

Office of Professional Responsibility

Imperial Regional Detention Facility Compliance Inspection 2025-001-005

January 14-16, 2025



U.S. Immigration
and Customs
Enforcement

COMPLIANCE INSPECTION
of the
IMPERIAL REGIONAL DETENTION FACILITY
Calexico, California

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COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Team Lead	ODO
[REDACTED]	Acting Team Lead	ODO
[REDACTED]	Senior Inspections and Compliance Specialist	ODO
[REDACTED]	Senior Inspections and Compliance Specialist	ODO
[REDACTED]	Senior Inspections and Compliance Specialist	ODO
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	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 compliance inspection of the Imperial Regional Detention Facility (IRDF) in Calexico, California, from January 14 to 16, 2025.¹ The facility opened in 2014 and is owned by Imperial Valley Gateway Center, LLC and operated by Management and Training Corporation (MTC). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at IRDF in 2014 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 facility administrator handles daily facility operations and manages [REDACTED] support personnel. MTC provides food services and medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in February 2020 and the American Correctional Association in January 2022. In March 2021, IRDF 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 ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of January 14, 2025)	[REDACTED]
Adult Female Population (as of January 14, 2025)	[REDACTED]
Adult Transgender Population (as of January 14, 2025)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 3 deficiencies in the following areas: Environmental Health and Safety (1); Medical Care (1); and Personal Hygiene (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 January 13, 2025.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.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.

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.

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
Transportation (by Land)	0
Sub-Total	0
Part 2 - Security	
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	1
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Tool Control	0
Use of Force and Restraints	1
Sub-Total	2
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
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
Sub-Total	0
Part 5 - Activities	
Recreation	0
Visitation	0
Sub-Total	0

⁵ For greater detail on ODO's findings, see the *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.

Part 6 - Justice	
Detainee Handbook	0
Grievance System	0
Legal Rights Group Presentations	0
Sub-Total	0
Part 7 - Administration and Management	
Interview and Tours	0
Staff Training	0
Sub-Total	0
Total Deficiencies	2

DETAINEE RELATIONS

ODO interviewed 29 detainees, who each voluntarily agreed to participate. ODO requested interviews with five additional detainees; however, all five detainees declined ODO’s request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

COMPLIANCE INSPECTION FINDINGS

SECURITY

KEY AND LOCK CONTROL (KLC)

ODO observed the facility key rings and found no key covers for large security keys (**Deficiency KLC-11**⁷).

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed the audio-video recording for one calculated UOF incident and found the facility staff did not record the team members with their helmets removed and heads uncovered (**Deficiency UOFR-73**⁸).

CARE

MEDICAL CARE (MC)

ODO interviewed the facility’s health services administrator (HSA) and an ERO San Diego supervisory detention and deportation officer (SDDO), reviewed the facility’s medical policies,

⁷ “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).

⁸ “Calculated use-of-force incidents shall be audio visually recorded in the following order: ...

b. Faces of all team members shall briefly appear (with helmets removed and heads uncovered), one at a time, identified by name and title.”

See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(I)(2)(b).

and [redacted] detainee medical records with associated Tuberculosis (TB) screenings. ODO found in [redacted] out of [redacted] files, the facility did not conduct a medical evaluation nor TB screening within 12 hours of the intake process and in accordance with Centers for Disease Control guidelines. The HSA and SDDO stated from December 23, 2024, to January 12, 2025, the facility medical staff could not complete the intake process medical assessments for 8 detainees due to the lack of interpretation services in the detainees’ native languages of Kotokoli (Togo and Ghana) and Haryanvi (India and Pakistan). During the ODO inspection, the facility housed the detainees in administrative segregation in single cells as a medical precautionary measure, because the detainees did not consent to a medical examination. The medical staff could not obtain the necessary interpretation services to complete intake process medical assessments and confirm clearance of the detainees for a safe return to general population. ODO cited the lack of interpretation services for the delay in intake procedures and noted this issue as an **Area of Concern**.

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 28 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 26 of those standards. ODO found two deficiencies in the remaining two standards. Since IRDF’s last rated inspection in January 2024, the facility’s overall compliance has trended upward. IRDF went from 3 deficient standards and 3 deficiencies in January 2024 to 2 deficient standards and 2 deficiencies during this most recent rated inspection. ODO received IRDF’s uniform corrective action plan for its last rated inspection in January 2024, which likely resolved the previous deficiencies ODO cited. ODO recommends ERO San Diego continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2025 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	26	28
Deficient Standards	3	2
Overall Number of Deficiencies	3	2
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	0	1
Corrective Actions	0	0
Facility Rating	Superior	Superior



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