



**U.S. Department of Homeland Security**

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight

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**Office of Detention Oversight  
Compliance Inspection**

**Enforcement and Removal Operations  
San Diego Field Office  
San Diego Contract Detention Facility  
San Diego, California**

**September 11 – 13, 2012**

**COMPLIANCE INSPECTION  
SAN DIEGO CONTRACT DETENTION FACILITY  
SAN DIEGO FIELD OFFICE**

**TABLE OF CONTENTS**

|   |          |
|---|----------|
| <b>EXECUTIVE SUMMARY .....</b>                            | <b>1</b> |
| <b>INSPECTION PROCESS</b>                                 |          |
| Report Organization.....                                  | 6        |
| Inspection Team Members.....                              | 6        |
| <b>OPERATIONAL ENVIRONMENT</b>                            |          |
| Internal Relations .....                                  | 7        |
| Detainee Relations .....                                  | 7        |
| <b>ICE PERFORMANCE-BASED NATIONAL DETENTION STANDARDS</b> |          |
| Detention Standards Reviewed.....                         | 8        |
| Law Libraries and Legal Material.....                     | 9        |
| Suicide Prevention and Intervention.....                  | 10       |

## EXECUTIVE SUMMARY

The Office of Professional Responsibility, Office of Detention Oversight (ODO) conducted a Compliance Inspection (CI) of the San Diego Contract Detention Facility (San Diego CDF) in San Diego, California, from September 11 to 13, 2012. The facility opened in September 1998, and began housing detainees from the former U.S. Immigration and Naturalization Service and inmates from the U.S. Marshals Service at that time. Currently, the facility houses male and female U.S. Immigration and Customs Enforcement (ICE) detainees of all security classification levels (Level I – lowest threat, Level II – medium threat, Level III – highest threat) for over 72 hours, as well as inmates from the U.S. Marshals Service.

The 1,040 bed, 243,808 square foot facility is owned by the County of San Diego and is operated by Corrections Corporation of America (CCA). Of the 1,040 beds, 532 are assigned to male ICE detainees and 132 are assigned to female ICE detainees. The facility can house additional ICE detainees, if necessary. The average daily detainee population at San Diego CDF is 668. The average length of stay for detainees is 21 days. At the time of inspection, the facility housed 540 male ICE detainees (350 Level I, 110 Level II, 80 Level III) and 127 female ICE detainees (114 Level I, 11 Level II, 2 Level III).

CCA is contracted to provide detention services and security operations. In addition, CCA oversees food service operations by its subcontractor Trinity Services Group, Inc. San Diego CDF holds accreditations from the American Correctional Association, the National Commission on Correctional Health Care, and the Joint Commission, formerly known as the Joint Commission on Accreditation of Healthcare Organizations.

The Enforcement and Removal Operations (ERO) Field Office Director, San Diego, California (FOD San Diego) is responsible for ensuring facility compliance with ICE policies and the Performance-Based National Detention Standards (PBNDS). An Assistant Field Office Director (AFOD) stationed at San Diego CDF is the highest-ranking ERO official at the facility. In addition to the AFOD, ERO supervisory staff is comprised of (b)(7)e supervisory Detention and Deportation Officers, (b)(7)e Detention Operations Supervisors, and (b)(7)e Supervisory Immigration Enforcement Agents. ERO non-supervisory staff at San Diego CDF consists of (b)(7)e Deportation Officers, (b)(7)e Immigration Enforcement Agents, (b)(7)e Enforcement and Removal Assistants, and (b)(7)e Mission Support Specialist. The AFOD stated there are (b)(7)e vacant Immigration Enforcement Agent positions. An ERO Detention Service Manager is permanently assigned and monitors facility compliance with the PBNDS.

The Warden is the highest ranking CCA official at San Diego CDF and is responsible for oversight of detention services, security operations, and food service. In addition to the Warden, CCA supervisory staff includes (b)(7)e assistant wardens, the chief of security, the assistant chief of security (b)(7)e shift supervisors, and (b)(7)e assistant shift supervisors. CCA non-supervisory staff consists of (b)(7)e detention officers and (b)(7)e administrative staff.

