



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

Imperial Regional Detention Facility
Calexico, California

February 1 - 4, 2021

COMPLIANCE INSPECTION
of the
IMPERIAL REGIONAL DETENTION FACILITY
Calexico, California

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COMPLIANCE INSPECTION TEAM MEMBERS

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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 Imperial Regional Detention Facility (IRDF) in Calexico, CA, from February 1-4, 2021¹. The facility opened in 2014, is owned by Imperial Valley Gateway Center, LLC, and operated by Management and Training Corporation (MTC). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at IRDF in 2014 under the oversight of ERO’s Field Office Director (FOD) in San Diego. The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers (DO) and a detention services manager to the facility. A facility administrator handles daily facility operations and is supported by [REDACTED] personnel. Facility staff provide food services, MTC medical provides medical care, and Keefe Commissary provides commissary services at the facility. In June 2018, IRDF was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA Certified.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	704
Average ICE Detainee Population ³	[REDACTED]
Male Detainee Population (as of 2/1/2021)	[REDACTED]
Female Detainee Population (as of 2/1/2021)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2020, ODO conducted an inspection of IRDF and found 7 deficiencies in the following areas: Food Service (2); Recreation (1); Staff-Detainee Communication (2); Use of Force and Restraints (1); and Visitation (1).

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

² Data Source: ERO Facility List Report as of January 25, 2021.

³ *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.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

**FINDINGS BY PERFORMANCE-BASED NATIONAL
DETENTION STANDARDS 2011 (REVISED 2016)
MAJOR CATEGORIES**

PBNDS 2011 (Revised 2016) Standards Inspected⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	0
Custody Classification System	0
Emergency Plans	7
Facility Security and Control	0
Funds and Personal Property	2
Population Counts	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	1
Sub-Total	10
Part 4 – Care	
Food Service	1
Medical Care	1
Medical Care (Women)	0
Hunger Strikes	1
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	3
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	2
Law Libraries and Legal Material	0
Sub-Total	2
Total Deficiencies	15

⁵ 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. One of the detainees made an allegation of mistreatment, one detainee claimed he had considered self-harm during the interview, which ODO immediately notified both ERO and the facility's medical staff for follow-up. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

Food Service: Five out of 12 detainees interviewed, complained the IRDF food menu lacked variety and the food portions were too small.

Action Taken: ODO interviewed the food service manager, reviewed the current 35-day cycle food menu, and noted for each meal, the food menu offered a variety of food items each day. ODO reviewed the dietitian analysis information dated December 20, 2020, and confirmed food menus were certified nutritionally adequate, and met the daily average caloric intake. ODO determined the IRDF food menus met the requirements outlined under the PBNDS 2011 (Revised 2016) standards.

Medical Care: One detainee stated he went to medical for treatment of his mental health issues on two occasions, was placed under "observation," and moved into a room for approximately a week each time. He noted for two to three days during this time, he was kept in the room naked in both instances. The detainee stated the most recent incident occurred in May 2020 but was unable to recall the date of the first incident.

Action Taken: ODO interviewed the licensed clinical social worker (LCSW), who reviewed the detainee's medical record, and stated the detainee was briefly on suicide watch in April 2020 and June 2020 and was routinely monitored through the mental health chronic care clinic. The LCSW stated all detainees who were placed on one-on-one suicide watch were issued a tear resistant smock and blanket. Undergarments were not allowed unless strictly authorized by the clinical medical authority. Upon ODO's request, the LCSW reviewed the log for documentation of any incident in which the detainee may have removed the smock. However, no such incidents were documented.

Medical Care: One detainee stated he had pain on the right side of his body from his thigh to his rib cage. The detainee stated he submitted a medical request, the medical staff attended to him but did not diagnose the issue, issued him over-the-counter pain medication, and returned him to the housing unit. The detainee stated the medication did not help and the pain persisted. The detainee stated the pain continued to impact his ability to participate in recreational activities.

Action Taken: ODO reviewed the detainee's medical record and found the detainee was evaluated once for his right side abdominal pain during a sick call on January 28, 2021. During the sick call, the detainee advised the medical staff his abdominal pain was receding on its own. The medical staff found no specific findings and advised the detainee to return if the problem persisted. ODO also discussed the case with the health services administrator (HSA), who stated the detainee had made no additional medical requests. At the request of ODO, the detainee was re-evaluated by the physician on February 2, 2021; however, he made no complaint regarding abdominal pain during this visit.

Medical Care: One detainee stated he had high blood pressure and the facility was monitoring his blood pressure daily for a period of time but were no longer doing so. The detainee expressed concern about the lack of monitoring and felt his blood pressure should continue to be monitored in order to prevent a more serious issue.

