



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

**Office of Detention Oversight
Follow-Up Compliance Inspection
2024-002-304**

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

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


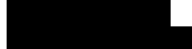
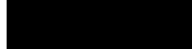
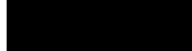
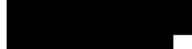
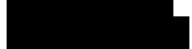


April 30-May 2, 2024

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
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Section Chief	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections

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) (OMDC) in San Diego, California, from April 30 to May 2, 2024.¹ This inspection focused on the standards found deficient during ODO’s last inspection of OMDC 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 OMDC 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).

[REDACTED] A senior warden handles daily facility operations and manages support personnel. Trinity Services provides food services, CoreCivic provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in July 2021 and American Correctional Association in January 2023. In July 2022, OMDC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified in September 2022.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of April 30, 2024)	[REDACTED]
Adult Female Population (as of April 30, 2024)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 6 deficiencies in the following areas: Post Orders (3); Staff-Detainee Communication (1); Hunger Strikes (1); and Medical Care (1).

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

² Data Source: ERO Custody Management Division Authorized Facility List as of April 29, 2023.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts biannual oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for longer than 72-hours, to assess compliance with ICE National Detention Standards. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all over-72-hour ICE detention facilities with an ADP of 10 or more detainees that ODO conducted a full inspection of earlier in the FY. Follow-up inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, and other standards ODO found deficient during the previous rated inspection to assess the facility's corrective actions taken to address those previously cited deficiencies.⁴

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.

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 uniform corrective action plan (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 the full and follow-up inspection are annotated as "Repeat Deficiencies" in this report.

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

PBNDs 2011 (Revised 2016) Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Post Orders	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	0
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	
Recreation	0
Telephone Access	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	1

⁵ For greater detail on ODO's findings, see the *Follow-up Compliance Inspection Findings* section of this report.

⁶ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

DETAINEE RELATIONS

ODO interviewed 26 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 concerns listed below.

Detainee Handbook: One detainee stated the facility did not provide him an ICE National Detainee Handbook or a facility-specific handbook in Portuguese.

- Action Taken: ODO interviewed the facility quality assurance manager, reviewed the detainee's file, and found the detainee signed the Orientation Acknowledgement Form on February 4, 2024, and the Receiving and Discharge Checklist on February 7, 2024, acknowledging receipt of both handbooks in English and Spanish. On May 2, 2024, at ODO's request, the facility translated the facility-specific handbook into Portuguese, using the language line, and ERO San Diego provided the detainee with a Portuguese translation of the ICE National Detainee Handbook. Additionally, the staff uploaded both translated handbooks to facility-provided tablets. The detainee acknowledged understanding the handbooks.

Medical Care: One detainee stated medical staff never responded to his sick call request for kidney pain he submitted on April 25, 2024.

- Action Taken: ODO interviewed the facility health services administrator (HSA), reviewed the detainee's medical file, and found on April 18, 2024, the detainee refused a medical follow-up with a nurse practitioner (NP) for kidney pain. On May 1, 2024, ODO confirmed with the HSA, the detainee submitted a request for kidney pain, dated April 25, 2024, and medical staff did not follow-up by examining him. The HSA stated that staff inadvertently missed the request and should have treated him. At ODO's request the facility medical staff examined the detainee on May 1, 2024, and referred him to the NP, who examined him and drew specimens for lab analysis. On May 2, 2024, medical staff received and noted the detainee's normal lab results. On May 18, 2024, a licensed independent provider met with the detainee for a follow-up appointment and explained the lab results. The provider instructed the detainee to increase water intake and to follow-up with medical staff if symptoms persisted or worsened. The detainee acknowledged understanding. ODO cited this complaint as a deficiency in the *Medical Care* section of the report.

Religious Practices: One detainee stated that the facility removed the opportunity for Muslim detainees to pray the morning prayer on April 9, 2024.

- Action Taken: ODO interviewed the facility chaplain, reviewed the detainee's file, and found on April 9, 2024, the facility allowed the detainee to perform his morning prayer in his cell rather than the dayroom. Staff made the change due to several detainees complaining about the noise level of morning prayer and related conversations disturbing their sleep. At ODO's request, facility staff explained the reason for the change to the detainee, and the detainee acknowledged understanding.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

CARE

MEDICAL CARE (MC)

ODO interviewed detainees and the HSA, reviewed [REDACTED] detainee medical records, and found in [REDACTED] out of [REDACTED] records, medical staff did not schedule a detainee for an examination, nor examine the detainee, until 6 days after he submitted a medical request (**Deficiency MC-7**⁷).

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 17 of those standards. ODO found one deficiency in the remaining standard. Since OMDC's last rated inspection in October 2023, the facility has shown improvement. OMDC went from 4 deficient standards and 6 deficiencies in October 2023, to 1 deficient standard and 1 deficiency during this most recent inspection. ODO has not received a UCAP for the last rated inspection in October 2023. ODO recommends ERO continue to work with the facility to resolve the remaining deficiency in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2024 Follow-Up Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	29	18
Deficient Standards	4	1
Overall Number of Deficiencies	6	1
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	N/A

⁷ Every facility shall directly or contractually provide its detainee population with the following: ...

6. Timely response to medical complaints.

See ICE PBNDS 2011 (Revised 2016), Standard Medical Care, Section (V)(A)(6).