



**U.S. Department of Homeland Security**  
Immigration and Customs Enforcement  
Office of Professional Responsibility  
ICE Inspections  
Washington, DC 20536-5501

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**Office of Detention Oversight  
Follow-Up Compliance Inspection**

**Enforcement and Removal Operations  
ERO San Diego Field Office**

**Otay Mesa Detention Center (San Diego CDF)  
San Diego, California**

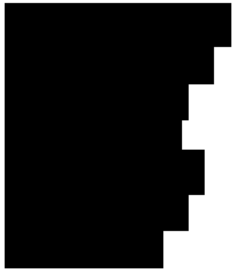
**May 3-5, 2022**

**FOLLOW-UP COMPLIANCE INSPECTION**  
**of the**  
**OTAY MESA DETENTION CENTER (SAN DIEGO CDF)**  
San Diego, California

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## **FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS**



Acting Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections

## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a follow-up compliance inspection of the Otay Mesa Detention Center (San Diego CDF) (SDCDF) in San Diego, California, from May 3 to 5, 2022.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of SDCDF from October 25 to 28, 2021. The facility opened in 2015 and is owned and operated by CoreCivic. The ICE of Enforcement and Removal Operations (ERO) began housing detainees at SDCDF in 2015 under the oversight of ERO’s Field Officer Director in San Diego (ERO San Diego). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned a supervisory detention and deportation officer to the facility. An SDCDF warden handles daily facility operations and manages █████ support personnel. Trinity Service Group provides food services, and CoreCivic provides medical care and commissary services at the facility. The facility was accredited by the American Correctional Association in January 2019 and the National Commission on Correctional Health Care in July 2021. Additionally, in July 2021, SDCDF was audited for the Department of Justice (DOJ) Prison Rape Elimination Act (PREA) and was DOJ PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	█████
Average ICE Population <sup>3</sup>	█████
Adult Male Population (as of May 3, 2022)	█████
Adult Female Population (as of May 3, 2022)	█████

During its last inspection, in Fiscal Year (FY) 2022, ODO found one deficiency in the following area: Medical Care (1).

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

<sup>2</sup> Data Source: ERO Facility List as of May 3, 2022.

<sup>3</sup> *Ibid.*

## **FOLLOW-UP COMPLIANCE INSPECTION PROCESS**

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's UCAP, and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

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

<b>PBNS 2011 (Revised 2016) Standards Inspected<sup>4,5</sup></b>	<b>Deficiencies</b>
<b>Part 1 - Safety</b>	
Emergency Plans	0
Environmental Health and Safety	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	1
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 4 - Care</b>	
Food Service	2
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 5 - Activities</b>	
Recreation	0
Telephone Access	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 6 - Justice</b>	
Grievance System	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>5</b>

<sup>4</sup> For greater detail on ODO's findings, see the *Follow-up Inspection Findings* section of this report.

<sup>5</sup> Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

## DETAINEE RELATIONS

ODO interviewed 19 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Medical Care:* One detainee stated he submitted a sick call request due to pain in his right arm from a gunshot wound sustained prior to his admission to the facility. Upon admission to the facility, he was sent to the hospital for an X-ray on his right arm. He reported that he continued to have pains and that he has not received any medications or heard anything back about the outcome of his X-ray.

- Action Taken: ODO corresponded with SDCDF medical staff and reviewed the detainee's sick call requests and medical record. On April 3, 2022, the detainee was seen for a sick call request about pain in his right arm due to a gunshot wound that was sustained prior to his admission to the facility. The detainee was prescribed pain medication and scheduled to see a nurse practitioner (NP) for further evaluation. On April 13, 2022, the detainee refused to see the NP for his follow-up evaluation and was rescheduled for a later date. On April 19, 2022, facility medical staff placed request for an X-ray to further evaluate the detainee's right arm. On April 20, 2022, the facility medical staff evaluated the detainee and completed an X-ray of the affected limb. On May 4, 2022, facility medical staff prescribed pain medication and physical therapy for his right arm due to moderate arthritic changes throughout the wrist and radiocarpal joint space. On June 16, 2022, ODO followed up with the facility's health service administrator and found the detainee is receiving ongoing physical therapy in addition to the prescribed medication therapy.

*Medical Care:* One detainee stated he was prescribed medication for his pain in his testicles and would like to know if additional medication could be prescribed to help with the pain.