Action Taken: ODO reviewed the detainee's medical record and found the detainee arrived on December 17, 2020, with a history of hypertension but stated he had not taken medications for a year. The facility started the detainee on medication upon intake due to an elevated blood pressure reading, and the medical provider ordered daily blood pressure checks. On January 12, 2021, the physician reviewed the detainee's blood pressure readings and found them to be stable and decreased the frequency of the blood pressure checks to weekly for eight weeks.

ODO discussed the case with the HSA and found on the evening of February 1, 2021, the detainee was taken to a local hospital due to chest pain complaints. The detainee returned to the facility the same evening, which hospital records indicated no signs of angina and a normal electrocardiogram. Additionally, on February 2, 2021, the detainee was evaluated by the physician, after the emergency visit to the local hospital the night before. The HSA decided to adjust the detainee's medications and ordered blood pressure readings twice a day for one week. After the first week, medical staff would continue to monitor the detainee's blood pressure readings daily until another medical determination was made to reduce the frequency of the blood pressure readings.

Medical Care: One detainee claimed the facility had ceased administering his prescribed blood pressure medication on at least three or four occasions. The detainee claimed he was forced to grieve the issue to have his medication re-issued and he was concerned medical staff would cease providing his medication again. The detainee noted he was receiving the required medication at the time of the interview.

Action Taken: ODO reviewed the detainee's medical administration records (MAR), interviewed the HSA, and found the detainee's blood pressure medication was available to him. The detainee's medical records showed the detainee refused the medication seven times in October 2020. The HSA stated, on one occasion, the detainee threw his medication in the trash because the detainee was upset his medication dose was changed. Additionally, on various occasions the detainee did not report to the pill line for his medication distribution. ODO confirmed with the HSA, the detainee had an active order for his prescribed blood pressure medication and had been taking the medication regularly since December 5, 2020. Prior to the end of the inspection, the nurse practitioner counseled the detainee and assured him the medication was available to him and would remain so.

Medical Care: One detainee complained of a pain in his knee from an injury he sustained while climbing down from a top bunk. The detainee claimed he notified the facility about the pain and was referred to an external orthopedic doctor who recommended surgery. The detainee also noted the facility prescribed pain medication. The detainee claimed the facility stalled the treatment, rescheduled the surgery, and eventually cancelled the surgery at the last minute. This resulted in the detainee having to remain on a pain medication, which he said was concerning because of the medication's side effects of potential liver damage and addiction.

Action Taken: ODO reviewed medical documents regarding the detainee's knee surgery and found the surgery was scheduled for December 2020. However, the surgery was rescheduled by the hospital, not the facility, for January 2021. In the interim, upon request for authorization for the surgery, the ICE Health Services Corps (IHSC) regional clinical director noted there was insufficient documentation from orthopedics to justify the surgery and the magnetic resonance imaging results raised questions of a previous surgery. ODO reviewed email communication between the facility and the office of the IHSC regional clinical director and determined a complete history had not been provided and the detainee had not been evaluated by orthopedics in person. In addition, the IHSC regional clinical director noted the diagnostic tests were several months old, and the detainee's knee aspiration, a procedure to remove fluid from the space around a joint, had not been done. Finally, there had been no updates in the detainee's condition; therefore, the surgery was denied.

ODO learned a follow-up ultrasound was completed on January 27, 2021, and reviewed it with the detainee at that time. ODO discussed the case with the HSA, who advised the nurse practitioner (NP) to re-evaluate the detainee on February 2, 2021. Despite being concerned about long term use of the pain medication and its effect on his liver, the detainee requested an increase in the medication dose. The NP ordered blood tests to assess the detainee's liver function and placed a follow-up appointment for the detainee to be re-assessed by orthopedics for the week of February 15, 2021.

Significant Self-harm and Suicide Prevention and Intervention: During the detainee interviews, one detainee stated he had tried to commit some form of self-harm but was unable to provide a date for this event. He was also unable to assert his inclinations toward self-harm had dissipated.

Action Taken: The ODO interviewer immediately notified the facility sergeant and referred the detainee to medical for a self-harm screening. The mental health provider evaluated the detainee and found him to be stable with no concerns of suicide risk. Approximately 45 minutes later, a licensed therapist came to speak with the ODO interviewer and confirmed the detainee was taken to medical for a follow-up regarding the allegation of self-harm. According to the facility's therapist, the detainee stated his comments to the ODO interviewer were in reference to a previous event. Ultimately, the facility decided the detainee did not pose a threat to himself or others and did not place him under one-on-one observation. The ODO interviewer also notified ERO of the detainee's claim.

