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Office of Professional Responsibility
Inspections and Detention Oversight Division
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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO El Paso Field Office

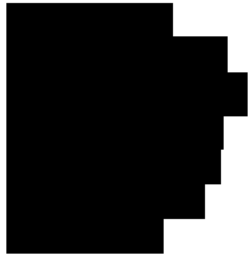
Otero County Processing Center
Chaparral, NM
June 22-25, 2020

COMPLIANCE INSPECTION
of the
OTERO COUNTY PROCESSING CENTER
Chaparral, New Mexico

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COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead
Inspections and Compliance Specialist
Inspections and Compliance Specialist
Contractor
Contractor
Contractor
Contractor

ODO
ODO
ODO
Creative Corrections
Creative Corrections
Creative Corrections
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 Otero County Processing Center (OCPC) in Chaparral, New Mexico, from June 22 to 25, 2020.¹ The facility opened in 2008 and is owned by Otero County and operated by Management and Training Corporation. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at OCPC in 2008 under the oversight of ERO’s Field Office Director (FOD) 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 OCPC warden handles daily facility operations and is supported by █████ personnel. Management and Training Corporation provides food services and medical care and Keefe Commissary Network provides commissary services at the facility. The facility is accredited by the American Correctional Association, Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA), and the National Commission on Correctional Health Care.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	1000
Average ICE Detainee Population ³	732
Male Detainee Population (as of 6/22/2020)	535
Female Detainee Population (as of 6/22/2020)	N/A

During its last inspection, in Fiscal Year (FY) 2019, ODO found 26 deficiencies in the following areas: Admission and Release (5); Custody Classification System (3); Funds and Personal Property (1); Food Service (4); Disability Identification, Assessment and Accommodation (1); Recreation (2); Grievance System (2); Special Management Units (1); Staff-Detainee Communication (1); Telephone Access (2); and Use of Force and Restraints (4).

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

² Data Source: ERO Facility List Report as of June 8, 2020.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, 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/or well-being.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components,” which are considered critical to facility security and the legal and civil rights of detainees. ODO also highlights instances in which 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.

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.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES

PBNDs 2011 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	1
Sub-Total	1
Part 2 – Security	
Admission and Release	2
Custody Classification System	4
Facility Security and Control	0
Funds and Personal Property	10
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	2
Sub-Total	18
Part 4 – Care	
Food Service	6
Medical Care	5
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	1
Disability Identification, Assessment, and Accommodation	0
Sub-Total	12
Part 5 – Activities	
Recreation	1
Religious Practices	0
Telephone Access	0
Visitation	0
Sub-Total	1
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	32

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

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the 12 detainees made allegations of discrimination, mistreatment, or abuse. Seven of the twelve detainees reported satisfaction with facility services except for the concerns listed below. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

Admissions and Release: One detainee stated he had been stripped searched during intake screening.

- Action Taken: ODO interviewed the intake sergeants and classification manager. Both stated no strip searches have been conducted in years and the warden would have to approve any strip search. Documentation was submitted to ODO in the form of a memorandum by the captain, which confirmed there were no strip searches for the preceding 12 months. The classification manager also reviewed the detainees file and found nothing regarding a strip search. The classification manager also spoke to the PREA coordinator and was informed the PREA coordinator did not have any complaints or allegations from the detainee regarding a strip search.

Admission and Release: One detainee stated he speaks Turkish and was not provided a detainee handbook in a language he understands.

- Action Taken: ODO conducted a telephonic interview with the intake sergeant and the classification manager and reviewed the policy. The facility utilizes Lionbridge Translation Service for interpretations. Admissions and Release staff interviewed stated they most frequently use Pocket Talk, a hand-held two-way translation device used by staff for effective communication with non-English speaking detainees. Orientation is conducted every Wednesday with the administrative lieutenant giving an overview of the handbook and department heads speaking on their specific topics. Detainees who speak other than English or Spanish are dealt with on a one-on-one basis with the use of an interpretive service; however, there is no documentation maintained of OCPC staff providing individual interpretation of the handbook. On June 24, 2020, the captain provided documentation of a staff member reading the handbook through translation to the detainee; the detained subsequently signed for receiving the interpretation.

Grievance System: One detainee stated there was a fight between detainees in [REDACTED] three weeks earlier. The detainee alleged two detainees were fighting with a friend, in which one of the two detainees also began bothering him; however, the detention staff did not intervene.

