



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
Compliance Inspection

Enforcement and Removal Operations
ERO San Diego Field Office

Otay Mesa Detention Center
San Diego, California

November 2-6, 2020

COMPLIANCE INSPECTION
of the
OTAY MESA DETENTION CENTER
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 compliance inspection of the Otay Mesa Detention Center (OMDC) in San Diego, California, from November 2 to 6, 2020.¹ The facility opened in October 2015 and is owned and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at OMDC in October 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 deportation officers and a detention services manager (DSM) to the facility. An OMDC warden handles daily facility operations and is supported by █████ personnel. Trinity Service Group provides food services, CoreCivic provides medical care and commissary services at the facility. The facility was accredited by the American Correctional Association in January 2020, and by the National Commission on Correctional Health Care in September 2017.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	1142
Average ICE Detainee Population ³	████
Male Detainee Population (as of 11/17/2020)	████
Female Detainee Population (as of 11/17/2020)	████

During its last inspection, in Fiscal Year (FY) 2020, ODO found 9 deficiencies in the following areas: Admission and Release (1); Disability Identification, Assessment, and Accommodation (1); Environmental Health and Safety (2); Funds and Personal Property (2); Food Service (1); Medical Care (1); and Religious Practices (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 November 9, 2020.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, 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.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

Upon completion of each 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 corrective action plans; 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.

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.

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

PBNS 2011 (Revised 2016) Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	3
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Population Count	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	1
Use of Force and Restraints	0
Sub-Total	4
Part 4 – Care	
Food Service	0
Disability Identification, Assessment, and Accommodation	0
Hunger Strikes	0
Medical Care	3
Medical Care – Women	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	3
Part 5 – Activities	
Religious Practices	0
Telephone Access	1
Sub-Total	1
Part 6 – Justice	
Grievance System	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	8

⁵ For greater detail on ODO’s findings, see the *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, nor abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

Food Service: One detainee disclosed she is diabetic, and the food being served at the facility is not good for her medical condition.

- Action Taken: On November 3, 2020, ODO reviewed the facility's medical diet reports and interviewed the food service director (FSD), which confirmed the detainee is listed as receiving a medical diet base on the detainee's health restrictions. Additionally, ODO found the facility's special diet program have been approved by a registered dietician and all dietary meals are prepared and served in accordance with the health authority.

Medical Care: One detainee complained the medical care staff only handles one medical concern per each medical visit.

- Action Taken: On November 4, 2020, ODO reviewed the detainee's medical records and interviewed the health services administrator (HSA). ODO found the detainee received an initial health appraisal on October 16, 2020, which yielded no medical concerns by the detainee. On October 21, 2020, the detainee submitted a sick call request concerning a cough, was seen by the practitioner registered nurse and was prescribed Guaifenesin as treatment. On October 27, 2020, the detainee was seen by a doctor due to his/her positive COVID-19 test, where the detainee denied having any active symptoms. On October 28, 2020, the detainee submitted a sick call request concerning dandruff and was prescribed anti-dandruff shampoo and educated on its use. The HSA advised ODO the facility's policy is to accommodate multiple complaints or issues per sick call request. There were no additional sick call requests noted in the detainee's medical record.

Medical Care: One detainee advised he was prescribed medication for his chronic leg pain; however, the medication was not effective.

- Action Taken: On November 3, 2020, ODO reviewed the detainee's medical record and interviewed the HSA. ODO found the detainee submitted a sick call request and was seen on September 26, 2020, regarding left knee pain. The detainee was prescribed Naproxen 500mg, Bengay Ultra Strength External Cream, and issued an ace bandage wrap until the appropriate knee brace becomes available. On October 19, 2020, the detainee received a follow up examination and at that time, the detainee advised the pain in his left knee was subsiding.

Medical Care: One detainee complained the facility staff confiscated her podiatric prosthetic device during her initial admission into OMDC custody.

- **Action Taken:** On November 4, 2020, ODO reviewed the detainee's medical record and interviewed the HSA. ODO found the detainee's medical records indicated the detainee received an initial health appraisal on October 26, 2020. However, the detainee's record did not annotate the use nor possession of a podiatric prosthetic device during the initial health appraisal. On November 15, 2020, the detainee was evaluated regarding a sick call request, which the detainee was provided and educated on the use of an ankle brace concerning her right foot pain.