In May 2011, ODO conducted a Quality Assurance Review at San Diego CDF. Of the 23 PBNDS reviewed, 12 were in full compliance. The remaining 11 standards accounted for 18 deficiencies.

In June 2012, ERO Detention Standards Compliance Unit contractor, the Nakamoto Group, Inc., conducted an annual review of the PBNDS. San Diego CDF received an overall rating of “Meets Standards” and was found compliant with all 40 standards reviewed. One standard was determined not applicable to San Diego CDF.

During this CI, ODO reviewed 18 PBNDS. Sixteen standards were determined to be fully compliant; ODO found just two deficiencies. There was one deficiency in the Law Libraries and Legal Material PBNDS; the law library was missing six required legal reference materials but they were on order at the time of the inspection. ODO later confirmed with facility management and the DSM that all missing materials were received and placed in the law library for use by detainees. During the 2011 Quality Assurance Review, a deficiency for missing one item was corrected on-site. The only other deficiency was in the Suicide Prevention and Intervention PBNDS; two detainees on suicide watch status were not re-evaluated by qualified medical personnel on Sundays. During the inspection, the Acting HSA prepared a memorandum, signed by the clinical director, requiring the on-call provider to report to the facility on Sundays to re-evaluate all detainees on suicide watch.

These deficiencies were discussed with San Diego CDF personnel onsite during the inspection, as well as during the closeout briefing conducted on September 13, 2012. ERO will be provided a copy of this report to assess the corrective actions to resolve the two identified deficiencies.

ODO attributes the high level of compliance with the PBNDS and the low number of deficiencies identified at San Diego CDF to the presence of a dedicated ERO standards compliance team and an on-site Detention Service Manager. ODO cites the standards compliance program at San Diego CDF as a best practice, and notes the FOD San Diego allocates personnel to comprise the compliance team without additional funding from ERO HQ.

San Diego CDF management maintains an electronic grievance log to document and track the progress of all formal grievances submitted by detainees. The grievance log reflects San Diego CDF had received and processed 308 formal grievances between January 2012 and September 2012. The majority of the formal grievances for this time period were related to complaints against staff, food service, and access to the law library and legal materials. None of the grievances against staff alleged officer misconduct. The remainder of the formal grievances were divided among issues such as mail, recreation, funds and personal property, religious services, education programs, volunteer work, classification, personal hygiene, and visitation. Medical grievances are deposited in dedicated lockboxes in the housing units and are picked up by nursing staff for processing. A meeting is then scheduled with the Acting Health Services Administrator (HSA) for the purpose of resolving the medical grievance. The meeting concludes with the detainee receiving a carbon copy of the grievance resolution.

Medical services are provided by the ICE Health Service Corps and contractor STG International, Inc. The clinic is open 24 hours a day, seven days a week, and is administered by the Acting HSA, who is a registered nurse. Medical oversight is provided by the clinical director. Medical staff includes a physician (b)(7)(e) dentists (b)(7)(e) dental assistants, (b)(7)(e) psychiatrist, (b)(7)(e) psychologists (b)(7)(e) psychiatric registered nurses, (b)(7)(e) mid-level practitioners, (b)(7)(e) registered nurse manager (b)(7)(e) full-time registered nurses, (b)(7)(e) licensed vocational nurses, (b)(7)(e) medical assistant, (b)(7)(e) certified nursing assistant, and (b)(7)(e) clerical staff. On-call coverage is provided

24 hours a day, seven days a week by the clinical director, mid-level practitioners, and mental health staff. All professional licenses were present and primary source verified with the issuing state boards for authentication purposes.

Although there are numerous medical vacancies at San Diego CDF, ODO determined medical staffing is adequate at the facility to meet health care needs of the current detainee population. During this CI, there were (b)(7)(e) vacancies: the HSA, (b)(7)(e) physician, (b)(7)(e) psychiatric registered nurse, (b)(7)(e) general registered nurse positions, (b)(7)(e) mid-level practitioner, and (b)(7)(e) clerical support positions. The Acting HSA stated recruitment is underway to fill all vacant positions. He explained the delay in the hiring process is due to the length of time it takes to conduct background checks and to grant the newly hired employees security clearances.

