for continued review and training of staff in this area.

Detainee Handbook – ADVISORY

- Numerous copies of previous handbooks with incorrect information were located throughout the facility. Both staff and detainees were using these copies. The SPC is responsible for removing and replacing these handbooks with an updated version.

Detainee Files – ADVISORY

- A significant number of detainees were identified as temporarily out of dormitory areas. At least one detainee was located in another SPC and several had been out for weeks. The use of temp out slips is advantageous when it is expected the detainee will return within 24 to 48 hours. Beyond this timeframe it is not an effective management tool and should be discouraged.

RIC OBSERVATIONS AND COMMENTS:

Physical Plant: The general physical plant was in fair to good condition. Regular building maintenance and upkeep is evident. Only the medical unit was found to be below acceptable sanitary standards.

Training: The SPC training officer also runs a docket. A full-time staff member does not conduct training of staff. It is strongly recommended that a full-time training and accreditation officer be added to this location.

Communications: Communications have generally improved throughout the facility. Communications between medical and the management of the facility have improved substantially since the last visit to the facility.

Medical/Mental Health Population: The population contains numerous chronic care detainees. Many should be placed at locations more suitable for their medical and mental health needs. Better use of medical facilities and service regionally should be reviewed. Field offices continue to be parochial over their bedspace and thus, empty medical beds go unused. The SPC currently sends its

suicide watch cases to a medical facility in San Diego at a cost of approximately \$2,000 per day. The San Diego Contract Detention Facility at Otay Mesa would better serve these patients when beds are available. Additionally, staff must be sent to the medical facility for medical appointments that are across the street. This can take staff out of service for an entire shift as they must drive 4 to 6 hours. The San Diego Field Office is located 20 minutes from the medical facility and could manage these cases in on third of the time.

Staff Assistance During Review: It was noted by the Review team that during the review, all staff's were cooperative and fully assisted the team during the review.

Health Program Issues: The Health Program at the SPC continues to be plagued by management and operational problems. Continued efforts by DIHS to solve these problems are undermined by key staff in critical locations. A number of staffing changes are being proposed to solve this issue. The DIHS headquarters staff have developed a plan to assist the facility in returning its operations to an acceptable level. The plan should be followed as required and disciplinary action taken when steps are not fully or properly implemented. Detainee health care may be in jeopardy if appropriate corrective action is not taken. The medical operations are deficient at this SPC. While the remainder of the facility continues to work towards complete implementation of the detention standards, the medical operation has not moved aggressively forward as needed to become compliant.

Recommended Rating and Justification:

It is the Reviewer in Charge recommendation that the facility is currently "Deficient". The facility currently complies with 30 of the 37 standards. The standards found "Deficient" are essential to maintaining a safe, secure and humane environment for ICE detainees. The Reviewer In Charge finds that there is currently a moderate risk to both detainees and staff and that better oversight by ICE/DRO staff is necessary to ensure the safety and well-being of detainees housed at this facility.

The overall facility is generally acceptable, however, the lack of compliance in the areas of medical care, health and safety, tool control and key and lock control affect the safety and welfare of detainees and staff. The lack of adherence to a standard of training in the area of Use of Force also subjects the SPC and the Service to potential litigation that is unacceptable. A rating of "Deficient" is therefore substantiated for this SPC.

It is recommended the facility undergo its next review prior to June 1, 2004.

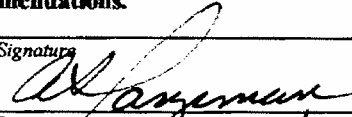
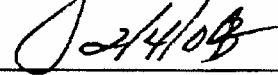
RIC Lack of Assurance Statement:

It is the opinion of the Reviewer in Charge that the findings of compliance and non-compliance are supported by evidence that is sufficient and reliable. Findings are documented on the G-324a Inspection form and supported by documentation in the review file.

