

U.S. Department of Justice Immigration and Naturalization Service

HQOPS 50/10

801 I Street NW Washington, DC 20536

June 14, 2002

MEMORANDUM FOR: Anthony S. Tangeman

Deputy Executive Associate Commissioner Headquarters Detention and Removal Operations

FROM:

Reviewer-In-Charge HODRO/DOD/FMTB

SUBJECT: Review Summary Report for San Pedro Service Processing Center

The Detention Operations Division (DOD) performed a review of the San Pedro Service

Processing Center on May 7th through 9th, 2002. This review was performed under the supervision of

Reviewer-In-Charge, with team members,

HQDRO/DOD/FMTB,

Central Region DRO and

Division of

Immigration Health Services.

The review measured compliance with the INS Detention Standards and performed a cursory review of staffing assigned to the SPC. No other special assessments were performed or requested at this time. Original copies of Form G-324A, and the SPC/CDF worksheet are attached. All working papers are maintained by the RIC and are available upon request.

Type of Review:

This review is a scheduled Headquarters Review and was conducted for the sole purpose of determining if the facility meets overall compliance with the INS Detention Standards. The facility last performed a self-assessment on June 6, 2001.

Review Summary:

The San Pedro SPC has an American Correctional Association (ACA) accreditation team in place and was last accredited in April 2001. Both the National Commission on Correctional Health Care (NCCHC) and the Joint Accreditation Commission for Health Care currently accredit the Medical Facility located at San Pedro SPC.

Standards Compliance:

The following information summarizes those standards <u>not</u> in compliance. Each standard is identified and a short summary provided regarding standards or procedures not currently in compliance with the INS Detention Standards.

Compliant - 22 Deficient - 13 At-Risk - 1

Access to legal materials - DEFICIENT:

- The facility had assigned the Librarian responsibilities to the Recreation Specialist as a collateral duty. During the review, the position of Recreation Specialist was vacant.
- There is no designated INS employee responsible for ensuring the equipment is in good working order and supplies are adequately stocked. The responsibility had been assigned to a contract security guard.
- No formal procedure exits for requesting specific legal material.
- There is no mechanism in place to track detainees denied use of the library.
- The OIC is not made aware of instances where detainees are denied use of the law library.
- During the review, the library was being utilized as a storage area for personal hygiene items.

Detainee Handbook - DEFICIENT:

- Detainee handbook has contradictions in uniform colors on separate sections.
- Handbook does not specify procedures for detainees to request special diets.
- Handbook does not explain debit cards, phone locations, and the SPC's message system.
- Handbook does not explain the law library procedures and schedules.
- Handbook does not describe attorney visitation hours, location of pro bono legal organizations, the group legal rights presentation schedule or sign up procedures.
- Staff having interaction with detainees should be issued a detainee handbook and provided with training on the information contained within.

Non-Medical Emergency Escorted Trips - DEFICIENT:

• The facility states that it handles non-medical emergency escorted trips, but does not have written policy and procedures in place to address this standard.

Recreation - DEFICIENT:

- The facility did not have a full time Recreation Specialist on duty during the review.
 According to the facility management, a selection on a vacancy announcement had recently been made.
- The facility does not have an indoor recreation program.

Contraband - DEFICIENT:

 The facility does not have written policy or procedures for the handling and disposition of contraband.

Detention Files – DEFICIENT:

 Random sampling and review of current and archived files showed inconsistent placement of necessary documentation into files. Specifically, reclassification, disciplinary and grievance paperwork was often missing from affected files.

Disciplinary Policy - DEFICIENT:

- Facility does not have a written policy governing disciplinary procedures and relies solely on the National Detention Standards.
- Procedures and practices are in place, but not exercised consistently.
- Inconsistencies noted in disciplinary paperwork being placed in the detention files or appropriately logged.
- Time frames, per the NDS, are not being met consistently in dealing with alleged offenders.

Emergency Plans – DEFICIENT:

• Facility lacks contingencies to address food/work strike, detained transportation system plan or civil disturbance.

Hold Rooms - DEFICIENT:

- The unencumbered square feet for the detainees, bathroom fixtures, could not be determined since a reported amount of as many as 70 detainees or more are held on occasions.
- Room capacity has not been rated or determined by the facility.
- The facility in inconsistent in conducting pat down search for weapons and contraband prior to placing detainees in hold rooms.
- The facility does not maintain a log for each detainee placed in a holding cell.
- The facility does not have a system in place to ensure that detainees held after 7pm into the following morning are properly fed.
- There is no written policy to prevent an officer from entering an occupied detention hold room unless another officer is stationed outside the door.
- The facility lacks a good logging method to capture all information required by this standard.