The clinic has three examination rooms, an urgent care room, a pharmacy, a dental suite, a nursing station, a clerical area, three holding rooms, five mental health offices, and three administrative staff offices. Satellite offices within each of the housing units serve as supplemental examination rooms. The short stay unit has six rooms, with a total of eight beds, and is equipped with negative air flow capability for tuberculosis (TB) isolation. A mental health special housing unit consists of two 12-bed dormitories, with space designated for dining. An ambulance for emergencies is located on-site. Detainees who require a higher level of care receive medical treatment at Alvarado Hospital Medical Center in San Diego, California. Detainees requiring psychiatric or mental health treatment are sent to the Alvarado Parkway Institute in La Mesa, California. If a language barrier exists, bilingual staff or a translation service is used.

Detainees are screened by nursing staff upon arrival using the ICE Health Service Corps Form-795A. Screening includes detection for signs and symptoms of active TB. Detainees receive a chest X-ray to confirm or rule out the presence of TB. ODO verified a chest X-ray was completed in all 31 medical records reviewed. The medical records of three detainees who required further testing to rule out the presence of TB showed one was isolated in a negative pressure room pending clearance and two were transferred off-site because the negative pressure rooms were not functioning at the time. The medical records further showed detainees who presented no health issues during intake received a physical examination between five and ten days after arrival, which is within the 14-day PBNDS requirement. Detainees needing chronic care had a physical examination performed by a physician or a mid-level practitioner within 48 hours of admission, in compliance with the PBNDS. All chronic care patients are flagged in the electronic medical record system with a medical or psychiatric alert.

There has never been a detainee death at San Diego CDF. There have been 18 suicide watches and no suicide attempts since January 2012, the period for which records were available for review. ODO verified detainees are screened for suicide potential during the intake process. Detainees on suicide watch are housed under constant one-to-one observation in one of two "safety cells" in the receiving area. The cells are free from any protrusions or objects that could be used in a suicide attempt. All staff receives initial and ongoing suicide prevention training, which includes the identification of suicide risk factors, recognizing the signs of suicidal thinking and behavior, referral procedures, suicide prevention techniques, and responding to an in-progress suicide attempt. As noted earlier, the facility addressed a deficiency by ensuring that detainees would be re-evaluated by medical personnel daily, including Sundays.

The Sexual Abuse and Assault Prevention and Intervention (SAAPI) program at San Diego CDF meets all requirements of the PBNDS, and ODO cites implementation of this program as a best practice. The facility has a designated SAAPI Coordinator and a Sexual Abuse Response Team (SART). Members of the SART include the SAAPI coordinator, the victim services coordinator, and representatives from the security, medical, and mental health departments. A SART assures a multi-disciplinary approach to preventing and responding to sexual abuse and assaults. Detainees are informed of the SAAPI program in the detainee handbook, during orientation, and by postings in the housing units. The information is provided in English, Spanish, and Chinese. In addition, detainees are given a brochure with information and guidance for reporting any kind of sexual abuse or misconduct by other detainees or staff.

Staff is required to attend pre-service, quarterly, and annual training on the SAAPI program. The training curriculum is comprehensive and includes all elements required in the PBNDS. Staff interviews demonstrated they are knowledgeable about the SAAPI program and how to handle information received concerning possible sexual abuse or assault. Posters pertaining to the Prison Rape Elimination Act and sexual harassment are conspicuously displayed throughout the facility in staff and detainee-accessible areas.

Detainees are screened during the intake process for sexual abuse victimization history, as well as predatory history to determine potential sexual aggressors. The facility separates detainees with a history of predatory or abusive sexual behavior from detainees with a history of victimization. Staff enters information on detainees in these categories in a computer program to prevent intermixing of victims and potential aggressors.

