



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
Unannounced Follow-Up Compliance
Inspection
2024-005-359

Enforcement and Removal Operations
ERO San Diego Field Office

Imperial Regional Detention Facility
Calexico, California

July 23-25, 2024

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

TABLE OF CONTENTS

| | |
|---|----------|
| FACILITY OVERVIEW | 4 |
| UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION PROCESS | 5 |
| FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES..... | 6 |
| DETAINEE RELATIONS | 7 |
| UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS..... | 7 |
| SECURITY | 7 |
| FUNDS AND PERSONAL PROPERTY..... | 7 |
| CONCLUSION | 7 |

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



| | |
|--|----------------------|
| Team Lead | ODO |
| Senior 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 an unannounced follow-up compliance inspection of the Imperial Regional Detention Facility (IRDF) in Calexico, California, from July 23 to 25, 2024.¹ This inspection focused on the standards found deficient during ODO’s last inspection of IRDF from January 23 to 25, 2024. 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).

[REDACTED] A facility administrator handles daily facility operations and manages [REDACTED] 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 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 | [REDACTED] |
| Average ICE Population ³ | [REDACTED] |
| Adult Male Population (as of July 23, 2024) | [REDACTED] |
| Adult Female Population (as of July 23, 2024) | [REDACTED] |

During its last full inspection, in Fiscal Year (FY) 2024, ODO found 3 deficiencies in the following areas: Environmental Health and Safety (1); Medical Care (1); and Personal Hygiene (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 Custody Management Division Authorized Facility List as of July 22, 2022.

³ *Ibid.*

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for longer than 72 hours, to assess compliance with ICE National Detention Standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all over 72-hour ICE detention facilities with an ADP of 10 or more detainees that ODO conducted a full inspection of earlier in the FY.⁴

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which may 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.

In FY 2022, ODO began conducting unannounced inspections of ICE detention facilities, ensuring each facility subject to biannual inspections receives an unannounced inspection at least once every 3 years. Upon completion of each special review or unannounced 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 UCAPs; 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.

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 Inspected ^{5,6,7} | 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 | 2 |
| Searches of Detainees | 0 |
| Special Management Units | 0 |
| Use of Force and Restraints | 0 |
| Sub-Total | 2 |
| 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 | 0 |
| Sub-Total | 0 |
| Part 5 - Activities | |
| Trips for Non-Medical Emergencies | 0 |
| Sub-Total | 0 |
| Part 6 - Justice | |
| Law Libraries and Legal Material | 0 |
| Sub-Total | 0 |
| Total Deficiencies | 2 |

⁵ For greater detail on ODO's findings, see the *Unannounced Follow-Up Compliance Inspection Findings* section of this report.

⁶ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

⁷ During an unannounced inspection, ODO will review a facility's compliance with at least 10 individual standards; however, unannounced full inspections will include a review of the same standards as announced full inspections.

DETAINEE RELATIONS

ODO interviewed 18⁸ detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All 18 detainees reported satisfaction with facility services.

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed █ detainee files and found in █ out of █ files, facility staff nor detainees completed an itemized inventory of all detainee baggage and personal property (separate from funds and valuables) during admissions processing (**Deficiency FPP-80⁹**).

ODO reviewed the facility's completed, two quarterly inventories of detainee baggage and other non-valuable property during the inspection period and found in both inventories, facility staff did not log the time of the audits (**Deficiency FPP-124¹⁰**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 16 of those standards. ODO found two deficiencies in the remaining one standard. IRDF has trended upward, going from 3 deficient standards with 3 deficiencies in January 2024, to 1 deficient standard with 2 deficiencies during this most recent inspection. The facility's ability to sustain a high-level of compliance with the PBNDS 2011 (Revised 2016) is a direct reflection of collaborative effort between ERO San Diego and IRDF. IRDF completed its UCAP for its last inspection in January 2024, which likely resolved the previous deficiencies ODO cited. ODO recommends ERO San Diego continue to work with the facility to ensure compliance with the PBNDS 2011 (Revised 2016).

⁸ ODO attempted to interview an additional 12 detainees; however, they all refused.

⁹ "An itemized inventory of all detainee baggage and personal property (separate from funds and valuables) shall be completed during admissions processing using the personal property inventory form." *See* ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(I).

¹⁰ "The facility's inventory audit shall indicate the inventory's date and time, and the name of the officer(s) conducting the inventory." *See* ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(J).

| Compliance Inspection Results Compared | FY 2024 Full Inspection (PBNDS 2011) (Revised 2016) | FY 2024 Follow-Up Inspection (PBNDS 2011) (Revised 2016) |
|---|--|---|
| Standards Reviewed | 26 | 17 |
| Deficient Standards | 3 | 1 |
| Overall Number of Deficiencies | 3 | 2 |
| Priority Component Deficiencies | 0 | 0 |
| Repeat Deficiencies | 0 | 0 |
| Areas Of Concern | 0 | 0 |
| Corrective Actions | 0 | 0 |
| Facility Rating | Superior | N/A |