

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

U.S. Immigration and Customs Enforcement Office of Professional Responsibility ICE Inspections 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

January 24-26, 2023

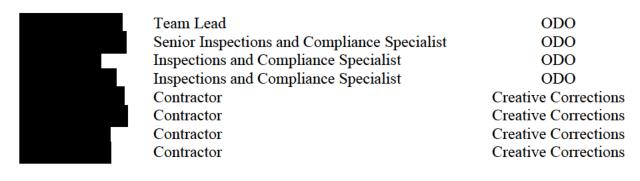
# COMPLIANCE INSPECTION of the IMPERIAL REGIONAL DETENTION FACILITY

Calexico, California

### TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES	
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	9
CONCLUSION	9

### **COMPLIANCE INSPECTION TEAM MEMBERS**



#### 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, California, from January 24 to 26, 2023. The facility opened in 2014 and 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 in San Diego (ERO San Diego). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers and a detention services manager to the facility. A facility administrator handles daily operations and manages support personnel. MTC provides food services and medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in February 2020 and the American Correctional Association in January 2022. In March 2021, IRDF was audited by the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Quantity	
ICE Bed Capacity <sup>2</sup>		
Average ICE Population <sup>3</sup>		
Adult Male Population (as of January 24, 2023)		
Adult Female Population (as of January 24, 2023)		

During its last full inspection, in Fiscal Year (FY) 2022, ODO found two deficiencies in the following areas: Significant Self-harm and Suicide Prevention and Intervention (1) and Correspondence and Other Mail (1).

<sup>3</sup> Ibid.

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

<sup>&</sup>lt;sup>2</sup> Data Source: ERO Facility List as of January 31, 2023.

#### COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 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.<sup>4</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as "deficiencies." ODO highlights instances when 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.

<sup>&</sup>lt;sup>4</sup> 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 Inspected <sup>5,6</sup>	Deficiencies			
Part 1 - Safety				
Emergency Plans	0			
Environmental Health and Safety	0			
Transportation (by Land)	0			
Sub-Total	0			
Part 2 - Security	•			
Admission and Release	0			
Custody Classification System	0			
Contraband	0			
Funds and Personal Property	0			
Hold Rooms in Detention Facilities	0			
Key and Lock Control	0			
Sexual Abuse and Assault Prevention and Intervention	0			
Special Management Units	0			
Tool Control	0			
Use of Force and Restraints	0			
Sub-Total	0			
Part 3 - Order	•			
Disciplinary System	0			
Sub-Total	0			
Part 4 - Care				
Food Service	0			
Medical Care	0			
Medical Care (Women)	0			
Significant Self-harm and Suicide Prevention and Intervention	0			
Terminal Illness, Advance Directives and Death	0			
Disability Identification, Assessment, and Accommodation	0			
Sub-Total	0			
Part 5 - Activities				
Correspondence and Other Mail	0			
Recreation	0			
Visitation	0			

-

<sup>&</sup>lt;sup>5</sup> For greater detail on ODO's findings, see the Compliance Inspection Findings section of this report.

<sup>&</sup>lt;sup>6</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.

Sub-Total	0		
Part 6 - Justice			
Detainee Handbook	0		
Sub-Total	0		
Part 7 - Administration and Management			
Staff Training	0		
Sub-Total	0		
Total Deficiencies	0		

#### **DETAINEE RELATIONS**

ODO interviewed 25 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.

Correspondence and Other Mail: One detainee stated the tablets in his housing unit prevented him from finding the facility postal address to receive mail due to various connection errors.

• Action Taken: ODO spoke with ERO San Diego and confirmed the detainee's access to communication. ODO also spoke with IRDF staff and confirmed functionality of all tablets except for one in the detainee's housing unit. IRDF staff provided ODO with the trouble ticket submitted by the detainee via one of the tablets on January 25, 2023. Facility staff checked the tablet and found no connectivity issue but submitted a work order for a complete maintenance check of the tablet. The facility staff explained to the detainee the postal process to use for receiving needed documents from his family.

Food Service: One detainee stated he requested to move the evening meal serving time from 4 p.m. to a later time in the afternoon to reduce hunger pain and shorten the interval between dinner and breakfast, but the facility denied his request.