The SAAPI coordinator stated there were eight reported incidents of sexual abuse and assault between January 2012 and September 2012. The PBNDS and local facility policy were followed in all incidents. ODO reviewed each case and noted all documentation was complete and included all required notifications. All reported victims received a medical examination. The SAAPI coordinator oversaw the investigations and implemented appropriate procedures to ensure preservation of evidence, statements, and other relevant information. All eight incidents were investigated by the San Diego County Sheriff's Department (SDCSD), and ERO personnel assigned to San Diego CDF were kept informed as each investigation progressed. Seven of the incidents were determined to be unsubstantiated by SDCSD. One incident was substantiated by SDCSD and resulted in disciplinary action against the detainee identified as the perpetrator.

At the time of inspection, there were 24 detainees in segregation at San Diego CDF: 18 detainees in administrative segregation and six detainees in disciplinary segregation. ODO confirmed the administrative special management unit (SMU) and the disciplinary SMU were well-lit, temperature-appropriate, and sanitary. ODO reviewed SMU housing records and confirmed detainee living and health conditions were regularly monitored by custody, medical, and administrative staff. ODO also verified the FOD was notified of all detainees placed in the SMU for more than 30 consecutive days.

Facility management allows detainees to have formal and informal interaction with CCA and ERO staff. Detainees submit written questions, requests, or concerns to CCA and ERO staff by completing request forms available upon request in each housing unit. Secure drop boxes for submitting the request forms are located throughout the facility. ODO verified detainee requests

are documented and recorded in a logbook, and copies of the requests are placed and maintained in individual detention files.

ODO reviewed Facility Liaison Visit Checklists from January 2012 to September 2012, and confirmed ERO officers consistently conduct weekly announced and unannounced visits with detainees to assess the living conditions at the facility, including the SMU to determine if a detainee's placement in the SMU is still warranted. ODO also verified ERO officers consistently conduct random tests of detainee-accessible telephones on a weekly basis to ensure operability.

San Diego CDF has a comprehensive use of force policy addressing all requirements of the PBNDS, including confrontation avoidance and using force only as a last resort. Staff receives training in use of force and the application of restraints. Protective equipment is readily accessible to team members and is stored in a secure room. There have been 16 uses of force involving detainees during the past year: two calculated uses of force and 14 immediate uses of force. Written documentation for all 16 incidents demonstrated staff complied with the PBNDS and facility policy. ODO reviewed the video recordings of the two calculated use of force incidents and noted proper application of the team technique, including the use of protective gear by team members. Recording of immediate use of force incidents is not required by the PBNDS; however, staff is trained to record immediate use of force incidents whenever possible. ODO reviewed the video recordings of three immediate uses of force and noted staff used the appropriate amount of force necessary to contain the situation. ODO verified detainees undergo medical examinations following all uses of force, and a thorough after-action review is conducted in each case.

# INSPECTION PROCESS

ODO inspections evaluate the welfare, safety, and living conditions of detainees. ODO primarily focuses on areas of noncompliance with the ICE National Detention Standards or the ICE PBNDS, as applicable. The PBNDS apply to San Diego CDF. In addition, ODO may focus its inspection based on detention management information provided by ERO Headquarters (HQ) and ERO field offices, and on issues of high priority or interest to ICE executive management.

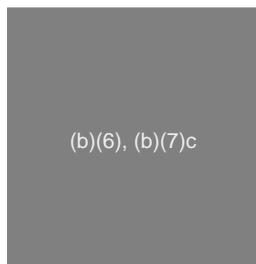
ODO reviewed the processes employed at San Diego CDF to determine compliance with policies and detention standards. Prior to the inspection, ODO collected and analyzed relevant allegations and detainee information from multiple ICE databases, including the Joint Integrity Case Management System, the ENFORCE Alien Booking Module, and the ENFORCE Alien Removal Module. ODO also gathered facility facts and inspection-related information from ERO HQ staff to prepare for the site visit at San Diego CDF.