- Action Taken: ODO reviewed the submitted grievances for the last six months and no grievances were submitted by the detainee. ODO also interviewed the grievance officer who made no mention of any grievances of officers reporting a fight in a unit. Though the detainee used the term fight in speaking with ODO, it was described an argument. He did not use any terminology such as punching. As a result, ODO found no evidence to support the allegation that a fight took place between detainees in [REDACTED] over the

past three weeks.

Law Libraries and Legal Materials: One detainee stated he does not have access to the law library.

- Action Taken: ODO reviewed the facility policy and spoke with the officer assigned to the law library. The law library officer reported access to the law library is offered to all detainees daily. Housing units are granted access to the library, one detainee at a time. Due to COVID-19, some housing units had been quarantined and detainee movement from those housing units has been restricted. Detainees housed in a quarantined unit can make a request to go to the law library through Telmate. Information on requesting law library services through Telmate are posted in the housing units and is available in the detainee handbook.

Medical Care: One detainee stated medical services has not provided him treatment for a right eye injury, has not repaired his broken eyewear, and has not responded to a request for a copy of his medical file.

- Action Taken: ODO reviewed the detainee's medical file that showed the detainee arrived at OCPC on April 14, 2020, with a prior history of a detached retina in the right eye secondary to an altercation, at a previous facility. He claimed he did not receive medical care and has lost vision to his right eye. He was assessed on April 17, 2020, and on April 18, 2020, the physician referred him to an outside ophthalmologist for a full evaluation. The detainee received the ophthalmology evaluation on June 10, 2020, with recommendations for surgery to repair the retina. A request was made by ODO for the facility physician to see the detainee and review the protocols and plan to obtain authorization for the surgery. The Health Services Administrator (HSA) stated he would have the physician see the detainee. He was seen by the facility physician on June 24, 2020, and follow-up referrals for outside optometrist and ophthalmologist were ordered, as per the progress note written by the physician. Concerning his request for repairs to his broken eyewear, on May 13, 2020, the detainee complained his reading glasses had broken and he needed new ones. OCPC staff responded, informing the detainee that the facility does not repair detainee eyewear. Finally, ODO informed the HSA about the detainee's request for a copy of his medical record. The HSA issued a copy of the record to the detainee on June 24, 2020, as evidenced by the signed receipt.

Medical Care: One detainee stated on March 15 or 16, 2020, the nurse advised him that his high blood pressure medication was not available. The detainee stated he awoke the next morning feeling dizzy due to the missed medication causing him to faint while taking a shower, hitting his head and back. The detainee further stated facility medical staff advised he would receive an injection to treat his severe headaches and would be scheduled for X-rays.

- Action Taken: ODO reviewed the detainee's medical chart showing he arrived on March 10, 2020, with a history of hypertension. He was later diagnosed with diabetes and found to have a long-standing history of degenerative disc disease with chronic low back pain. The medical record also showed a history of low-back surgery approximately 20 years prior. He had repeated complaints of pain but, has been

documented as being non-compliant with some medications and blood sugar checks. All keep on person medications have been changed to pill-line to monitor patient compliance. On March 14 and 15 2020, the dates in question, the detainee did receive his blood pressure medication, as per the MAR review. He did miss the dose on March 16, 2020, which coincides with the day he claims to have fallen. That day, he was assessed and transferred to the community hospital. ODO noted a one-time order for an injectable pain medication and X-ray of his neck was ordered by the physician on April 21, 2020; however, there was no evidence in the medical chart to support the medication was actually given to the detainee. Nor was there evidence supporting an X-ray was completed. On June 15, 2020, the detainee was assessed by the mid-level provider and an X-ray of his neck was again ordered. The note stated the detainee would be informed, if the X-ray was approved. The HSA was asked to look into evidence of the medication being administered and if the X-ray ordered in April 2020 complete. The HSA confirmed there was no documentation the injectable pain medication was given. The HSA stated the detainee had requested injections for headaches, but the doctor did not order injections. The delay for the neck X-ray was due to cancellation of non-emergency trips due to COVID-19 but has been re-scheduled through the new X-ray service which comes on-site.

Medical Care: A detainee stated he has a knee injury and has been provided ibuprofen by medical services. He states the ibuprofen does not alleviate his pain and medical has not provided an alternative.

