



**U.S. Department of Homeland Security**

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight Division

Washington, DC 20536-5501

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**Office of Detention Oversight  
Compliance Inspection**

**Enforcement and Removal Operations  
ERO San Diego Field Office  
Imperial Regional Detention Facility  
Calexico, CA**

**December 8–10, 2015**

**COMPLIANCE INSPECTION  
for the  
IMPERIAL REGIONAL DETENTION FACILITY  
Calexico, California**

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**INSPECTION TEAM MEMBERS**



Lead Inspections and Compliance Specialist	ODO
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## EXECUTIVE SUMMARY

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Imperial Regional Detention Facility (IRDF), in Calexico, California, from December 8 to 10, 2015.<sup>1</sup> IRDF opened in 2014 and is owned by the City of Holtville, CA and operated by the Management and Training Corporation (MTC). The Office of Enforcement and Removal Operations (ERO) began housing detainees at IRDF in 2014 pursuant to a Dedicated Inter-governmental Service Agreement under the oversight of ERO’s Field Office Director (FOD) in San Diego, CA.

ERO staff members are assigned to the facility. A Detention Services Manager provides full-time coverage at the facility. A Warden is responsible for oversight of daily facility operations and is supported by (b)(7)e personnel. MTC provides medical and food services. The facility holds no accreditations at the time of inspection.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	704
Average ICE Detainee Population <sup>3</sup>	690
Male Detainee Population (as of 12/09/2015)	615
Female Detainee Population (as of 12/09/2015)	64

### OVERALL FINDINGS

This is ODO’s first inspection of the IRDF under the Performance-Based National Detention Standards (PBNDS) 2011. ODO reviewed the facility’s compliance with 16 standards and found the facility compliant with 12 standards. ODO found five deficiencies in the remaining four standards. ODO identified five opportunities where the facility initiated corrective action during the course of the inspection.<sup>4</sup> Finally, ODO found two deficiencies in two standards which are priority components.

Inspection Results	FY2016 (PBNDS 2011)
Standards Reviewed	16
Deficient Standards	4
Overall Number of Deficiencies	5
Corrective Actions Initiated	5
Best Practice	0
Deficient Priority Components	2

<sup>1</sup> Male and female detainees with low, medium and high security classification levels are detained at the facility for longer than 72 hours.

<sup>2</sup> Data Source: ERO Facility List Report as of December 8, 2015.

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

<sup>4</sup> Corrective actions, where immediately implemented, best practices and ODO recommendations, as applicable, have been identified in the *Inspection Findings* section and annotated with a “C”, “BP” or “R”, respectively.

## FINDINGS BY PBNDS 2011 MAJOR CATEGORIES

<b>PBNDS 2011 STANDARDS INSPECTED<sup>5</sup></b>	<b>DEFICIENCIES</b>
<b>Part 1 - Safety</b>	
1.2 - Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
2.1 - Admission and Release	0
2.2 - Custody Classification System	0
2.5 - Funds and Personal Property	0
2.11 - Sexual Abuse and Assault Prevention and Intervention	0
2.12 - Special Management Units	0
2.13 - Staff-Detainee Communication	1
2.15 - Use of Force and Restraints	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 4 - Care</b>	
4.1 - Food Service	2
4.3 - Medical Care	0
4.4 - Medical Care (Women)	0
4.6 - Significant Self-Harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 5 - Activities</b>	
5.6 - Telephone Access	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 6 - Justice</b>	
6.1 - Detainee Handbook	0
6.2 - Grievance System	1
6.3 - Law Libraries and Legal Materials	0
<b>Sub-Total</b>	<b>1</b>
<b>Total Deficiencies</b>	<b>5</b>

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

## INSPECTION PROCESS

Every fiscal year, the Office of Detention Oversight (ODO), a unit within U.S. Immigration and Customs Enforcement's (ICE) Office of Professional Responsibility (OPR), conducts compliance inspections at detention facilities in which detainees are accommodated for periods in excess of 72 hours and with an average daily population greater than ten to determine compliance with the ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable.

During the compliance inspection, ODO reviews each facility's compliance with those detention standards that directly affect detainee health, safety, and/or well-being.<sup>6</sup> Any violation of written policy specifically linked to ICE detention standards, ICE policies, or operational procedures that ODO identifies is noted as a deficiency. ODO also highlights any deficiencies found involving those standards that ICE has designated under either the PBNDS 2008 or 2011, to be "priority components."<sup>7</sup> Priority components have been selected from across a range of detention standards based on critical importance, given their impact on facility security and/or the health and safety, legal rights, and quality of life of detainees in ICE custody.