## REPORT ORGANIZATION

This report documents inspection results, serves as an official record, and is intended to provide ICE and detention facility management with a comprehensive evaluation of compliance with policies and detention standards. It summarizes those PBNDS that ODO found deficient in at least one aspect of the standard. ODO reports convey information to best enable prompt corrective actions and to assist in the on-going process of incorporating best practices in nationwide detention facility operations. When possible, the report includes contextual and quantitative information relevant to the cited standard. Deficiencies are highlighted in bold throughout the report and are encoded sequentially according to a detention standard designator.

Comments and questions regarding the report findings should be forwarded to the Deputy Division Director, OPR ODO.

## INSPECTION TEAM MEMBERS



|   |                      |
|---|----------------------|
| Special Agent (Team Leader)               | ODO, San Diego       |
| Supervisory Special Agent (Section Chief) | ODO, Phoenix         |
| Special Agent                             | ODO, Phoenix         |
| Special Agent                             | ODO, Phoenix         |
| Contract Inspector                        | Creative Corrections |
| Contract Inspector                        | Creative Corrections |
| Contract Inspector                        | Creative Corrections |



# **OPERATIONAL ENVIRONMENT**

## **INTERNAL RELATIONS**

ODO interviewed the Warden, an Assistant Warden, the AFOD, a Supervisory Detention and Deportation Officer, and a Detention Operations Supervisor. During the interviews, ERO and CCA leadership stated the working relationship between the two entities is excellent, and the morale of ERO and CCA staff is high. The Warden and the Assistant Warden both stated they have consistently observed ERO officers visiting the housing units multiple times each week and communicating with ICE detainees to address their issues or concerns.

## **DETAINEE RELATIONS**

ODO interviewed 25 randomly-selected male detainees (18 Level I, 4 Level II, 3 Level III) and five randomly-selected female detainees (4 Level II, 1 Level III) to assess the overall living and detention conditions at San Diego CDF. ODO received no complaints concerning access to the law library and legal materials, issuance and replenishment of basic hygiene items, food service, medical care, sending and receiving mail, recreation, religious services, visitation, the grievance system, telephone access, issuance of detainee handbooks, or staff-detainee communication. All detainees interviewed stated they had not been strip searched and had not observed or experienced any verbal, physical, or sexual abuse by staff at San Diego CDF.

## **ICE PERFORMANCE-BASED NATIONAL DETENTION STANDARDS**

ODO reviewed a total of 18 PBNDS and found San Diego CDF fully compliant with the following 16 standards:

- Correspondence and Other Mail
- Detainee Handbook
- Detention Files
- Disciplinary System
- Environmental Health and Safety
- Food Service
- Grievance System
- Hold Rooms in Detention Facilities
- Hunger Strikes
- Medical Care
- Personal Hygiene
- Sexual Abuse and Assault Prevention and Intervention
- Special Management Units
- Staff-Detainee Communication
- Tool Control
- Use of Force and Restraints

As these standards were compliant at the time of the review, a synopsis for these standards was not prepared for this report.

ODO found deficiencies in the following two areas:

- Law Libraries and Legal Material
- Suicide Prevention and Intervention

Findings for each of these standards are presented in the remainder of this report.

## LAW LIBRARIES AND LEGAL MATERIAL (LL&LM)

ODO reviewed the Law Libraries and Legal Material standard at San Diego CDF to determine whether detainees have access to a law library, legal materials, courts, counsel, and document copying equipment to facilitate the preparation of legal documents, in accordance with the ICE PBNDS. ODO interviewed detainees and staff, reviewed local policies and the facility's local detainee handbook, and toured and observed the facility's law library.

There are two libraries in the facility. The main library is used by the general population; the second library is in the SMU for use by detainees who are placed in segregation. Both libraries are large enough to accommodate access for all detainees, and are sufficiently equipped with adequate seating and workspace. Both libraries are well-lit and reasonably isolated from noisy areas. The local detainee handbook addresses the rules and procedures governing the law library and legal materials in the facility. The law libraries are open Monday through Friday from 7:20 a.m. to 10:20 p.m. A schedule is posted in each housing unit indicating the designated times assigned for each housing unit, including the SMU. A detainee can request additional time in the law library beyond the five-hour minimum required by the PBNDS by submitting a request through the housing unit manager.

