



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

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

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

**Imperial Regional Detention Facility
Calexico, California**

August 16-18, 2022

FOLLOW-UP INSPECTION
of the
IMPERIAL REGIONAL DETENTION FACILITY
Calexico, California

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
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Contractor	Creative Corrections
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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 follow-up compliance inspection of the Imperial Regional Detention Facility (IRDF) in Calexico, California, from August 16 to 18, 2022.¹ This inspection focused on the standards found deficient during ODO’s last inspection of IRDF from February 14 to 18, 2022. 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 ██████ 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 (ACA) in January 2022. In March 2021, 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 Bed Capacity ²	██████
Average ICE Population ³	██████
Adult Male Population (as of August 16, 2022)	██████
Adult Female Population (as of August 16, 2022)	██████

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

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

² Data Source: ERO Facility List as of August 15, 2022.

³ *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 uniform corrective action plan (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

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

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

⁵ 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. Most detainees reported satisfaction with facility services except for the concern listed below. None of the detainees made allegations of discrimination, mistreatment, or physical abuse. No other detainees volunteered to interview with ODO.

Medical Care: One detainee stated he needed medical care for his lower back pain but did not know how to submit a sick call request using a tablet.

- Action Taken: ODO spoke with the facility health services administrator and found the facility took the detainee to his off-site medical appointment for his lower back the week before ODO's inspection. Facility medical staff initially examined the detainee and submitted a referral for a mid-level provider to examine his lower back. On August 9, 2022, the mid-level provider examined the detainee and submitted a routine referral for an X-ray of the lumbar region. The detainee had an X-ray of the lumbar spine conducted on August 17, 2022. The provider then evaluated the detainee on August 25, 2022 and went over the X-ray results with the detainee. The X-ray showed no acute findings and the provider ordered no sports for 8 weeks, and a low bunk and low tier for the next 3 months. ODO also confirmed facility staff instructed the detainee on using a tablet to request medical care.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

CARE

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)

ODO reviewed the medical records of 16 detainees the facility placed on suicide watch during the inspection period and found in 3 out of 16 records, the staff did not document continuous monitoring at least every 15 minutes. Specifically, ODO found staff logged continuous monitoring entries between 16 and 39 minutes (**Deficiency SSHSPI-34⁶**). **This is a repeat deficiency.**

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 18 of those standards. ODO found one deficiency in the remaining one standard. 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. ODO has not

⁶ "The qualified mental health professional may place the detainee in a special isolation room designed for evaluation and treatment with continuous monitoring that must be documented every 15 minutes or more frequently if necessary." See ICE PBNDS 2011, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

received the UCAP for ODO’s last inspection of IRDF in February 2022.

Compliance Inspection Results Compared	First FY 2022 (PBNS 2011) (Revised 2016)	Second FY 2022 (PBNS 2011) (Revised 2016)
Standards Reviewed	24	19
Deficient Standards	2	1
Overall Number of Deficiencies	2	1
Repeat Deficiencies	0	1
Areas Of Concern	0	0
Corrective Actions	1	0
Facility Rating	Superior	N/A