



**U.S. Department of Homeland Security**  
U.S. Immigration and Customs Enforcement  
Office of Professional Responsibility  
ICE Inspections  
Washington, DC 20536-5501

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**Office of Detention Oversight  
Compliance Inspection**

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

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

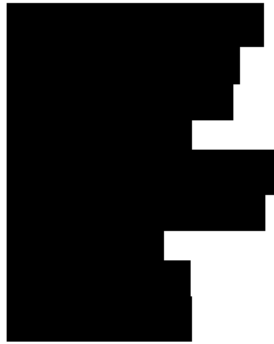
**October 18-20, 2022**

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

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## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
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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 compliance inspection of the Otay Mesa Detention Center (San Diego CDF) (SDCDF) in San Diego, California, from October 18 to 20, 2022.<sup>1</sup> 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 does not have any staff assigned to the facility. 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 2019 and the National Commission on Correctional Health Care in 2021. In July 2022, SDCDF 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 <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of October 18, 2022)	[REDACTED]
Adult Female Population (as of October 18, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2022, ODO found five deficiencies in the following areas: Environmental Health and Safety (1); Food Service (2); Telephone Access (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 greater than 72 hours.

<sup>2</sup> Data Source: ERO Facility List as of October 17, 2022.

<sup>3</sup> *Ibid.*

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10 and where detainees are housed for over 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.<sup>4</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as “deficiencies.” ODO highlights instances when 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.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

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

<b>PBND Standards 2011 (Revised 2016) Standards Inspected<sup>5,6</sup></b>	<b>Deficiencies</b>
<b>Part 1 - Safety</b>	
Emergency Plans	0
Environmental Health and Safety	0
Transportation (by Land)	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Contraband	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Key and Lock Control	4
Special Management Units	0
Tool Control	4
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>8</b>
<b>Part 3 - Order</b>	
Disciplinary System	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
Food Service	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Recreation	0
Visitation	0
<b>Sub-Total</b>	<b>0</b>

<sup>5</sup> For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

<sup>6</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.

<b>Part 6 - Justice</b>	
Detainee Handbook	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 7 - Administration and Management</b>	
Staff Training	0
<b>Sub-Total</b>	<b>0</b>
<b>Other Standards Reviewed</b>	
DHS PREA Certified Facilities	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>8</b>

## DETAINEE RELATIONS

ODO interviewed 25 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.

*Medical Care (Women):* One detainee stated her dissatisfaction with facility medical care when medical staff diagnosed her chest pain and numbness in her arm as anxiety and placed her in a small room.

- Action Taken: ODO interviewed the facility’s health services administrator and confirmed the detainee arrived at the facility on September 23, 2022, and a registered nurse (RN) completed the detainee’s initial examination, noting no issues. The detainee reported suffering from anxiety during the initial mental health screening. On October 6, 2022, a nurse practitioner (NP) completed the comprehensive 14-day examination, diagnosed the detainee’s gastritis, and prescribed Omeprazole, 1 capsule daily, and Pepto Bismol, to be taken as needed. On October 15, 2022, an NP examined the detainee twice during sick call hours for chest pain, arm numbness, and anxiety. The NP completed cardiac and comprehensive vitals exams and found no abnormalities. The NP notified the detainee to return to the clinic if symptoms recurred. On October 17, 2022, the detainee stated to a facility psychologist she suffered from anxiety and had stopped taking her medication. The detainee also declined further mental health services. On October 18, 2022, an RN examined the detainee following ODO’s interview with her, determined all her vitals were within normal limits, and noted no current medical complaints from the detainee. The RN instructed the detainee to return to sick call as needed.

# COMPLIANCE INSPECTION FINDINGS

## SECURITY

### TOOL CONTROL (TC)

ODO reviewed the facility's tool control program and found facility department heads did not retain a copy of class "R" tool inventories in their departments (**Deficiency TC-54**<sup>7</sup>).