HEADQUARTERS EXECUTIVE REVIEW

Review Authority

The signature below constitutes review of this report and acceptance by the Review Authority. **FD/OIC/CEO will have 30 days from receipt of this report to respond to all findings and recommendations.**

HQDRO EXECUTIVE REVIEW: (Please Print Name) Anthony S. Tangeman	Signature 
Title Director	Date 

- Final Rating:**
- Superior
 - Good
 - Acceptable
 - Deficient
 - At-Risk

Comments: Based upon the attached documentation, a rating of Deficient is concurred with. Along with identified deficiencies, the Division of Immigration Health Services shall ensure an appropriate level of oversight is conducted to ensure compliance with its accreditation status and the national detention standards. A corrective action plan is required from DIHS to include expected timelines and costs.

U.S. Department Of Homeland Security
U.S. Immigration and Customs Enforcement

Detention Facility Review Form
Facilities Used Over 72 hours

<input checked="" type="checkbox"/>	ICE Service Processing Center
<input type="checkbox"/>	ICE Contract Detention Facility
<input type="checkbox"/>	ICE Intergovernmental Service Agreement

A. Current Inspection

Type of Review
<input type="checkbox"/> Field Office <input checked="" type="checkbox"/> HQ Review
Date[s] of Review
November 17 - 19, 2003

Previous/Most Recent Review

Date[s] of Last Review
January 14 - 16, 2003
Previous Rating
<input type="checkbox"/> Superior <input type="checkbox"/> Good <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Deficient <input type="checkbox"/> At-Risk

B. Name and Location of Facility

Name	San Pedro Service Processing Center
Address (Street and Name)	2001 Seaside Avenue
City, State and Zip Code	San Pedro, California
County	Los Angeles
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)	b6, b7c Officer in Charge
Telephone # (Include Area Code)	310 b6, b7c
District	Los Angeles
Distance from District Office	28 Miles

C. ICE Information

Name of Reviewer (Last Name, Title and Duty Station)	Nelson / DDO / HQDRO
Last Name / Title of Team Members (Reviewers)	b6, b7c SDDO; b6, b7c IEA; b6, b7c DIHS
Controlling Field Office	Los Angeles
Nearest Field or Sub-Office	Los Angeles

D. CDF/IGSA Information Only

Contract Number	Date of Contract or IGSA
NA	NA
Basic Rates per Man-Day	NA
Other Charges: (If None, Indicate N/A)	NA; ; ;
Estimated Man-days Per Year	NA

E. Accreditation Certificates

Accredited By:	ACA: <input checked="" type="checkbox"/>	NCCHC: <input checked="" type="checkbox"/>	JCAHO: <input checked="" type="checkbox"/>
Date: 04/01	Date: 06/02	Date: 07/02	

F. Problems / Complaints (Copies must be attached)

The Facility is under Court Order or Class Action Finding
<input type="checkbox"/> Court Order <input type="checkbox"/> Class Action Order
The Facility has Significant Litigation Pending
<input type="checkbox"/> Major Litigation <input type="checkbox"/> Life/Safety Issues
Checked Box above requires a detailed written memorandum.

G. Facility History

Date Built	1939
Date Last Remodeled or Upgraded	2001
Date New Construction / Bedspace Added	1988
Future Construction Planned	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: 02/2004
Current Bedspace	455
Future Bedspace	455

H. Total Facility Population

Total Intake for previous 12 months	5250
Total Mandays for Previous 12 months	356

Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male	30	26	285
Adult Female	47	14	31

I. Facility Capacity

	Rated	Operational	Emergency
Adult Male	325	320	350
Adult Female	130	130	150

Average Daily Population

	ICE	USMS	Other
Adult Male	300		
Adult Female	115		

Staffing Level

Security:	Support:
b2High b7e	31

Significant Incident Summary Worksheet

For ICE to complete its Review of your facility, the following information must be completed prior to the scheduled review dates. The information on this form should contain data for the past twelve months in the boxes provided. The information on this form is used in conjunction with the ICE Detention Standards in assessing your Detention Operations against the needs of the ICE and its detained population. This form should be filled out by the facility prior to the start of any inspection.