Immediately following an inspection, ODO hosts a closeout briefing in person with both facility and ERO field office management to discuss their preliminary findings, which are summarized and provided to ERO in a preliminary findings report. Thereafter, ODO provides ERO with a final compliance inspection report to: (i) assist ERO in working with the facility to develop a corrective action plan to resolve identified deficiencies; and (ii) provide senior ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. The reports enable senior agency leadership to make decisions on the most appropriate actions for individual detention facilities nationwide.

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<sup>6</sup> ODO reviews the facility's compliance with selected standards in their entirety.

<sup>7</sup> Priority components have not been identified for the NDS.

## DETAINEE RELATIONS

ODO interviewed 32 detainees, each of whom volunteered to participate. None of the detainees made allegations of mistreatment or discrimination. The majority of detainees reported being satisfied with facility services, with the exception of the complaints below:

- ***Admission and Release:***

Allegation: One detainee alleged during intake she was provided used undergarments.

Action Taken: Facility staff notified ODO that all undergarments issued to detainees are new. The undergarments issued were from different distributors and slightly varied in color. ODO observed the issuance of new undergarments to detainees during the admission process.

- ***Grievance System:***

Allegation: Four detainees alleged a staff officer was rude and verbally abusive towards detainees.

Action Taken: ODO verified there were grievances filed against the officer and facility management and ERO staff was informed of the grievances. The allegations were investigated and substantiated by facility management. The officer was counseled, received refresher training, and the incident was documented in the employee's performance file.

- ***Food Service:***

Allegation: Two detainees alleged the milk being served had passed the expiration date for use.

Action Taken: Food services notified ODO that expired milk is not served to detainees. During the lunch meal, ODO did not observe any expired milk on the food line or in storage containers.

- ***Staff-Detainee Communication:***

Allegation: One detainee alleged she submitted several requests and has not received a reply from ERO regarding her case.

Action Taken: ODO reviewed the ICE detainee request log and verified requests are not answered within three days. This was cited as a deficiency under the staff-detainee communication standard.

Allegation: One detainee alleged his court date kept getting extended every three months.

Action Taken: ODO was informed by ERO regarding the detainee's court date that the Pakistani consulate was expecting the imminent delivery of legal documents to return the detainee to Pakistan. ERO informed the detainee of this information.

- ***Religious Practices:***

Allegation: A detainee alleged there were no religious services provided in English.

Action Taken: The facility chaplain notified ODO that religious services are provided in English. In addition, the facility provided the detainee with the English version of the schedule.

- **Medical Care:**

Allegation: Two detainees alleged it takes two to three days to receive medical care after submitting a sick call request.

Action Taken: ODO notified medical services and was informed sick call requests are triaged within 24 hours and appointments are scheduled according to clinical judgment.

Allegation: One detainee alleged she was allergic to beef and beans and was placed on a special diet; however, she subsequently stopped receiving the special diet.

Action Taken: ODO notified medical services and was informed the detainee did not have a food allergy since she described experiencing symptoms of heartburn when she ate beef and beans; consequently, she was removed from the special diet.

Allegation: Four detainees alleged they were lactose intolerant and medical services would not provide prescriptions for lactose free milk.

Action Taken: ODO was informed by medical services the four detainees were not lactose intolerant.

Allegation: One detainee broke his tooth two weeks prior to ODO's arrival and alleged that he received no treatment and no pain medication.

Action Taken: ODO reviewed the detainee's medical record regarding his chipped tooth and found he was scheduled to see the dentist within three days of ODO's review and there was no complaint for pain.

Allegation: One detainee complained of having chest pain two months before ODO arrived. The detainee alleged he did not receive medication and said the doctor told him it would go away in three days. Additionally, the detainee is worried about a lump below his left breast.

Action Taken: ODO reviewed the medical record for the detainee with chest pains and the lump below the left breast. He was seen by medical services and prescribed Motrin for the chest pain. The detainee had been evaluated by a doctor the previous week and was told that the lump was a benign lymph node, and the doctor would follow up in three weeks.

Allegation: One detainee alleged nothing was being done to clean his teeth and braces or adjust his braces so they wouldn't rub his gums. He alleged he was not getting proper care.