The facility's mental health provider scheduled a follow-up visit for the detainee on February 3, 2021. On February 3, 2021, ODO spoke with the mental health provider who evaluated the detainee and she stated the detainee was doing well and found the detainee had no self-harm ideations.

Staff-Detainee Communication: Seven out of the 12 detainees interviewed, complained contact with ICE officers were irregular and sporadic. The detainees stated although ICE officers came to the facility, they did not come into the housing units, and instead only spoke with detainees who made ICE requests.

Action Taken: ODO reviewed the ICE visitation logs, visitation calendar, and spoke with the facility's compliance manager and the supervisory detention and deportation officer (SDDO) assigned to the facility. ODO learned the ERO field office issued guidance reducing the number of ERO officers physically going into the facility to 25% of the normal operating numbers, due to the COVID-19 pandemic. Additionally, for the same reason, ERO officers were not routinely entering the housing units, but instead were meeting with any detainees who filed an ICE grievance in a separate room outside of the housing units to discuss their issues in a controlled environment. The SDDO confirmed ERO would continue to emphasize to detainees they should contact ICE officers via the ICE request forms to receive responses regarding any of their immigration issues. The SDDO also noted ERO would ask the facility to continue emphasizing the same direction to detainees.

COMPLIANCE INSPECTION FINDINGS

SAFETY

EMERGENCY PLANS (EP)

ODO reviewed the facility's policy and found the plan did not include [REDACTED] removing controlled substances from the pharmacy area, nor shutting down detainee telephone systems (**Deficiency EP-75⁶**).

ODO reviewed the facility's policy, the hostage specific plan, and found the plan did not contain procedures for the following: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] (**Deficiency EP-110⁷**).

ODO reviewed [REDACTED] staff training files, nine detainee training files, interviewed the facility's compliance manager, and found nine out of nine detainees did not receive the required environmental hazard training, as part of the facility's emergency preparedness training program (**Deficiency EP-159⁸**).

ODO reviewed the facility's environmental hazard specific plan and found it did not specify how

⁶ "In SPCs/CDFs, after determining the course of action to pursue, does the facility administrator direct staff to implement the action plan, and does the plan cover at a minimum:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

See ICE PBNDS 2011, Standard Emergency Plans, Section (V)(E)(3)(1-8).

⁷ "In SPCs/CDFs, does the facility administrator:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

See ICE PBNDS 2011 (Revised 2016), Standard Emergency Plans, Section (V)(E)(5)(d)(1-8).

⁸ "In SPCs/CDFs, do staff and detainees receive necessary training as part of the facility's emergency-preparedness training program?" See ICE PBNDS 2011 (Revised 2016), Standard Emergency Plans, Section (V)(E)(10)(b)(1)(a).

often nor where specialized training should occur (**Deficiency EP-160⁹**).

ODO reviewed the facility's environmental hazard specific plan and found it did not specify the number of employees nor detainees to receive specialized training, as required (**Deficiency EP-161¹⁰**).

ODO reviewed the facility's environmental hazard specific plan and found it did not include variables, nor combinations of variables, which may precipitate or affect a mass evacuation (**Deficiency EP-170¹¹**).

ODO reviewed the facility's environmental hazard specific plan and found it did not include the following: identify nor prepare a list of suppliers to provide essential goods and materials, prepare an alternative list identifying product substitutions and suppliers, nor assign priorities among the essentials listed (**Deficiency EP-171¹²**).

SECURITY

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the facility's policy and 12 active detainee files and found one out of 12 detainee files did not contain Baggage Check Form I-77 attached to the detainee booking card, and none of the files contained a description of the property container (**Deficiency FPP-95¹³**).

ODO reviewed the facility's policy and Baggage Log Initial Encounter and found there were no property descriptions detailed in the logbook (**Deficiency FPP-98¹⁴**).

⁹ "In SPCs/CDFs, does the plan specify how often and where specialized training shall occur?" See ICE PBNDS 2011 (Revised 2016), Standard Emergency Plans, Section (V)(E)(10)(b)(1)(b).

¹⁰ "In SPCs/CDFs, does the plan specify the number of employees and detainees to receive the training?" See ICE PBNDS 2011 (Revised 2016), Standard Emergency Plans, Section (V)(E)(10)(b)(1)(c).

¹¹ "In SPCs/CDFs, does the facility's plan factor in all variables, and combinations of variables, that may precipitate or affect a mass evacuation, such as the following contingencies and their repercussions:

- 1) Minimal warning/preparation time;
- 2) Weather-related complications (e.g., tornadoes, hurricanes, blizzards);
- 3) An area-wide disaster that would limit facility access to state and local emergency services (e.g., police, fire department, hospitals, military, etc.) and transportation providers; and
- 4) Failure of at least 10 percent of staff to respond when recalled?"

