



**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

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**Office of Detention Oversight  
Follow-Up Compliance Inspection**

**Enforcement and Removal Operations  
ERO El Paso Field Office**

**El Paso Service Processing Center  
El Paso, Texas**

**July 19-23, 2021**

**FOLLOW-UP COMPLIANCE INSPECTION**  
**of the**  
**EL PASO SERVICE PROCESSING CENTER**  
El Paso, Texas

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## **FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS**



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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 follow-up compliance inspection of the El Paso Service Processing Center (EPSPC) in El Paso, Texas, from July 19 to 23, 2021.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of EPSPC from February 8 to 11, 2021. The facility opened in 1966 and is owned and operated by the ICE Office of Enforcement and Removal Operations (ERO). ICE ERO began housing detainees at EPSPC in 1966 under the oversight of ERO’s Field Office Director in El Paso (ERO El Paso). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers and a detention services manager to the facility. An officer in charge handles daily facility operations and manages █████ personnel. Global Precision Systems, LLC provides food services, ICE Health Service Corps provides medical care, and Dooley Services provides commissary services at the facility. The facility was accredited by the American Correctional Association and the National Commission on Correctional Health Care in 2019. In December 2019, EPSPC was audited by the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA Certified.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	████
Average ICE Detainee Population <sup>3</sup>	████
Male Detainee Population (as of July 19, 2021)	████
Female Detainee Population (as of July 19, 2021)	████

During its last inspection, in Fiscal Year (FY) 2021, ODO found 11 deficiencies in the following areas: Emergency Plans (2); Admission and Release (1); Custody Classification System (7); and Facility Security and Control (1).

<sup>1</sup> This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods longer than 72 hours.

<sup>2</sup> Data Source: ERO Facility List Report as of July 19, 2021.

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

## **FOLLOW-UP COMPLIANCE INSPECTION PROCESS**

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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 well-being. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

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 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 inspections are annotated as "Repeat Deficiencies" in this report.

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.

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

<b>PBNDS 2011 (Revised 2016) Standards Inspected<sup>4</sup></b>	<b>Deficiencies</b>
<b>Part 1 – Safety</b>	
Emergency Plans	0
Environmental Health and Safety	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 2 – Security</b>	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Special Management Units	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 – Care</b>	
Food Service	0
Hunger Strikes	1
Medical Care	1
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	1
<b>Sub-Total</b>	<b>3</b>
<b>Total Deficiencies</b>	<b>4</b>

<sup>4</sup> For greater detail on ODO’s findings, see the *Follow-Up 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, or abuse. All detainees reported satisfaction with facility services. ODO conducted detainee interviews via video teleconference.

## FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

### SAFETY

#### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the health and safety officer and found facility maintenance (safety) staff had not completed monthly inspections since ODO's last inspection in February 2021 (**Deficiency EHS-102<sup>5</sup>**).

### CARE

#### HUNGER STRIKES (HS)

ODO reviewed the training records for █ custody staff and █ medical staff and found █ custody staff and █ medical staff had not completed their required annual HS training (**Deficiency HS-1<sup>6</sup>**).

#### MEDICAL CARE (MC)

ODO reviewed the licenses/certifications for █ medical staff and found █ medical staff did not have primary source verification, which specifically included a certified clinical medical assistant, a psychiatry technician, a dentist, and a telepsychiatry physician's assistant (**Deficiency MC-101<sup>7</sup>**).

ODO reviewed dental screening training at EPSPC and found clinical non-dental staff perform the initial dental screening within 14 days of the detainee's arrival. Dental screening training for the registered nurses and nurse practitioners consists of completing the mandated dental training as a self-study. The training material provided includes case studies and post-tests. However, per NCCHC (J-E-06), not only is the dentist to approve the training, but the training should also consist of more than self-study so as to provide the opportunity for open discussion and questions by the participants. ODO notes this as an **Area of Concern**.

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<sup>5</sup> "Facility maintenance (safety) staff shall conduct monthly inspections." See ICE PBNDs 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(2)(b).

<sup>6</sup> "All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike." See ICE PBNDs 2011 (Revised 2016), Standard, Hunger Strikes, Section (V)(A).

<sup>7</sup> "All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements." See ICE PBNDs 2011 (Revised 2016), Standard, Medical Care, Section (V)(I).

## SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)

ODO reviewed the training records for [REDACTED] custody staff and [REDACTED] medical staff and found [REDACTED] custody staff and [REDACTED] medical staff had not completed their required annual suicide prevention training (Deficiency SSHSPI-8<sup>8</sup>).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 13 standards under PBND 2011 (Revised 2016) and found the facility in compliance with 9 of those standards. ODO found four deficiencies in the remaining four standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO El Paso 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 EPSPC on June 7, 2021.

Compliance Inspection Results Compared	First FY 2021 (PBND 2011) (Revised 2016)	Second FY 2021 (PBND 2011) (Revised 2016)
Standards Reviewed	21	13
Deficient Standards	4	4
Overall Number of Deficiencies	11	4
Repeat Deficiencies	0	0
Areas of Concern	1	1
Corrective Actions	0	0

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<sup>8</sup> "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training, during orientation and at least annually." See ICE PBND 2011 (Revised 2016), Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (V)(A).