- Action Taken: ODO reviewed the detainee's medical chart who arrived on March 20, 2020, with a negative medical history. He stated he has ongoing knee pain and the ibuprofen provided by the facility does not work, he has not received any other type of medication. ODO noted the transfer summary stated he was taking ibuprofen, as needed; however, it did not indicate the reasoning for the medication. According to his medical file, he has complained about his knee once since his arrival. The HSA was informed and asked to have the detainee assessed by the physician for his knee complaint.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY

ODO conducted an interview with the risk manager and reviewed documentation and found the newly selected Environmental Health and Safety (EH&S) manager does not hold a current state license as a certified applicator for the state of New Mexico. Due to the COVID-19 pandemic, the EH&S manager has been unable to complete certification because the New Mexico State Department of Agriculture has been closed (**Deficiency EH&S-1⁶**).

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed 14 detainee files and found one out of 14 detainee files without an Order to Detain (I-203), and another one lacking an ICE/ERO authorizing signature (**Deficiency A&R-1⁷**).

ODO reviewed the orientation video and found it does not contain information regarding criminal prosecution or the appeal process of disciplinary procedures, nor how detainees can file formal complaints with the Department of Homeland Security, Office of Inspector General (**Deficiency A&R-2⁸**).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed 14 detainee files and found two out of 14 incidents of classification being conducted outside the 12-hour time frame (**Deficiency CCS-1⁹**).

ODO reviewed 14 detainee files and found two out of 14 incidents of classification being conducted outside the 12-hour time frame. There was also no documentation for the reason in delay in the files (**Deficiency CCS-2¹⁰**).

⁶ "The maintenance supervisor or other staff members responsible for herbicides must hold a current state license as a certified private applicator. Persons applying herbicides must wear proper clothing and protective gear." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Environmental Health and Safety, Section (V)(B)(10)(h).

⁷ "An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Admission and Release, Section (V)(E). **This is a repeat deficiency.**

⁸ "The orientation shall include the following information: 7. disciplinary procedures, including criminal prosecution, grievance procedures, appeals process; 12. how the detainee can file formal complaints with the DHS Office of the Inspector General (OIG)." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Admission and Release, Section (V)(F)(1-12).

⁹ "The initial classification process and initial housing assignment shall be completed within 12 hours of admission to the facility." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Custody Classification System, Section (V)(D).

¹⁰ "If the process takes longer, documentation shall be maintained to explain the cause of the delay and to indicate that the detainee shall be housed appropriately." See ICE Performance-Based National Detention Standards (PBNDS)

ODO reviewed 14 detainee files and found two out of 14 detainees files with inaccurate custody classification scores; one detainee was listed as medium-low and should have been classified as medium-high (**Deficiency CCS-3¹¹**).

ODO reviewed 14 detainee files and found one detainee out of 14 with an inaccurate classification score of low, which should have been scored as a high, [REDACTED]. Though the detainee had been released from the facility, ODO reviewed the housing assignment history to confirm this information (**Deficiency CCS-4¹²**).

ODO interviewed the classification manager and count room coordinator and found ERO El Paso does not provide criminal history information, prior to the detainee's arrival to OCPC. OCPC is unable to classify detainees if they are processed in the evenings/weekends when ERO staff are not working. ODO reviewed a memorandum from the classification manager dated June 23, 2020, indicating classification is completed upon receipt of criminal history information. The memo stated it can take up to 72 hours to classify a detainee if they arrive on a Friday evening. The memo also stated in these cases, staff rely on the classification score from the previous facility if available, and if not available the detainees are housed separate from general population. ODO noted of the 14 files reviewed, the date of receipt of criminal history was not annotated, and on the 2 classifications cited for being untimely; it is not noted if the delays were the result of not receiving criminal history information from ERO¹³. ODO finds ERO El Paso's decision to not provide criminal history information to OCPC prior to the detainee's arrival as an **Area of Concern**.

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed 14 detainee files, five had funds and all 5 were missing documentation in the file, and all five receipts were missing the detainee's signature. An interview confirmed routine procedures do not include having the detainee sign; and a copy of the receipt is given to detainee; one to finance department; and the last is kept by sergeant in intake but was not in the file (**Deficiency F&PP-1¹⁴**).

ODO reviewed 14 detainee files and interviewed the intake sergeant and found a G-589 Property

2011, Standard, Custody Classification System, Section (V)(D).