The computers in the law libraries have Lexis/Nexis legal resource software installed and updated on August 31, 2012. The main law library is also equipped with typewriters. When equipment is damaged, a work order is prepared to have the equipment repaired. Adequate supplies of writing materials are available to detainees. Staff continuously supervises detainees while they are using the libraries; this is done to prevent vandalism. A notary public, certified mail, and other such services to pursue a legal matter are available to detainees.

Attachment A from the PBNDS, listing all law books in Lexis/Nexis, is posted. However, ODO confirmed the law library's legal reference materials did not contain the following, either in hard-copy format or electronically: *Immigration Law and Defense, 3rd Edition*; *Guide for Immigration Advocates*; *Human Rights Watch – World Report*; *American Immigration Lawyers Association Asylum Primer, 4th Edition*; *Legal Research in a Nutshell, 9th Edition*; and *Legal Research, Writing, and Analysis (Deficiency LL&LM-1)*. According to San Diego CDF staff, these materials were on order as of September 9, 2012. ODO later confirmed with facility management and the DSM that all missing materials were received and placed in the law library for use by detainees. A similar deficiency was noted during the 2011 Quality Assurance Review, but was corrected on-site when ERO staff placed a hard copy of the *Affirmative Asylum Procedures Manual* in the law library.

## STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

### DEFICIENCY LL&LM-1

In accordance with the ICE PBNDS, Law Libraries and Legal Material, section (V)(E)(2)(b)(2), the FOD must ensure, as an alternative to obtaining and maintaining the paper-based publications in *Attachment A*, a facility may substitute the Lexis/Nexis publications on CD ROM. Any materials listed in Attachment A which are not loaded onto the Lexis/Nexis CDROM must be maintained in paper form.

## **SUICIDE PREVENTION AND INTERVENTION (SP&I)**

ODO reviewed the Suicide Prevention and Intervention standard at San Diego CDF to determine whether the health and well-being of detainees are protected by training staff in effective methods of suicide prevention, in accordance with the ICE PBNDS. ODO inspected the suicide watch cells, interviewed medical staff and the training manager, and reviewed five suicide watch records, suicide prevention policies and training curriculum, and (b)(7) staff training records.

All staff receives initial and ongoing suicide prevention training, which includes the identification of suicide risk factors, recognizing the signs of suicidal thinking and behavior, referral procedures, suicide prevention techniques, and responding to an in-progress suicide attempt. Review of (b)(7) training files confirmed staff has completed initial and ongoing suicide prevention training covering all elements required by the PBNDS.

ODO verified detainees are screened for suicide potential during the intake process. Detainees on suicide watch are housed under constant one-to-one observation in one of two “safety cells” in the receiving area. The cells are suicide-resistant and free from any protrusions or objects that could be used in a suicide attempt.

There has never been a detainee suicide at San Diego CDF. ODO confirmed there were no suicide attempts and 18 suicide watches during 2012. According to the compliance officer, all documentation of suicide attempts and suicide watches prior to 2012 has been archived and was not available for review.

Consistent with the PBNDS, San Diego CDF policy requires “[a]ll patients on Suicide Watch/Constant Observation will be evaluated daily by the mental health provider or designee.” ODO examined five of 18 medical records of detainees who were placed on suicide watch and noted that two detainees were not re-evaluated on a Sunday while on suicide watch status (**Deficiency SP&I-1**). San Diego CDF management stated qualified medical staff is not on duty on Sundays. Prior to the conclusion of this CI, the Acting HSA prepared a memorandum, signed by the clinical director, requiring the on-call provider to report to the facility on Sundays to re-evaluate all detainees on suicide watch.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY SP&I-1**

In accordance with the ICE PBNDS, Suicide Prevention and Intervention, section (V)(D), the FOD must ensure detainees who are placed on suicide watch are to be re-evaluated by appropriately trained and qualified medical staff on a daily basis and this re-evaluation is documented in the detainee’s medical record.