



**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

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

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

**Imperial Regional Detention Facility  
Calexico, California**

**August 9-12, 2021**

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

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## **FOLLOW-UP 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 follow-up compliance inspection of the Imperial Regional Detention Facility (IRDF) in Calexico, California, from August 9 to 12, 2021.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of IRDF from February 1 to 4, 2021. IRDF opened in 2014, is owned by Imperial Valley Gateway Center, LLC, and is operated by Management and Training Corporation (MTC). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at IRDF in September 2014 under the oversight of ERO’s Field Office Director (FOD) 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 IRDF. An IRDF facility administrator handles daily facility operations and manages [REDACTED] support personnel. MTC provides food services and medical care, and Keefe Commissary Group provides commissary services at IRDF. IRDF was accredited by the American Correctional Association in January 2019 and the National Commission on Correctional Health Care in February 2020. In June 2018, 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 Detainee Bed Capacity <sup>2</sup>	[REDACTED]
Average ICE Detainee Population <sup>3</sup>	[REDACTED]
Male Detainee Population (as of August 9, 2021)	[REDACTED]
Female Detainee Population (as of August 9, 2021)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2021, ODO found 15 deficiencies in the following areas: Emergency Plans (7); Food Service (1); Funds and Personal Property (2); Grievance System (2); Hunger Strikes (1); Medical Care (1); and Use of Force and Restraints (1).

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

<sup>2</sup> Data Source: ERO Facility List Report as of August 9, 2021.

<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 Uniform Corrective Action Plan, 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 noncompliant during both inspections are annotated as "Repeat Deficiencies" in this report.

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.

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

PBNDs 2011 (Revised 2016) Standards Inspected <sup>4</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Emergency Plans	0
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 – Security</b>	
Admission and Release	1
Custody Classification System	0
Funds and Personal Property	1
Special Management Units	0
Use of Force and Restraints	1
<b>Sub-Total</b>	<b>3</b>
<b>Part 4 – Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	1
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 6 – Justice</b>	
Grievance System	1
<b>Sub-Total</b>	<b>1</b>
<b>Total Deficiencies</b>	<b>5</b>

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

## DETAINEE RELATIONS

ODO interviewed 12 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. ODO conducted the detainee interviews via video teleconference.

*Medical Care:* One detainee stated she did not receive a response from the IRDF medical staff after submitting a sick call request to visit a gynecologist in July 2021. Additionally, the detainee stated she had difficulty attending outdoor recreation due to her broken foot.

- Action Taken: ODO reviewed the detainee's sick call requests, discussed the detainee's medical record with the IRDF health services administrator (HSA), and determined the detainee did not submit a sick call request. On July 7, 2021, the detainee arrived at IRDF and received her initial medical evaluation on July 8, 2021. During the exam, the detainee reported a past history of cervical cancer, and on the same day, the IRDF nurse practitioner wrote a referral for the detainee to visit a gynecologist with an outside provider. On July 9, 2021, ERO San Diego approved the request, and the IRDF medical staff scheduled the appointment with the outside provider for July 27, 2021. For unknown reasons, the outside provider cancelled and rescheduled the detainee's appointment for August 17, 2021. Following the detainee's interview on August 11, 2021, an IRDF officer notified the detainee of her upcoming appointment with the gynecologist. After the conclusion of the inspection, ODO confirmed the detainee attended her scheduled appointment with the outside provider; however, the provider could not complete the colposcopy exam due to the detainee's discomfort from her fractured toe and inability to remain in one position for a sufficient amount of time before the procedure could be completed. The IRDF medical staff rescheduled the detainee for an additional colposcopy appointment on September 13, 2021, in accordance with the outside provider's earliest availability.

*Recreation:* One detainee stated IRDF did not provide books in her native language of Turkish.

- Action Taken: ODO reviewed the IRDF book purchase requisition for June 2021 and interviewed the IRDF compliance manager, who stated IRDF maintains a wide selection of books in various languages for detainees. On June 28, 2021, the IRDF staff ordered an additional 64 books for detainees; however, the order did not include books printed in Turkish due to the small population of Turkish detainees at IRDF and no detainees had submitted requests for books in Turkish. On August 10, 2021, following the detainee interview, the IRDF staff ordered seven books in Turkish.

## FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### ADMISSION AND RELEASE (AR)

ODO reviewed [REDACTED] detainee detention files and found in [REDACTED] files the ICE Order to Detain

or Release forms (Form I-203 or I-203a) did not bear the ICE/ERO authorizing official's signature (**Deficiency AR-54**<sup>5</sup>).

## **FUNDS AND PERSONAL PROPERTY (FPP)**

ODO reviewed [REDACTED] detainee detention files and found in [REDACTED] files the Baggage Check Form (Form I-77) did not provide a brief description of the property container (**Deficiency FPP-95**<sup>6</sup>). **This is a repeat deficiency.**

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

ODO reviewed the after-action reviews for seven UOFR incidents and found in [REDACTED] reviews the composition of the after-action review team (AART) did not collectively include the IRDF facility administrator, the IRDF assistant facility administrator, the FOD's designee, and the IRDF HSA. Specifically, in [REDACTED] reviews, the AART did not include the FOD's designee; in [REDACTED] reviews, the AART did not include the IRDF HSA; and in [REDACTED] the AART did not include the IRDF assistant facility administrator (**Deficiency UOFR-154**<sup>7</sup>).

## **CARE**

### **MEDICAL CARE (MC)**

ODO reviewed [REDACTED] IRDF medical staff credential files and found in [REDACTED] files the professional license and registrations did not contain documentation of the primary source verification (**Deficiency MC-101**<sup>8</sup>). Prior to the completion of the inspection, the IRDF staff completed and retained the verification documentation for the four IRDF medical staff members.

## **JUSTICE**

### **GRIEVANCE SYSTEM (GS)**

ODO interviewed the IRDF grievance coordinator, reviewed [REDACTED] grievance appeals, and found in [REDACTED] out of [REDACTED] grievance appeals the facility administrator did not issue a decision to the detainees within five days of receipt of the appeal. Specifically, the facility administrator issued the decisions between [REDACTED] days after receipt of the appeals (**Deficiency GS-68**<sup>9</sup>). **This is a**

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<sup>5</sup> "An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee." See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(E).

<sup>6</sup> "The center part shall provide a brief description of the property container (for example, black suitcase, paper bag, etc.) and shall be attached to the detainee's booking card or detention file." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(I)(4).

<sup>7</sup> "The facility administrator, the assistant facility administrator, the Field Office Director's designee and the health services administrator (HSA) shall conduct the after-action review." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(3).

<sup>8</sup> "All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(I).

<sup>9</sup> "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,



**repeat deficiency**

**CONCLUSION**

During this inspection, ODO assessed IRDF’s compliance with 13 standards under PBND 2011 (Revised 2016) and found IRDF in compliance with 8 of those standards. ODO found five deficiencies in the remaining five standards, two of which were repeat deficiencies. ODO recommends ERO San Diego work with IRDF 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 IRDF on March 19, 2021.

<b>Compliance Inspection Results Compared</b>	<b>First FY 2021 (PBND 2011) (Revised 2016)</b>	<b>Second FY 2021 (PBND 2011) (Revised 2016)</b>
Standards Reviewed	21	13
Deficient Standards	7	5
Overall Number of Deficiencies	15	5
Repeat Deficiencies	0	2
Areas of Concern	1	0
Corrective Actions	0	0