ODO reviewed the facility's tool control inventories and found the tool control officer did not completely retype nor reprint and insert into the master inventory, a page when an addition or deletion was made to the master inventory (**Deficiency TC-109**<sup>8</sup>).

ODO reviewed the facility's tool control and found facility staff did not place the completed annual inventory form on the left side of the folder and move the previous year's inventory to the right side (**Deficiency TC-116**<sup>9</sup>).

ODO reviewed the facility's tool control inventory folders and found each folder did not contain the materials for the current year plus the preceding two years, with a divider to separate the annual records (**Deficiency TC-117**<sup>10</sup>).

### KEY AND LOCK CONTROL (KLC)

ODO reviewed the facility's key and lock control program observed the facility's large security keys, and found the facility did not use key covers for large security keys to prevent detainees or other unauthorized persons from observing and duplicating them (**Deficiency KLC-11**<sup>11</sup>).

ODO reviewed the facility's key and lock control program and found the facility did not maintain documentation of the key control officer's training in the operation of gas/oxygen-cutting tools and end-saw equipment in case of an emergency (**Deficiency KLC-20**<sup>12</sup>).

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<sup>7</sup> "Each department head is responsible for implementing tool control procedures in that department, and the following procedures are specifically required of the facility maintenance department head, health services administrator (HSA), food service manager, electronics technician, recreation specialist and senior firearms instructor: ...

4. Retain a third copy in the department;"

See ICE PBNDS 2011 (Revised 2016), Standard, Tool Control, Section (V)(F)(4).

<sup>8</sup> "When an addition or deletion is made to the master inventory, the page on which the change is made shall be completely retyped or reprinted and inserted into the master inventory." See ICE PBNDS 2011 (Revised 2016), Standard, Tool Control, Section (V)(J)(6)(a).

<sup>9</sup> "When the annual inventory is completed, staff shall place the form on the left side of the folder and move the previous year's to the right side." See ICE PBNDS 2011 (Revised 2016), Standard, Tool Control, Section (V)(J)(6)(c).

<sup>10</sup> "Each folder shall contain the materials for the current year plus the preceding two years, with a divider to separate the annual records." See ICE PBNDS 2011 (Revised 2016), Standard, Tool Control, Section (V)(J)(6)(c).

<sup>11</sup> "Facilities shall use key covers for large security keys to prevent detainees or other unauthorized persons from observing and duplicating them." See ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(A)(9).

<sup>12</sup> "The security key control officer is trained in operation of gas/oxygen-cutting tools and end-saw equipment in case of an emergency;" See ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(B)(1)(g).



ODO reviewed the facility’s key and lock control program and found the facility did not maintain records on the key control officer's supplemental training in Occupational Safety and Health Administration standards and the National Fire Prevention Association’s life safety codes (**Deficiency KLC-27<sup>13</sup>**).

ODO reviewed the facility’s key and lock control program and found the facility’s shop inventory did not include, at a minimum, all unassigned padlocks (**Deficiency KLC-38<sup>14</sup>**).

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 25 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 23 of those standards. ODO found eight deficiencies in the remaining two standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO work with the facility 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 SDCDF on August 4, 2022.

<b>Compliance Inspection Results Compared</b>	<b>FY 2022 (PBNDS 2011) (Revised 2016)</b>	<b>FY 2023 (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	18	25
Deficient Standards	4	2
Overall Number of Deficiencies	5	8
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Superior

<sup>13</sup> “This training shall be supplemented with additional training in Occupational Safety and Health Administration standards and the National Fire Prevention Association’s life safety codes. Manufacturer’s instructions, user manuals, product orientations and demonstrations also provide useful guidance and shall be housed in a secure location.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(B)(2).

<sup>14</sup> “Lock shop inventories shall include, at a minimum, the following: ...

All unassigned padlocks;”

*See* ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(C)(3)(c).