Action Taken: ODO reviewed the detainee's medical record and found he had received the following treatment:

- 12/30/2014 his teeth were cleaned; according to the Health Services Administrator the wires on his braces were trimmed;
- 3/17/2015 his teeth were x-rayed;
- 3/18/2015 he received antibiotic therapy;
- 9/3/2015 he received a second cleaning;
- 9/28/2015 medical recommended a tooth extraction—he refused;
- He refused to take antibiotics and pain medications;
- 10/27/2015 Annual visit—he refused cleaning or treatment and he refused antibiotics and pain medication.

Allegation: One detainee was despondent over his medical condition alleging he had a bulge protruding from his side. He thought it was a hernia and that he needed an operation.

Action Taken: ODO reviewed the medical record for the detainee and found he had an ultrasound scheduled in three weeks for evaluation. This information was provided to the detainee by medical services.

Allegation: One detainee received a prescription for anti-fungus medication and wanted a refill.

Action Taken: The detainee was instructed by ERO to follow the facility policy and procedure regarding the refill of medications. These instructions are noted on the medical cart and are posted in the housing units, both in English and Spanish.

# INSPECTION FINDINGS

## SECURITY

### STAFF-DETAINEE COMMUNICATION (SDC)

ERO is not responding to received detainee requests within 3 business days (**Deficiency SDC-1<sup>8</sup>**).

*Corrective Action:* ERO initiated corrective action by sending an email to the Deportation Officers (DO) assigned reiterating the need to respond to all detainee requests within 3 business days (**C-1**).

## CARE

### FOOD SERVICE (FS)

The facility does not check food service line temperatures for all menu items (**Deficiency FS-1<sup>9</sup>**).

*Corrective Action:* The facility initiated corrective action by implementing procedures and creating forms to record temperatures of all hot and cold menu items (**C-2**).

The facility could not provide estimated quarterly cost for common fare menu (**Deficiency FS-2<sup>10</sup>**).

*Corrective Action:* The facility initiated corrective action by creating a record keeping system to track costs associated with the common fare menu program (**C-3**).

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<sup>8</sup> “In facilities with ICE/ERO onsite presence the ICE/ERO staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no later than within three (3) business days of receipt.” See ICE PBNDS 2011, Standard 2.13, Staff-Detainee Communication, Section (V)(B)(1)(a).

<sup>9</sup> “Sanitary guidelines are observed, with hot foods maintained at a temperature of at least 140 F degrees (120 F degrees in food trays) and foods that require refrigeration maintained at 41 F degrees or below.” See ICE PBNDS 2011, Standard 4.1, Food Service, Section (V)(D)(2)(a)(3). **This is a priority component.**

<sup>10</sup> “The Food Service Administrator (FSA) shall estimate quarterly costs for the common fare program and include this figure in the quarterly budget. The FSA shall maintain a record of the actual costs of both edible and non-edible items.” See ICE PBNDS 2011, Standard 4.1, Food Service, Section (V)(G)(14).

## ACTIVITIES

### TELEPHONE ACCESS (TA)

The facility staff does not report telephone outages to the repair service (**Deficiency TA-1<sup>11</sup>**).

*Corrective Action:* The facility initiated corrective action by submitting a telephone outage report to Talton Communications, the telephone service provider for the facility (**C-4**).

## JUSTICE

### GRIEVANCE SYSTEM (GS)

ODO reviewed 589 grievances from January 2015 to November 2015 and found 230 grievances alleging staff misconduct that were not submitted to ICE's Office of Professional Responsibility (OPR) Joint Intake Center and/or to the local OPR office for appropriate action (**Deficiency GS-1<sup>12</sup>**).

*Corrective Action:* ERO initiated corrective action by sending the 230 grievances alleging staff misconduct to the OPR Resident Agent in Charge (**C-5**).

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<sup>11</sup> "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." See ICE PBNDS 2011, Standard 5.6, Telephone Access, Section (V)(A)(3).

<sup>12</sup> "While such grievances are to be processed through the facility's established grievance system, CDFs and IGSA facilities must also forward a copy of any grievances alleging staff misconduct to ICE/ERO in a timely manner with a copy going to ICE's Office of Professional Responsibility (OPR) Joint Intake Center and/or local OPR office for appropriate action." See ICE PBNDS 2011, Standard 6.2, Grievance System, Section (V)(F). **This is a priority component.**