- Action Taken: ODO corresponded with SDCDF medical staff and reviewed the detainee's sick call requests and medical record. On June 19, 2021, the detainee was seen by medical staff due to testicular pain and pain while urinating. Facility medical staff prescribe the detainee pain medication and conducted lab tests. On July 03, 2021, facility medical staff scheduled the detainee for a follow-up evaluation at which time the detainee reported improvement regarding the pain he felt. On August 19, 2021, the facility medical staff evaluated the detainee due to testicular pain, prescribed him antibiotics, pain medication, and scheduled him for an ultrasound that was conducted on August 26, 2021. On August 31, 2022, medical staff reviewed the results of the tests with the detainee and prescribed pain medication due to the detainee having two varicoceles, a cyst, and testicular microlithiasis. Facility medical staff referred the detainee to a urologist for further evaluation, and the urologist evaluation occurred on September 20, 2021. The urologist prescribed medication and requested the detainee to return if the pain persists. On December 23, 2021, facility medical staff completed a follow-up evaluation during which the detainee requested another ultrasound. On January 4, 2022, the detainee received another ultrasound and facility medical staff

scheduled him for a follow-up appointment to discuss the results. On January 6, 2022, the detainee met with medical staff to discuss the results of the ultrasound. The ultrasound was negative for a hernia and the detainee was prescribed additional pain medication. On May 18, 2022, facility medical staff re-evaluated the detainee and the detainee reported most of the pain had been relieved with the current medication and he feels well. Facility medical staff will continue to monitor his condition and follow-up with him as needed.

## **FOLLOW-UP COMPLIANCE INSPECTION FINDINGS**

### **SAFETY**

#### **ENVIRONMENTAL HEALTH AND SAFETY (EHS)**

ODO interviewed the facility safety manager, reviewed the Life Safety Inspection conducted by the San Diego County Fire Authority, dated April 30, 2021, and found the facility did not comply with Mandatory American Correctional Association Expected Practice, 4-ALD-1C-07. Specifically, the facility had not conducted an inspection within 1 year of the previous inspection (**Deficiency EHS-94**<sup>6</sup>).

### **SECURITY**

#### **USE OF FORCE AND RESTRAINTS (UOFR)**

ODO reviewed the audio-visual recordings of the two calculated use-of-force (UOF) incidents that occurred during this inspection period and found the audio-visual recording of one calculated UOF incident did not include a debrief of the incident with corresponding full discussion, analysis, nor assessment. Additionally, one team member did not remove his helmet during incident debriefing (**Deficiency UOFR-73**<sup>7</sup>).

### **CARE**

#### **FOOD SERVICE (FS)**

ODO interviewed the food service director (FSD), reviewed facility purchase orders, and found purchases did not specify special handling for delivery. Specifically, three purchases of sugar since the last review did not contain special-handling requirements for delivery (**Deficiency FS-**

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<sup>6</sup> “Mandatory ACA Expected Practice 4-ALDF-1C-07 requires that the facility conform to applicable federal, state and/or local fire safety codes, and that of the authority having jurisdiction over document compliance.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(1)(b).

“Calculated use-of-force incidents shall be audio visually recorded in the following order: ...

b. Faces of all team members shall briefly appear (with helmets removed and heads uncovered), one at a time, identified by name and title.

f. Debrief the incident with a full discussion/analysis/assessment of the incident.”

See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(I)(2)(b) (f).



39<sup>8</sup>).

ODO interviewed the FSD, toured the facility food service area, observed foods prepared from ingredients at room temperature, and found facility food service did not cool the reconstituted foods to 41 Fahrenheit degrees within 2 hours of cooking/preparation. Specifically, on May 3, 2022, ODO observed the temperature of coleslaw at 42.5 Fahrenheit (F) degrees, reconstituted pudding at 49 F degrees, and salsa at 44.5 F degrees. ODO interviewed the FSD and confirmed facility food service prepared the coleslaw, reconstituted pudding, and salsa on the previous day, May 2, 2022 (**Deficiency FS-143<sup>9</sup>**).

## **ACTIVITIES**

### **TELEPHONE ACCESS (TA)**

ODO observed the facility housing units and found telephones located in the middle of the housing units did not have privacy panels attached to the phones in three out of eight housing units (**Deficiency TA-59<sup>10</sup>**).

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 14 of those standards. ODO found 5 deficiencies in the remaining 4 standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ERO provided ODO with the uniform corrective action plan for ODO's last inspection of SDCDF on December 15, 2022.

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<sup>8</sup> "Mace, nutmeg, cloves, sugar and alcohol-based flavorings also require special handling and storage:

1) The purchase order for any of these items shall specify the special-handling requirements for delivery." *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(B)(4)(b)(1).

<sup>9</sup> "Foods prepared from ingredients at ambient temperature, such as reconstituted foods and canned tuna, must be cooled to 41 F degrees within two hours of cooking/preparation." *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(F)(3).

<sup>10</sup> "Privacy may be provided in a number of ways, including:

a. telephones with privacy panels (side partitions) that extend at least 18 inches to prevent conversations from being overheard;

b. telephones placed where conversations may not be readily overheard by others."

*See* ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(F)(2)(a)(b).

<b>Compliance Inspection Results Compared</b>	<b>First FY 2022 (PBNDS 2011) (Revised 2016)</b>	<b>Second FY 2022 (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	24	18
Deficient Standards	1	4
Overall Number of Deficiencies	1	5
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	N/A