<i>Incidents</i>	<i>Description</i>	<i>Jan - Mar</i>	<i>Apr - Jun</i>	<i>Jul - Sept</i>	<i>Oct - Dec</i>
Assault: Offenders on Offenders ¹	Types (Sexual ² , Physical, etc.)	P	P	P	P
	With Weapon	0	0	0	0
	Without Weapon	6	8	8	1
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	P		P	
	With Weapon	0	0	1	0
	Without Weapon	1	0	0	0
Number of Forced Moves, incl. Forced Cell moves ³		0	1	0	0
Disturbances ⁴		0	0	0	0
Number of Times Chemical Agents Used		0	0	1	0
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point Restraints applied/used	Number/Reason (M=Medical, V=Violent Behavior, O=Other)			V	
	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	1	0
Offender / Detainee Medical Referrals as a result of injuries sustained.					
Escapes	Attempted	1	0	1	0
	Actual	0	0	1	0
Grievances:	# Received	6	1	3	2
	# Resolved in favor of Offender/Detainee	3	0	0	2
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	A	S A	A	I
	Number	4	1 1	10	1
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	177	143	145	158 (2002)
	# Psychiatric Cases referred for Outside Care	6	12	34	2 (2002)

¹ Any attempted physical contact or physical contact that involves two or more offenders
² Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting
³ Routine transportation of detainees/offenders is not considered "forced"
⁴ Any incident that involves four or more detainees/offenders, includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large scale incidents.

DHS/ICE Detention Standards Review Summary Report

1. Acceptable 2. Deficient 5. Not Applicable (IGSA's Only)

Legal Access Standards

	1.	2.	3.	4.	5.
1. Access to Legal Materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
2. Group Presentations on Legal Rights	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
3. Visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
4. Telephone Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

Detainee Services

5. Admission and Release	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
6. Classification System	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
7. Correspondence and Other Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
8. Detainee Handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
9. Food Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
10. Funds and Personal Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
11. Detainee Grievance Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
12. Issuance and Exchange of Clothing, Bedding, and Towels	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
13. Marriage Requests	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
14. Non-Medical Emergency Escorted Trip	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
15. Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
16. Religious Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
17. Voluntary Work Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

Health Services

18. Hunger Strikes	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
19. Medical Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
20. Suicide Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
21. Terminal Illness, Advanced Directives and Death	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

Security and Control

22. Contraband	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
23. Detention Files	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
24. Disciplinary Policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
25. Emergency Plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
26. Environmental Health and Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
27. Hold Rooms in Detention Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
28. Key and Lock Control	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
29. Population Counts	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
30. Post Orders	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
31. Security Inspections	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
32. Special Management Units (Administrative Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
33. Special Management Units (Disciplinary Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
34. Tool Control	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
35. Transportation (Land management)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
36. Use of Force	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
37. Staff / Detainee Communication	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

All findings (At-Risk, Repeat Deficiency and Deficient) require written comment describing the finding and what is necessary to meet compliance.

RIC Review Assurance Statement

By signing below, the Reviewer-In-Charge (RIC) certifies that all findings of noncompliance with policy or inadequate controls contained in the Review Report are supported by evidence that is sufficient and reliable. Furthermore, findings of noteworthy accomplishments are supported by sufficient and reliable evidence. Within the scope of the review, the facility is operating in accordance with applicable law and policy, and property and resources are efficiently used and adequately safeguarded, except for the deficiencies noted in the report.

Reviewer-In-Charge: (Print Name)	[Redacted]
[Redacted] b6 b7c	[Redacted] b6 b7c
Title & Duty Location	[Redacted]
Detention and Deportation Officer	12/31/03

Team Members

Print Name & Duty Location	Print Name & Duty Location
[Redacted] b6 b7c / EPC	[Redacted] b6 b7c / Gadsen, AL
Print Name & Duty Location	Print Name & Duty Location
Capt. [Redacted] b6 / DIHS	

- RIC Rating Recommendation:**
- Superior
 - Good
 - Acceptable
 - Deficient
 - At-Risk

RIC Comments: Based upon the review (attached) and findings contained, a rating of "DEFICIENT" has been assigned.