¹¹ "The designated classification supervisor or facility administrator designee shall review the intake processing officer's classification files for accuracy and completeness and ensure that each detainee is assigned to the appropriate housing unit." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Custody Classification System, Section (V)(E).

¹² "High custody detainees may not be housed with low custody detainees." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Custody Classification System, Section (V)(G)(1).

¹³ "The initial classification process and initial housing assignment shall be completed within 12 hours of admission to the facility. If the process takes longer, documentation shall be maintained to explain the cause of the delay and to indicate that the detainee shall be housed appropriately." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Custody Classification System, Section (V)(D).

¹⁴ "The [REDACTED] officers and the detainee shall sign all copies, after which the copies shall be distributed as follows: b. blue/second copy to detainee's I-385 booking card or detention file (attachment), and" See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Funds and Personal Property, Section (V)(G)(1)(a-c)[Second a-c].

Receipt Form or equivalent was not utilized for large valuables (**Deficiency F&PP-2¹⁵**).

ODO reviewed 14 detainee files, viewed photos of the property room, copies of the property logbooks, and interviewed the intake sergeant and property officer; and found a G-589, or equivalent, is not utilized for large valuables. The property inventory is not signed by [REDACTED] staff and the detainee, and a valuables receipt is not maintained in the detainee file (**Deficiency F&PP-3¹⁶**).

ODO reviewed photos and videos of the property storage room, and interviewed intake sergeants and property officer; and found large valuables are not secured in a locker or equivalent or stored in an area accessible only to supervisors, as required (**Deficiency F&PP-4¹⁷**).

ODO reviewed 14 detainee files and found five out of 14 detainees were admitted with valuables according to the property inventory sheet, but none of the five files had a G-589 or equivalent for small valuables in the detainee file. ODO interviewed the intake sergeant and property officer who stated the inventory is written on the securable plastic bag used for storage, signed by one staff member, and the detainee does not sign. The staff write on the top perforated portion of the bag the detainee's name, date, and officer's name/initials, which is removed and provided to the detainee (**Deficiency F&PP-5¹⁸**).

ODO reviewed the OCPC detainee handbook dated January 21, 2020, and found it does not include procedures for how detainees can claim property upon release, transfer, or removal (**Deficiency F&PP-6¹⁹**).

ODO reviewed 14 detainee files, copies of check/money order receipts, in which five were missing funds, valuables, and property log books, and found five of the names of issuing banks, register/check numbers, and account names are not documented on the check/money order receipts as required (**Deficiency F&PP-7²⁰**).

¹⁵ "[Optional] The Form G-589, or equivalent, including a description of each item, shall be prepared and distributed as above." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Funds and Personal Property, Section (V)(G)(3).

¹⁶ "[Optional] The Form G-589, or equivalent, including a description of each item, shall be prepared and distributed as above. The large valuables shall then be tagged with a copy of the Form G-589 and a Baggage Check (Form I-77). The officers shall attach a copy of the Form G-589 and the center portion of the Form I-77 to the detainee's booking card or detention file." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Funds and Personal Property, Section (V)(G)(3).

¹⁷ "All facilities, at a minimum, shall provide: 1. a secured locker for holding large valuables, which can be accessed only by designated supervisor(s) and/or property officer(s) and" See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Funds and Personal Property, Section (V)(A)(1)[Third 1].

¹⁸ "The Form G-589, or equivalent, shall describe each item of value. Jewelry shall be described in general terms (e.g., ring—"yellow/white metal with red/white stone"), with no mention of brand name or monetary value. The detainee and two processing officers shall sign the G-589 or equivalent with copies distributed as noted above in this standard." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Funds and Personal Property, Section (V)(G)(2).

¹⁹ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures related to personal property, including: 4. the procedure for claiming property upon release, transfer, or removal" See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Funds and Personal Property, Section (V)(C)(4).

²⁰ "The G-589 shall include: f. in the "Description" column: 2) the name of the issuing bank, the register or check number and the account name;" See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard,

ODO reviewed 2 photos and 1 video of small valuable bag, copies of small valuable logbooks, and 14 detainee files; and found no general description on the inventory form (**Deficiency F&PP-8²¹**).

ODO reviewed 14 detainee files and found a G-589 or equivalent is not used for inventory of large valuables or maintained in the detainee file. Furthermore, the large valuables are processed as baggage and only noted on the property inventory sheet (**Deficiency F&PP-9²²**).