Key and Lock Control - AT RISK:

- The facility lacks a designated Security Officer.
- The Facility Manager has absorbed many of the duties relating to key control.
- Written procedures are not in place.
- The Key Control Board is confusing and not well organized.
- Key rings are not tamper-resistant and the number of keys is not cited on the individual key rings.
- Exit doors from the facility are not secured.
- There is currently a glitch in the electronic cue of the door control system. It does not allow for an officer to override the sequential cue of the doors and activate a door on an as needed basis such as for emergencies.
- Pod keys are located separately and on unsecured board in the Control Room.

Special Management Unit (Administrative Segregation) - DEFICIENT:

- There have been inconsistencies with the OIC and/or supervisory personnel conducting a review of detainee placement in SMU (administrative).
- Time frames for reviews, decisions, and execution of appropriate paperwork in inconsistent.

Special Management Unit (Disciplinary Segregation) - DEFICIENT:

- There are no written policies specific to the facility the facility relies exclusively on guidance from the National Detention Standards.
- The review team found inconsistencies in completed Disciplinary Segregation Orders accompanying the detainee into the SMU.
- The beds in the Special Management Unit are poorly placed. These metal beds are bolted in the middle of the room.

Tool Control - DEFICIENT:

- There is no one individual responsible for developing a tool control procedure and an inspection system to insure accountability.
- Proper inventory practices are not applied to contractor's tools entering and exiting the facility.

Transportation - DEFICIENT:

- Officers do not use a checklist during every vehicle inspection.
- The staff is not consistent in searching detainees immediately prior to boarding the vehicle
- The vehicle crew does not conduct a visual count once all passengers are on board and seated.
- Vehicle radios have been unreliable. Officers depend on Nextel as primary communication device.
- Vehicles have not been stocked with the use of force standard.
- The vehicles inspected by the review team were not clean and sanitary during the review.
- Written contingencies for vehicle crews were not available per the standard.

RIC Observations:

• It is apparent that the facility has worked diligently to become compliant with the requirements of ACA. The focus of the facility, it appears, has been ACA accreditation. While the majority of the National Detention Standards are based on ACA guidelines, it appears as though the facility took the stance that the ACA files should be sufficient to cover policies and procedures under the NDS. When policy was requested, the review team was referred to the ACA files. The facility has not established an operations manual to cover policies and procedures specific to their location.

The Review Team's concern with this practice is that ACA files are not accessible to the majority of the staff assigned to the facility. The files are located in a cabinet in the administrative section of the facility and would not be available for referencing operational

matters. There are only a handful of individuals aware that these files exist to cover policy and procedure. Another concern with this practice is that a number of files address one particular issue. For example, the facility's policy on contraband should be covered in one comprehensive document. When relying on ACA, the staff referred the review team to three or four separate ACA files addressing contraband. The majority of deficiencies found during this review could be remedied by simply establishing policy specific to the facility and ensuring that staff receives appropriate training in said policy. More importantly, the policy needs to be made readily available to staff for reference.

Although the facility received an acceptable rating in Environmental Health and Safety, upon arrival and initial tour of the facility, the Review Team found that, except for the Kitchen and Public Health Service areas, sanitation was severely lacking. The ongoing construction issues were taken into consideration and factored in, but still did not account for facility's lack of cleanliness and hygiene. Of notable concern were the detainee recreation areas. Soccer balls, tennis shoes, trash, food and excessive amounts of bird droppings were observed. The Chief indicated that the "detainees like to feed the birds" when it was noted that the rooftop recreation area was covered with popcorn. However, the bird droppings could pose a health risk to staff and detainees alike. Concern was expressed to the Officer in Charge and his staff during the first day's closeout interview. The facility began working on the problem immediately. It was noted that the facility did not utilize detainee work crews as effectively as possible.