Medical Care: One detainee complained the facility's medical staff took her off the medication régime she was prescribed prior to being placed in ICE custody.

- **Action Taken:** On November 3, 2020, ODO reviewed the detainee's medical record and interviewed the HSA. ODO found the detainee's prior medical régime consisted of the following medications; Asmanex, Losartan, Spironolactone, Furosemide, Omeprazole, Chlorthalidone, Amlodipine, Duloxetine, Trazodone, Ziprasidone, and Buspirone. On November 3, 2020, the HSA confirmed to ODO, the detainee's medical records indicated the detainee continues to receive the same medication régime prescribed to her prior to arriving at the OMDC facility. The HSA advised ODO the detainee will be reeducated of the medications she is currently prescribed.

Religious Practices: One detainee advised she is unable to practice her religion at the facility because of bullying from other detainees.

- **Action Taken:** On November 3, 2020, ODO interviewed the DSM, which revealed the detainee alleged two accusations of being physically assaulted while practicing her faith. The DSM informed ODO, the facility reviewed recorded video footage during the times and locations where the detainee reported the assault occurred; however, review of the video did not produce anyone physically assaulting the detainee nor in direct contact with her. ODO reviewed the detainee's file, which revealed the detainee received a disciplinary infraction for making a false report regarding the second alleged assault. Additionally, the detainee's file revealed the detainee filed a grievance regarding this concern, and OMDC staff addressed and resolved the bullying issue. More so, the facility annotated they advised the complainant the facility was unable to disclose specifics about what type of punishment if any, was given to the accused detainees.

Staff-Detainee Communication: Multiple detainees complained that ERO officers do not visit housing units according to the posted scheduled visits if at all.

- **Action Taken:** On November 2, 2020, ODO interviewed the ERO assigned supervisory detention and deportation Officer (SDDO), who indicated the facility has been utilizing quarantine protocols since April 2020, due to the COVID-19 pandemic. Additionally, the SDDO disclosed general movement throughout the facility has been limited for detainees and ERO, in an attempt to reduce the spread of COVID-19. On November 4, 2020, the SDDO instructed ERO staff to personally speak with the detainees and to ensure any issues or questions are resolved. ODO reviewed housing unit logs and

confirmed ERO staff is visiting housing units on a regular basis to communicate with detainees at OMDC.

Staff-Detainee Communication: One detainee indicated facility staff officers of the opposite sex do not announce themselves when they enter the housing units.

- Action Taken: On November 2, 2020, ODO interviewed the assigned SDDO, and facility leadership, about the detainee's concern, who indicated both facility staff and ERO staff will receive refresher training to ensure any future interactions between staff and detainee are according to the current policies and standards.

Staff-Detainee Communication: One detainee indicated she submitted two medical release requests to ICE and has not received a response.

- Action Taken: On November 3, 2020, ODO reviewed the detainee's file, and interviewed the SDDO, who informed ODO the detainee's medical release request was denied due to her strong criminal history. The detainee's file indicates she is scheduled for an immigration court hearing in December 2020 and was informed to contact the ICE compliance unit immediately, if she felt she was not being provided a proper response from ICE and/or CoreCivic.

Telephone Access: One detainee complained the telephone line disconnects frequently during his personal/legal phone calls.

- Action Taken: On November 3, 2020, ODO interviewed facility leadership, reviewed the facility's serviceability report, and the ICE phone tracker report, which revealed the facility does not follow-up on issues reported by the detainees and others. ODO annotated this issue within the inspection as a deficiency. The facility advised ODO the detainees will be informed and educated on how to report future incidents and disclose the facility would accommodate any detainee by adding lost minutes to their respective phone cards.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed 12 detainee files and found 12 out of 12 detainee files had the Order to Detain Forms (Form I-203); however, two detainee files were not signed by an authorized ERO official (**Deficiency A&R-1⁶**).

ODO reviewed the facility's A&R program, interviewed the facility's quality assistant manager (QAM), and found the facility's orientation policy and procedures were not approved in advance by ERO (**Deficiency A&R-2⁷**).