Action Taken: ODO reviewed the Food Service schedule and standard and found the
dining room schedule allow no more than 14 hours between the evening meal and
breakfast, making the IRDC policy compliant. Daily mealtimes for detainees are: 5:30
am, 10:30 am, and 7 pm. ODO explained the timeline to the detainee, and he
acknowledged understanding the explanation.

Medical Care: One detainee stated no medical staff was available to examine him for his scheduled appointment on January 23, 2023.

Action Taken: ODO spoke with the health services administrator (HSA) and confirmed
a provider rescheduled an X-ray appointment for the detainee on January 27, 2023,
instead of the original appointment on January 23, 2023. The HSA explained the
medical staff did not inform the detainee of the change in appointment dates until
January 26, 2023. On January 31, 2023, ODO confirmed the provider met with the
detainee for the required X-ray appointment.

*Medical Care:* One detainee stated a facility dentist examined the detainee's decayed wisdom tooth and told him it would be a month before he received any treatment for the tooth.

• Action Taken: ODO spoke with the HSA and confirmed the dentist examined the detainee on January 1, 2023, and had to submit a referral to an oral surgeon for extraction of the wisdom tooth. The HSA also stated the dentist explained to the detainee the referral process would take up to a month for an appointment. On January 25, 2023, the HSA spoke with the detainee, explained again the referral and scheduling process, and confirmed his tooth extraction appointment for March 2, 2023.

*Medical Care:* One detainee stated he did not receive the appropriate medical care after submitting medical requests twice for blood work and to check for proper functioning of his one remaining kidney.

• Action Taken: ODO spoke with the HSA and confirmed a doctor of nursing practice (DNP) examined the detainee on December 24, 2022, submitted the detainee's urinalysis sample, and received no abnormal results to justify further testing and treatment. On January 4, 2023, the DNP discussed the results with the detainee. At ODO's request on January 26, 2023, the HSA met with the detainee and explained facility medical staff will continue to monitor him and conduct tests as needed.

Medical Care: One detainee said he submitted medical requests for pain in his left lower molar as well as for pain in his testicles and the prescribed medication caused blurred vision in his left eye and an involuntary twitch.

• Action Taken: ODO spoke with the HSA and confirmed medical staff evaluated the detainee on January 29, 2023, and prescribed appropriate medication for his testicular pain. Medical staff also scheduled the detainee for a testicular ultrasound with an outside medical provider on February 6, 2023. Medical staff assessed his wisdom tooth on January 5, 2023, and prescribed Amoxil (500 mg), ibuprofen (600 mg), and Tylenol (600 mg). ODO also confirmed the detainee's scheduled appointment with an oral surgeon on February 3, 2023. On January 25, 2023, a facility doctor reevaluated the detainee for his eye complaint and found normal functioning of the eyes and no blurred vision.

Staff-Detainee Communication: One detainee stated he has received no follow-up information from ICE San Diego after providing documents to an ICE Officer. He also stated ICE officers enter and leave the housing unit quickly but managed to request access to his smart phone in his personal property to look up a friend's phone number.

• Action Taken: ODO spoke with ERO San Diego and confirmed receiving the detainee's documents on December 9, 2022. ERO San Diego also stated the detainee is an FBI person-of-interest and the detainee's case had been under review since December 12, 2022, pending a master hearing on February 14, 2023. On January 25, 2023, ERO San Diego staff advised the detainee that facility staff will assist in

obtaining the phone numbers stored in his personal property.

#### COMPLIANCE INSPECTION FINDINGS

ODO noted no deficiencies during this on-site compliance inspection.

#### CONCLUSION

During this inspection, ODO assessed the facility's compliance with 25 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 25 of those standards. Since IRDF's last full inspection in December 2021, the facility has maintained consistent compliance with the ICE PBNDS 2011 (Revised 2016). IRDF went from two deficient standards and two deficiencies in February 2022 to zero deficient standards and zero deficiencies during this most recent inspection. The facility's consistent performance was a result of completing a uniform corrective action plan for ODO's follow-up inspection of IRDF in August 2022, presence of a DSM at the facility, and ERO San Diego maintaining a daily on-site presence, working with facility staff. ODO recommends ERO San Diego continue to work with the facility to ensure the facility remains fully compliant in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2022 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	24	25
Deficient Standards	2	0
Overall Number of Deficiencies	2	0
Priority Component Deficiencies	N/A	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	1	0
Facility Rating	Superior	Superior