Recommendation to the Officer In Charge: Consideration of enacting a more effective program and utilization of the detainee voluntary work program

- The facility is not adhering to the Service's policy on IDENT System enrollments with regard to criminal aliens and administratively final orders of removal as far as not updating the Lookout database and the Recidivist database with Alert activations. Considering the number of criminal aliens detained and removed from the facility, the number of criminal aliens meeting the criteria to qualify for placement into the Service's lookout database is staggering. The facility indicated that the Service Processing Center does not handle any removals, per se, from the facility. They stated that the Los Angeles District has a special "Removal Unit" responsible for all removals. The facility is responsible for transporting their removals to the staging area at the District Office. The Chief indicated that the Los Angeles District Office was responsible for the enrollment into the IDENT system of all removals from San Pedro. However, when a query was conducted, statistics revealed that LOS DRO was also not enrolling removals into the Service's IDENT database at the District office.
- The facility is also not conducting NCIC record checks prior to removal of individuals at the
 facility. When questioned about this practice, the administrators stated that they were not
 aware of any requirement to conduct these record checks. It appears that only a limited number
 of individuals (deportation officers) have access to NCIC. The facility stated that they were
 under the impression that Detention Enforcement Officers would not be allowed access to
 NCIC.

- Staffing is a major concern at this facility. For the case types assigned to this facility (majority are aggravated felons and criminal aliens), the number of Detention Enforcement Officers assigned to this location clearly appears to be inadequate. The majority of detainees placed at the facility by the District either has a criminal history or are on some type of psychotropic medication, or both. The number of Detention Enforcement Officers assigned to the facility adversely affects the ability of the facility to have the capability to respond in emergency situations. Inadequate security places both staff and detainees at risk.
- While the Review Team found the four Health Services Standards to be Acceptable, staffing at the medical facility also appears to be challenging. Their current staffing shortage could, in the long term, impact access to medical care as well as the level of medical care detainees receive. Details (TDYs), leave forfeiture and overtime used to maintain an acceptable staff level and assure acceptable access to medical care for the detainees are taking a personal toll on employees. According to the staff at the facility, their Headquarters office is aware of the situation as it is reported on a daily basis.
- A concern previously expressed to the facility's management by the American Correctional Association and shared by this review team is the fact that the facility's lead person on a two-man ACA accreditation/NDS team is an employee of the private contractor (Lyons Security Services). The ACA had warned the facility that if the security company were to lose the bid for the contract, the most knowledgeable person regarding accreditation would be gone. The ACA went on to state that this was an "INS facility with INS management, policy, procedure and practice. It's the responsibility of the INS to gain accreditation status and keep it and not the responsibility of Lyons Security Services." While this may or may not be the case, this review team feels that assigning an INS employee as the lead in the implementation of the standards would demonstrate a greater sense of commitment from the facility management, and would result in larger overall acceptance of the standards from staff assigned to the facility. However, the practice is understandable when taking into consideration how short-staffed the facility is with regard to INS personnel.
- The Officer In Charge of the facility has been assigned to the facility for approximately a year. This amount of time can still be considered a fairly short time period to adapt to the position he now occupies and make the changes vital to the improvement of operations at the facility. It is obvious that the facility desires to be compliant with the standards and with ACA requirements. In discussing simple solutions to becoming complaint with deficiencies, a reverberating response was that "the "District" is responsible." While all of the Service's facilities are required to report to a chain of command, to include District, Regional, and Headquarter components, it was this Review Team's opinion that the management of the facility had no or very little autonomy in the operation and decision making involving the facility.

Memorandum for Anthony S. Tangeman Review Summary Report – SPPSPC

Notable Operations:

Despite the number of deficiencies noted, and the fact that the Detainee Grievance Standard was found to be deficient as well, all the detainees interviewed claimed that they were being treated well. They claimed that they were receiving adequate, humane treatment. The only complaint echoed by numerous detainees was that it was very difficult to discuss their case status with the deportation officers assigned to their case. It was problematic for the review team to accept that only a limited number of grievances have been filed, but evidence to the contrary could not be located, nor corroborated.

Food Service: BEST PRACTICE:

• The Food Service Administrator (FSA) and staff should be commended for the sanitation practices in their area. It is obviously that the FSA takes great pride in his department, is professional, and that he demands the same from his staff. He acted immediately if he thought he could take any action toward improving his operations while the review team was at the facility.

Recommended Rating and Justification:

It is the Reviewer in Charge recommendation that the facility is currently "Deficient." The facility continues to make progress for full implementation of the INS Detention Standards. The facility now fully complies with 22 of the 36 standards. Most of the deficiencies were the result of a lack of site-specific policy and the Review Team believes that these are correctable within 90 days.

A rating of "At-Risk" is not warranted in this review because the facility can overcome noted deficiencies and acceptable performance can be expected in the future. The criterion for a rating of "At-Risk" has not been established.