See ICE PBNDS 2011 (Revised 2016), Standard Emergency Plans, Section (V)(E)(12)(a)(1-4).

¹² "In SPCs/CDFs, for every evacuation scenario, does the plan:

- 1) Identify and prepare a list of suppliers to provide essential goods and materials during the emergency;
- 2) Prepare an alternative list, identifying product substitutions and alternate suppliers; and
- 3) Assign priorities among the essentials listed, recognizing shortages likely to occur during an area-wide emergency?"

See ICE PBNDS 2011 (Revised 2016), Standard Emergency Plans, Section (V)(E)(12)(b)(1-3).

¹³ "The center part shall provide a brief description of the property container (for example, black suitcase, paper bag, etc.)" See ICE PBNDS 2011 (Revised 2016), Standard Funds and Personal Property, Section (V)(I)(4).

¹⁴ "A logbook shall be maintained listing property description." See ICE PBNDS 2011 (Revised 2016), Standard Funds and Personal Property, Section (V)(I).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed three after-action reviews and found in one of the three incidents, the after-action team did not convene on the day after the incident. Specifically, the after-action team convened five days after the incident (**Deficiency UOFR-155¹⁵**).

CARE

FOOD SERVICE (FS)

ODO reviewed IRDF's submitted photos, interviewed the food service manager, and found although yeast was stored in a locked metal cabinet without detainee access, the food service department had more than one key available to issue yeast, contrary to the standard (**Deficiency FS-35¹⁶**).

HUNGER STRIKES (HS)

ODO reviewed documents for two hunger strike events and found neither included evidence of follow-up visits with medical nor mental health providers after the hunger strike had ended (**Deficiency HS-18¹⁷**).

MEDICAL CARE (MC)

ODO reviewed 13 detainee medical records and found one detainee was on psychotropic medication with no evidence the detainee had signed an informed consent form specific to the medication taken by the detainee (**Deficiency MC-241¹⁸**).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed IRDF's grievance logs and 159 grievance files and found in 40 out of 159 instances, the designated members of the Grievance Appeals Board review failed to consistently review and provide a decision on the detainee grievances within five days of receipt of the appeal (**Deficiency GS-60¹⁹**).

¹⁵ "This four-member after-action review team shall convene on the workday after the incident." *See* ICE PBNDS 2011 (Revised 2016), Standard Use of Force and Restraints, Section (V)(P)(3).

"All facilities shall have procedures for handling food items that pose a security threat.

a. Yeast and Yeast Products

All yeast must be stored in an area with no detainee access, preferably in a locked metal yeast cabinet for which the food service department has only one key." *See* ICE PBNDS 2011 (Revised 2016), Standard Food Service, Section (V)(B)(4)(a).

¹⁷ "After the hunger strike, medical staff shall continue to provide appropriate medical and mental health follow-up." *See* ICE PBNDS 2011 (Revised 2016), Standard Hunger Strikes, Section (V)(C)(8).

¹⁸ "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication's side effects, shall be obtained." *See* ICE PBNDS 2011 (Revised 2016), Standard Medical Care, Section (V)(AA)(4).

¹⁹ "The designated members of the GAB shall review and provide a decision on the grievance within five days of

ODO reviewed IRDF’s grievance logs and 77 grievance files and found in 42 out of 77 instances, the facility administrator failed to consistently review grievance appeals and issue a decision within five days of receipt of the appeal (**Deficiency GS-68²⁰**).

ODO noted differences between the recorded “dates of receipt” for the detainee grievances in the facility’s grievance log, as compared with the submission dates noted on the detainee grievances. While this was due to the facility recording the date of receipt and not the date of submission, it could result in detainee grievances not being answered within the required timeframe. For this reason, ODO noted this as an **Area of Concern**.

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 21 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 14 of those standards. ODO found 15 deficiencies in the remaining seven standards, as well as one area of concern. ODO commends facility staff for their professionalism and responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any outstanding deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 (PBNDS 2011) (Revised 2016)	FY 2021 (PBNDS 2011) (Revised 2016)
Standards Reviewed	19	21
Deficient Standards	5	7
Overall Number of Deficiencies	7	15
Repeat Deficiencies	0	0
Areas of Concern	0	1
Corrective Actions	0	0

receipt of the appeal." See ICE PBNDS 2011 (Revised 2016), Standard Grievance System, Section (V)(C)(3)(b)(2)(b).

²⁰ "The facility administrator, in some cases in conjunction with the Field Office Director, shall review the grievance appeal and issue a decision within five days of receipt of the appeal." See ICE PBNDS 2011 (Revised 2016), Standard Grievance System, Section (V)(C)(3)(b)(3)(b).