ODO reviewed photos of the property room and excess luggage and interviewed the intake sergeants and property officer; and found luggage and excess baggage is not secured in a tamper-resistant manner (**Deficiency F&PP-10²³**).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed five UOF packets (two immediate/three calculated) and found in one out of the five calculated UOF incidents, there was no introduction conducted by the supervisor; and the team members introduced themselves and stated assigned responsibilities wearing [REDACTED]. Further, in one immediate UOF incident, ODO found there was no debrief conducted with all members who participated in the immediate UOF (**Deficiency UOF&R-1²⁴**).

ODO reviewed three calculated UOF packets and found in one of the three incidents not all staff were dressed in appropriate personal protective equipment, i.e. [REDACTED] (**Deficiency UOF&R-2²⁵**).

Funds and Personal Property, Section (V)(G)(1)(f)(2).

²¹ "The Form G-589, or equivalent, shall describe each item of value. Jewelry shall be described in general terms (e.g., ring—"yellow/white metal with red/white stone"), with no mention of brand name or monetary value." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Funds and Personal Property, Section (V)(G)(2).

²² "The Form G-589, or equivalent, including a description of each item, shall be prepared and distributed as above. The large valuables shall then be tagged with a copy of the Form G-589 and a Baggage Check (Form I-77). The officers shall attach a copy of the Form G-589 and the center portion of the Form I-77 to the detainee's booking card or detention file." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Funds and Personal Property, Section (V)(G)(3).

²³ "All detainee luggage and facility containers used for storing detainee personal property shall be secured in a tamper-resistant manner and shall only be opened in the presence of the detainee." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Funds and Personal Property, Section (V)(I).

²⁴ "Calculated use-of-force incidents shall be audio visually-recorded in the following order: a. Introduction by team leader stating facility name, location, time, date, etc., describing the incident that led to the calculated use of force, and naming the audiovisual camera operator and other staff present. b. Faces of all team members shall briefly appear ([REDACTED]), one at a time, identified by name and title. f. Debrief the incident with a full discussion/analysis/assessment of the incident. When an immediate threat to the safety of the detainee, other persons, or property makes a delayed response impracticable, staff shall activate a video camera and start recording the incident as quickly as possible. After regaining control of the situation, staff shall follow the procedures applicable to calculated use-of-force incidents (V)(O)(3)." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Use of Force and Restraints, Section (V)(I)(2)(a-f). **This is a repeat deficiency.**

²⁵ [REDACTED]

CARE

FOOD SERVICE (FS)

ODO reviewed the Custody and Security (C&S), Standard Operating Procedure (SOP) and confirmed the facility's procedures do not address buildings or portions of buildings housing the food service department (**Deficiency FS-1²⁶**).

ODO reviewed the C&S SOP and confirmed the facility's procedures do not address detainee behavior (**Deficiency FS-2²⁷**).

ODO reviewed the C&S SOP and confirmed the facility's procedures do not address control of repairs (**Deficiency FS-3²⁸**).

ODO reviewed the C&S SOP and confirmed the facility's procedures do not address control of utensils with a custodial hazard potential (**Deficiency FS-4²⁹**).

ODO reviewed the C&S SOP and confirmed the facility's procedures do not address official counts and census (**Deficiency FS-5³⁰**).

ODO reviewed the C&S SOP and confirmed the facility's procedures do not address all types of detainee traffic in and out of the department (**Deficiency FS-6³¹**).

²⁶ "The facility's custody and security policy and procedures shall address the following: a. buildings or portions of buildings housing the food service department;" See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Food Service, Section (V)(B)(1)(a).

²⁷ "The facility's custody and security policy and procedures shall address the following: c. detainee behavior;" See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Food Service, Section (V)(B)(1)(c).

²⁸ "The facility's custody and security policy and procedures shall address the following: d. control of repairs;" See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Food Service, Section (V)(B)(1)(d).

²⁹ "The facility's custody and security policy and procedures shall address the following: e. control of utensils with a custodial hazard potential (e. [REDACTED]);" See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Food Service, Section (V)(B)(1)(e).

³⁰ "The facility's custody and security policy and procedures shall address the following: f. official counts and census;" See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Food Service, Section (V)(B)(1)(f).

³¹ "The facility's custody and security policy and procedures shall address the following: b. all types of detainee traffic in and out of the department;" See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Food Service, Section (V)(B)(1)(b).