RIC Assurance Statement:

It is the opinion of the Reviewer In Charge that the findings of compliance and non-compliance are documented don the G-325a Inspection form and that it is supported by documentation in the review file.

cc:

Official file

DD- Los Angeles OIC-SPPSPC

WRODRO

HQDRO Chron File INS:HQDRO 5-8602:5/27/02

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HEADQUARTERS EXECUTIVE REVIEW	<i>y</i>
Review Authority	10 A-4-5 17 10 10 10 10 10 10 10 10 10 10 10 10 10
The signature below constitutes review of this report and receipt of this report to respond to all findings and re	accentance by the Devices Authority Otologo was a live and
HQDRO EXECUTIVE REVIEW: (Please Print Name) Anthony S. Tangeman	Signature
Title Deputy Executive Associate Commissioner	July 17, 2002
Final Rating: Superior Good	
 Acceptable Deficient At-Risk	

Comments: The Review Authority concurs with the recommendation made by the Reviewer In Charge based on the Form G-324A, the Summary Report and supporting documentation.

U. S. Department Of Justice

Immigration and Naturalization Service

Detention Facility Inspection Form

					acinty ms	bection form
M INCC P						
INS Service Process	sing Center	ACA: 04/2001	NCCH	IC: 2000	JCAHO: 1	998
INS Contract Deten	tion Facility	<u> </u>				
LI INS Intergovernme	ntal Service Agreement					
A . C		F. Proble	ms / Co	mplaints	(Copies mu	st be attached)
A. Current Inspection		The Facility is u	ınder Co	urt Order	or Class Act	ion Finding
Type of Review		Court Order		Cla	ss Action Or	der
Operational M HQDRO	HQ Management Inquiry	The Facility has	Signific	ant Litiga	tion Pending	
Date[s] of Inspection		☐ Major Litiga	ition	Life	/Safety Issu	es
05/07 to 5/10/2002		Checked Box al	ove requ	ires a det	ailed written	memorandum.
Previous/Most Recent Ins	pection	G. Facility His	tory			
Date[s] of Last Inspection		Date Built				
		1939				
Previous Rating		Date Last Remo	deled or	Upgrade	1	
Superior Good Ac	ceptable Deficient At-Risk	1988				
		Date New Cons	truction	/ Bedspac	e Added	
B. Name and Location of F	acility	1988				
Name San Pedro Service Processing Center		Future Construc				
Address (Street and Name)		Yes □ No	Date: C	ngoing		
2001 Seaside Avenue		Current Bedspace			ure Bedspace	3
City, State and Zip Code		455		san	-	
San Pedro, CA 90731 County				······································		
County		H. Facility Po	pulation	/ Breakd	own	
Name and Title of Chief Executive	Officer (Warden/OIC/Superintendent)	Total Intake for	previous	12 month	ıs	
Officer In Charge	e	See attached rep	ort			
Telephone # (Include Area Code) (310		Total Mandays f	or Previo	ous 12 mc	onths	
District		See attached rep	ort			
Los Angeles, California						
Distance from District Office		Classificati	on Level	(INS SI	Cs and CD	Fs Only)
28 Miles				L-1	L-2	L-3
<u> </u>		Adult Male				
C. INS Information		Adult Female				
Name of Inspector (Last Name	e, Title and Duty Station)			·		
Evans / Detention & Deportati	on Officer / HQDRO	I. Facility Ca	pacity			
Last Name / Title of Team Me	mbers (Inspection Team)		Rate	d O	perational	Emergency
D&D Officer;	6.b7c / D&D Officer: b6.b7c /	Adult Male	325	N.A		NA
USPHS		Adult Female	130	NA		NA
District where Inspection Occu	rred					
Los Angeles		Average Da	ily Popu	ılation		
Region where Inspection Occu	rred		· [INS	USMS	Other
Western		Adult Male	3	00	NA	NA
D CODERCE -		Adult Female		00	NA	NA
D. CDF/IGSA Information					1	1114
Contract Number	Date of Contract or IGSA	Staffing Lev	vel			
NA .	NA	Security:		Su	pport:	
Basic Rates per Man-Day		- Contract O	fficers		Admin	
NA CIL COL		SDEOs			Food Servic	e
Other Charges: (If None, Indic	ate N/A)	DEOs			Maintenance	
NA; ; ;		Deportation	, mantenance			
Estimated Man-days Per Year						r0,
NA .						
E. Accreditation Certifi	cates					
Accredited By:						

Significant Incident Summary Worksheet

For the INS to complete its Inspection of your facility, the following information must be completed prior to the inspection. 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 INS and DOJ Detention Standards in assessing your Detention Operations against the needs of the INS and its detained population. This form should be filled out by the facility prior to the start of any inspection.

