



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

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

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

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

April 26-29, 2021

FOLLOW-UP COMPLIANCE INSPECTION
of the
OTAY MESA DETENTION CENTER (SAN DIEGO CDF)
San Diego, California

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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 26 to 30, 2021.¹ This inspection focused on the standards found deficient during ODO's last inspection of SDCDF from November 2 to 6, 2020. 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 (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 the facility. An SDCDF warden handles daily facility operations and manages [REDACTED] personnel. Trinity Food Service provides food services, and CoreCivic provides medical care and commissary services at the facility. The facility was accredited by the American Correctional Association in January 2020.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	1142
Average ICE Detainee Population ³	[REDACTED]
Male Detainee Population (as of April 26, 2021)	[REDACTED]
Female Detainee Population (as of April 26, 2021)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2021, ODO found eight deficiencies in the following areas: Admission and Release (3); Staff-Detainee Communication (1); Medical Care (3); and Telephone Access (1).

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

² Data Source: ERO Facility List Report as of April 26, 2021.

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 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.

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 Inspected⁴	Deficiencies
Part 1 – Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	2
Custody Classification System	0
Funds and Personal Property	1
Special Management Units	1
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	4
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	1
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	1
Part 5 – Activities	
Telephone Access	0
Sub-Total	0
Total Deficiencies	5

⁴ 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. One detainee exhibited signs of mental health issues during the interview, and ODO immediately referred him to both ERO and facility medical staff for follow-up. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

Medical Care: One detainee stated he had surgery and the prescribed pain medication did not alleviate his pain.

- Action Taken: ODO interviewed the health service administrator (HSA) who conducted a medical record review and confirmed the detainee's arrival on March 18, 2021, completion of the initial screening by the nurse practitioner (NP) on the same day, and a health appraisal on the following day. During the health appraisal, the detainee reported chronic back pain due to surgery, and the NP continued his prescriptions of Ibuprofen (600 mg), Tylenol (500 mg), and related blood pressure medication. On April 5, 2021, the physician examined the detainee and increased the Ibuprofen to 800 mg. On April 18, 2021, the registered nurse (RN) examined the detainee during sick call and referred him to the NP. On April 20, 2021, the NP prescribed a lidocaine patch to be used daily. On April 29, 2021, medical staff re-evaluated the detainee and continued the medication as prescribed.

Medical Care: One detainee stated the medical staff did not prescribe effective medication for a discharge in the detainee's ears.

- Action Taken: ODO interviewed the HSA who conducted a medical record review and confirmed the facility RN examined the detainee on December 10, 2020, for earache and pressure in his right ear during a sick call visit. The RN referred the detainee to the NP who prescribed ear drops on the same day. The NP performed the annual physical on February 16, 2021, during which the detainee denied having any current medical problems or history of chronic disease. On April 29, 2021, the NP examined the detainee and prescribed fluticasone spray to treat the detainee's allergies which caused the pressure in his ears.

Medical Care: One detainee stated he needs medical insoles for his feet.

- Action Taken: ODO interviewed the facility's HSA who conducted a medical record review. ODO confirmed the detainee submitted a sick call request on September 10, 2020, for orthopedic shoes and the NP subsequently referred the detainee to the physician. On September 22, 2020, the physician examined the detainee and referred him to an outside orthopedic specialist. On October 28, 2020, an outside orthopedic specialist examined the detainee, issued him orthotics, and reviewed the instructions for use with him. On April 29, 2021, the physician examined the detainee's orthotics and noted their good condition; however, the detainee ended the appointment, stating he wanted to order shoes from Amazon.

Significant Self-Harm and Suicide Prevention and Intervention: One detainee stated he wanted to speak to a mental health professional but did not indicate any intention to harm himself or others.

- Action Taken: The facility's mental health staff evaluated the detainee on April 28, 2021, based on ODO's referral. The detainee denied any symptoms and was currently experiencing normal reactions to occasional bouts of anxiety and depression due to his year-and-a-half-long detention and wait for the court's response on his immigration status. Mental health staff indicated the detainee was a highly active person, well-adjusted in his housing unit, working, socializing, and praying with a group frequently, while maintaining close ties with his family via telephone. Mental health staff did not see the necessity to follow up with the detainee and instructed him to contact mental health should he need to address any issues in the future.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed training documents for [REDACTED] staff members assigned to intake and found [REDACTED] staff did not have documentation of adequate training on the admissions process (**Deficiency AR-10⁵**).

ODO reviewed six files for detainees released from the facility and found five out of six files did not contain the Form I-203, Order to Detain or Release (**Deficiency AR-80⁶**).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the facility's detainee handbook and found no procedures for the detainee to claim property upon release, transfer, or removal (**Deficiency FPP-18⁷**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed 12 detainee files for detainees placed in administrative segregation due to COVID-19 quarantine overflow and found 12 out of 12 files did not contain a medical professional's signature on the administrative segregation order (**Deficiency SMU-30⁸**).

⁵ "Staff members shall be provided with adequate training on the admissions process at the facility." See ICE PBNDS 2011 (Revised 2016), Standard, Admission & Release, Section (V)(B)(1).

⁶ "A detainee's out-processing begins when release processing staff receive the Form I-203, "Order to Detain or Release," signed by an authorizing official." See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(H)(1).

⁷ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures related to personal property, including:

4. the procedure for claiming property upon release, transfer, or removal." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(C)(4).

⁸ "A medical professional who ordered a detainee removed from the general population shall complete and sign an administrative segregation order (see below), unless the detainee is to stay in the medical department's isolation ward." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(A)(1)(g).

CARE

MEDICAL CARE (MC)

ODO reviewed 12 detainee medical records and found in 7 out of 12 medical records, the physician did not review the comprehensive health assessments to assess the priority for treatment (Deficiency MC-140⁹).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 14 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 10 of those standards. ODO found five deficiencies in the remaining four standards. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	First FY 2021 (PBNDS 2011) (Revised 2016)	Second FY 2021 (PBNDS 2011) (Revised 2016)
Standards Reviewed	21	14
Deficient Standards	4	4
Overall Number of Deficiencies	8	5
Repeat Deficiencies	1	0
Areas of Concern	1	0
Corrective Actions	2	0

⁹ "The CMA shall be responsible for review of all comprehensive health assessments to assess the priority for treatment." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(M).