MEDICAL CARE (MC)

ODO reviewed 17 detainee medical charts and found one out of 17 files had no evidence of TB screening (**Deficiency MC-1**³²).

ODO reviewed 17 detainee medical charts and found one out of 17 detainees with HIV infection did not receive TB screening by means of the Purified Protein Derivative (PPD) test, as per CDC guidelines (**Deficiency MC-2**³³).

ODO reviewed 17 detainee medical charts and found six out of 17 did not contain the medication administration records (MARs) to enable the verification of timely administration and distribution of prescribed medications (**Deficiency MC-3**³⁴).

Corrective Action: The HSA located and provided MARs for the deficient charts and initiated corrective action to establish a system to ensure completed MARs are placed in the detainee medical charts. (C-1)

ODO reviewed [REDACTED] detention staff files and [REDACTED] medical staff files and found [REDACTED] out of [REDACTED] medical staff had expired CPR certifications and first aid training (**Deficiency MC-3**³⁵).

ODO reviewed the files of [REDACTED] licensed medical staff and found [REDACTED] staff psychiatrist's license on file had expired in February 2020 (**Deficiency MC-4**³⁶).

ODO reviewed 17 detainee medical charts and found the intake screenings address signs and symptoms of infectious diseases such as tuberculosis; however, PPD status, if tested previously, or chest x-rays results are not acknowledged as being reviewed on intake. Though the documents were present in the medical chart, the information does not appear on the intake screening or initial physical exam forms. This can be mistaken for not having completed tuberculosis screening and repeating the chest x-ray unnecessarily which is why ODO notes this as an **Area of Concern**.

³² "All new arrivals shall receive TB screening within 12 hours of intake and in accordance with CDC guidelines (www.cdc.gov/tb). For detainees that have been in continuous law enforcement custody, symptom screening plus documented TB screening within one year of arrival may be accepted for intake screening purposes." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Medical Care, Section (V)(C)(2).

³³ "Medical personnel shall provide all detainees diagnosed with HIV/AIDS medical care consistent with national recommendations and guidelines disseminated through the U.S. Department of Health and Human Services, the CDC, and the Infectious Diseases Society of America." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Medical Care, Section (V)(C)(4)(c).

³⁴ "Each detention facility shall have and comply with written policy and procedures for the management of pharmaceuticals, to include: 12. documentation of accountability for administering or distributing medications in a timely manner, and according to licensed provider orders." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Medical Care, Section (V)(G)(12).

³⁵ "d. all detention and medical staff shall receive cardio pulmonary resuscitation (CPR, AED), and emergency first aid training annually;" See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Medical Care, Section (V)(T)(1)(c-d).

³⁶ "All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements. Copies of the documents must be maintained on site and readily available for review" See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Medical Care, Section (V)(I).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSH&SPI)

ODO reviewed [REDACTED] detention staff and [REDACTED] medical staff training records and found [REDACTED] out of [REDACTED] medical staff did not have evidence of annual suicide prevention training. (**Deficiency SSH&SPI-1³⁷**).

ACTIVITIES

RECREATION (R)

ODO interviewed the recreation specialist and reviewed the 2011 performance based standard modification and confirmed detainees in general population are not offered at least two hours of outside recreation a day, seven days a week, weather and scheduling permitting. The 2011 performance based standard modification is a contractual modification between OCPC and ICE which waives the four-hour outdoor recreation requirement and requires OCPC to provide detainees with two-hour of outdoor recreation (**Deficiency R-1³⁸**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 and found the facility in compliance with nine of those standards. ODO found 32 deficiencies in the remaining nine standards. ODO commends facility staff for their responsiveness during this inspection and notes there was one instance where staff initiated immediate corrective action during the inspection.

ODO recommends ERO work with the facility to resolve any issue or deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2019 (PBNDS 2011)	FY 2020 (PBNDS 2011)
Standards Reviewed	18	18
Deficient Standards	11	9
Overall Number of Deficiencies	26	32
Repeat Deficiencies	1	3
Corrective Actions	7	1

³⁷ "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 Performance-Based National Detention Standards (PBNDS) 2011, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (V)(A).

³⁸ "Detainees in the general population shall have access at least four hours a day, seven days a week to outdoor recreation, weather and scheduling permitted." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Recreation, Section (V)(B). **This is a repeat deficiency.**