ODO reviewed the facility's A&R program, interviewed the facility's QAM, and found the facility's release policy and procedures were not approved in advance by ERO (**Deficiency A&R-3⁸**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the facility's SDC program, interviewed 12 detainees, and found that ICE/ERO staff members did not announce their presence when entering the housing unit (**Deficiency SDC-1⁹**).

ODO interviewed the facility's staff, reviewed the facility's SDC program, and notes as an **Area of Concern**, the facility's telephone serviceability test forms lacks the required information for ODO to determine if the facility conducted daily operational telephone systems checks and if the free telephone numbers were posted accordingly. The facility's telephone serviceability test form did not indicate these items were properly monitored and posted according to standard "5.6 Telephone Access" as referenced by the Staff-Detainee Communication Standard.

CARE

MEDICAL CARE (MC)

ODO reviewed 12 medical records and found one out of two detainees enrolled in the mental health chronic care clinic with prescribed psychotropic medications, did not have documentation demonstrating the detainee was evaluated by an appropriate medical professional, at least once a

⁶ "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, Standard, Admission & Release, Section (V)(E). **This is a Repeat Deficiency.**

⁷ "All facilities shall have a method to provide ICE/ERO detainees an orientation to the facility as soon as practicable, in a language or manner that detainees can understand. Orientation procedures in CDFs and IGSA's must be approved in advance by the local ICE/ERO Field Office." *See* ICE PBNDS 2011, Standard, Admission and Release, Section (V)(F).

⁸ "ICE/ERO shall approve all facility release procedures." *See* ICE PBNDS 2011, Standard, Admission and Release, Section (V)(H).

⁹ "ICE/ERO staff members shall announce their presence when entering a housing unit." *See* ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(A).

month, to ensure proper treatment and dosage (**Deficiency MC-1¹⁰**).

ODO reviewed 12 medical records and found two out of two detainees enrolled in the mental health chronic care clinic with prescribed psychotropic medications, did not have a consent form for psychotropic medications or medication education prior to initiation of treatment on file (**Deficiency MC-2¹¹**).

ODO reviewed 12 medical records and found two out of two detainees enrolled in the mental health chronic care clinic prescribed to receive psychotropic medications, refused the medication(s); however, medical records did not have documentation of the signed refusal forms (**Deficiency MC-3¹²**).

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO reviewed the facility's TA program, interviewed facility's staff, reviewed the serviceability test forms, and found the facility does not follow up on telephone related issues reported by the detainees and/or others (**Deficiency TA-1¹³**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 21 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 17 of those standards. ODO found eight deficiencies in the remaining four standards. ODO commends facility staff for their responsiveness during this inspection. ODO noted one **Area of Concern** involving the telephone serviceability test form at the facility, as the form lacked the required information for ODO to determine if the facility ensured daily that the telephone systems were operational and that the free telephone number list was posted. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

¹⁰ "Any detainee prescribed psychiatric medications must be regularly evaluated by a duly-licensed and appropriate medical professional, at least once a month, to ensure proper treatment and dosage; because of a mental health condition. The CMA shall be responsible for the daily reassessment of the need for continued medical isolation to ensure the health and safety of the detainee." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(O)(4).

¹¹ "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication's side effects, shall be obtained." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(AA)(4).

¹² "Medical staff shall explain the medical risks if treatment is declined and shall document their treatment efforts and refusal of treatment in the detainee's medical record. Detainees will be asked to sign a translated form that indicates that they have refused treatment." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(AA)(9).

¹³ "Each facility shall maintain detainee telephones in proper working order. Designated facility staff shall inspect the telephones daily, promptly report out-of-order telephones to the repair service so that required repairs are completed quickly. This information shall be logged and maintained by each Field Office." See ICE PBNDS 2011, Standard, Telephone Access, Section (V)(A)(3).

Compliance Inspection Results Compared	FY 2020 (PBNS 2011 Revised 2016)	FY 2021 (PBNS 2011 Revised 2016)
Standards Reviewed	18	21
Deficient Standards	7	4
Overall Number of Deficiencies	9	8
Repeat Deficiencies	1	1
Corrective Actions	2	0