



**U.S. Department of Homeland Security**  
U.S. Immigration and Customs Enforcement  
Office of Professional Responsibility  
ICE Inspections  
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**Office of Detention Oversight  
Follow-Up Compliance Inspection  
2023-002-113**

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

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

**April 25-27, 2023**

**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**



Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
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 Otay Mesa Detention Center (San Diego CDF) (SDCDF) in San Diego, California, from April 25 to 27, 2023.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last full inspection of SDCDF from October 18 to 20, 2022. The facility opened in 2015 and is owned and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at SDCDF in 2015 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 a detention service compliance officer full-time to the facility and they are on-site daily, Monday through Friday, from 8 a.m. to 4:30 p.m. A facility warden handles daily operations and supervises [REDACTED] support personnel. Trinity Service Group provides food services, CoreCivic provides medical care, and Keefe Group provides commissary services at the facility. The facility was accredited by the American Correctional Association in January 2023 and the National Commission on Correctional Health Care in July 2021. In July 2022, SDCDF was audited by 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>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of April 25, 2023)	[REDACTED]
Adult Female Population (as of April 25, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found eight deficiencies in the following areas: Key and Lock Control (4) and Tool Control (4).

<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>2</sup> Data Source: ERO Facility List as of April 10, 2023.

<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	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Key and Lock Control	0
Special Management Units	0
Staff-Detainee Communication	1
Tool Control	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 4 – Care</b>	
Food Service	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	1
Terminal Illness, Advance Directives and Death	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 5 – Activities</b>	
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Grievance System	1
<b>Sub-Total</b>	<b>1</b>
<b>Total Deficiencies</b>	<b>3</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 30 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 concern listed below.

*Visitation:* One detainee stated the facility did not answer her request to visit her husband housed at the same facility.

- Action Taken: ODO interviewed the facility administrator, reviewed the detainee's detention files, and found the detainee, her husband and sister arrived at the facility on April 18, 2023, with similar assigned non-citizen numbers. On April 26, 2023, the housing officer explained to ODO any visits with existing family members must go through ERO San Diego to verify identity and proof of relationship. On the same day, an ERO San Diego supervisory detention and deportation officer (SDDO) retrieved grievance requests and found the detainee submitted only one grievance, dated April 24, 2023, regarding sponsorship and no request at all for visitation. The SDDO also provided an email to the detainee's deportation officer (DO), dated April 19, 2023, regarding family verification and explained most family members have similar non-citizen numbers as a means of confirming relationships. On April 25, 2023, the SDDO received another email from the DO to confirm the detainee's marital status and to explain visitation procedures and scheduling. On the same day, ODO advised the detainee to submit a grievance request to visit her husband. ODO worked with the facility housing officer and SDDO to expedite the visitation process, and the detainee met with her husband on April 27, 2018, for the first time since arriving at the facility.

## FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### STAFF-DETAINEE COMMUNICATION (SDC)

ODO examined the ICE review model protocol forms from October 24, 2022, to March 31, 2023, and found ERO San Diego did not test all phones for detainees on the weeks of December 26-30, 2022, and January 2-6, 2023 (**Deficiency SDC-24**<sup>6</sup>).

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<sup>6</sup> "Field Office Directors shall ensure that all phones for detainee use are tested at least weekly in accordance with standard '5.6 Telephone Access.'" See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(C).

## CARE

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

ODO reviewed the medical files of 10 detainees on suicide precautions and found in 1 out of 10 files, 2 occurrences in which clinical staff documented continuous monitoring close observation between 20 and 25 minutes instead of 15 minutes, as required by the standard (**Deficiency SSHSPI-34<sup>7</sup>**). **This is a priority component.**

## JUSTICE

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

ODO reviewed █ detainee detention files and found █ out of █ files, no copy of the final grievance disposition (**Deficiency GS-83<sup>8</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 15 of those standards. ODO found three deficiencies in the remaining three standards. Since SDCDF's last full inspection in October 2022, the facility has shown improvement. SDCDF went from two deficient standards and eight deficiencies in October 2022 to three deficient standards with three deficiencies during the most recent follow-up inspection, which includes one priority component deficiency for not documenting 15-minute rounds for detainees placed on suicide precaution. The facility's improved performance was a result of completing the uniform corrective action plan for ODO's last inspection of SDCDF in October 2022. ODO recommends ERO San Diego continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

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<sup>7</sup> "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 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

<sup>8</sup> "A copy of the grievance disposition shall be placed in the detainee's detention file and provided to the detainee within five days." *See* ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(D).



<b>Compliance Inspection Results Compared</b>	<b>FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)</b>	<b>FY 2023 Follow-up Inspection (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	25	18
Deficient Standards	2	3
Overall Number of Deficiencies	8	3
Priority Component Deficiencies	0	1
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	1	0
Facility Rating	Superior	N/A