Incidents	Description	Jan - Mar	Apr – Jun	Jul - Sept	Oct Dec
Assault:	Types (Sexual ² , Physical, etc.)	0	3	5	2
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	0	3	4	2
Assault: Detainee on	Types (Sexual Physical, etc.)	2	0	0	0
Staff	With Weapon	0	0	0	0
N 1 45	Without Weapon	2	0	0	0
Number of Forced Moves, incl. Forced Cell moves ³		0	0	0	0
Disturbances ⁴		0	2	0	0
Number of Times Chemical Agents Used		0	0	0	0
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	1-V	0	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	1- B	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	0	0	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	?	?	5	5
	# Resolved in favor of Offender/Detainee	?	?	?	?
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	1-1	1 - 1	0	0
	Number	1	1	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	18	4	4	15
	# Psychiatric Cases referred for Outside Care	137	23	129	84

Any attempted physical contact or physical contact that involves two or more offenders

Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting

Routine transportation of detainees/offenders is not considered "forced"

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.

U-C	cceptable 2. Deficient 3. Repeat Deficiency 4. At Risk 5. Not Applicable (IGSA's Only)					
	at Access Standards	1,	2.	3.	4.	
1.	Access to Legal Materials		X		- At-	
2.	Group Presentations on Legal Rights	X	18	1	(30)	Ц
3.	Visitation	X	62	(A)		Ц
4.	Telephone Access		68	B3	1014	Н
Deta	ainee Services	63	0.0	1		Ц
5.	Admission and Release	NZ.		10		
6.	Classification System	X			100	Ш
7.	Correspondence and Other Mail	X		111		Ц
8.	Detainee Handbook	X	100			Ц
9.	Food Service		×			Ц
10.	Funds and Personal Property	X			198	Ц
11.	Detainee Grievance Procedures	X	100		133	Ц
12.	Issuance and Exchange of Clothing, Bedding, and Towels		X		99	H
13.	Marriage Requests	X	18	13		Ц
14.	Non-Medical Emergency Escorted Trip	X	100		2	Ц
15.	Recreation	37	X	<u></u>	88	Ц
16.	Religious Practices		X	9	12	Ų
17.	Voluntary Work Program	X	1		18	Ц
Hea	lth Services	\boxtimes	100			L
18.	Hunger Strikes	K2	1	-	-	-
l 9 .	Medical Care	X	-	174		L
20.	Suicide Prevention and Intervention	X	111			L
21.	Terminal Illness, Advanced Directives and Death	X		83		1
Secu	rity and Control		146		(2)	I
2.	Contraband	C-1	63	-	-	_
3.	Detention Files		X	Ш	44	
4.	Disciplinary Policy		X	4	24	L
25.	Emergency Plans		X			4
6.	Environmental Health and Safety	100	X	96		L
7.	Hold Rooms in Detention Facilities		X			1
8.	Key and Lock Control	X	봉	18		ļ
9.	Population Counts	님	X		111	1
0.	Post Orders	A			8:0	
1.	Security Inspections		X			4
2.	Special Management Units (Administrative Segregation)	X	14	1		1
3,	Special Management Units (Disciplinary Segregation)		-			
4.	Tool Control	A)
5.	Transportation (Land management)	X	A	150		-
6.				B-17874	70.0	10.00

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.

Within the scope of the review, this detention facility is operating in accordance with the detention standards, applicable law and property and resources are efficiently used and adequately safeguarded, except for the deficiencies noted in this report.

Reviewer-In-Charge: (Print Name)	Signature
66,67c	b6.b7c
Title & Duty Location	Date/
Detention and Deportation Officer, HQDRO	05/31/2002 b6.67c
Team Members and the state of t	
Print Name & Duty Location	Print Name & Duty Location
HQDRO	CRO/DRO
Print Name & Duty Location	Print Name & Duty Location
USPHS USPHS	
DIC D. C. D.	
RIC Rating Recommendation:	
	ptable
⊠ Defici ☐ At-Ri	

RIC Comments: See Review Summary Memorandum.