



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

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## Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations  
El Paso Field Office  
El Paso Service Processing Center  
El Paso, Texas

March 6 - 8, 2012

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**COMPLIANCE INSPECTION  
EL PASO SERVICE PROCESSING CENTER  
EL PASO FIELD OFFICE**

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## EXECUTIVE SUMMARY

The Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducted a Compliance Inspection of the El Paso Service Processing Center (EPC) in El Paso, Texas, from March 6 - 8, 2012. The former Immigration and Naturalization Service (INS) began housing detainees at EPC upon completion of its construction in March 1967. Courtrooms, offices, and new buildings for detainee services were completed in 1997. The EPC continues to be used by U.S. Immigration and Customs Enforcement (ICE), the INS's successor agency. Doyon-Akal (Akal) Security, a private contractor, oversees the detained population. The ICE Health Service Corps (IHSC) provides health care to all detainees, with support from contract employees provided by STG International, Inc. The facility holds accreditations through the American Correctional Association (ACA), the National Commission on Correctional Health Care (NCCHC), and The Joint Commission, formerly known as JCAHO.

The Akal Project Manager is the senior contracted official at EPC, responsible for oversight of daily operations. Akal supervisory staff at EPC includes (b)(7)e Captains, and (b)(7)e Lieutenants; non-supervisory contract staff consists of (b)(7)e Security Officers. ICE Enforcement and Removal Operations (ERO) Officers are located on-site at EPC. ICE staff consists of (b)(7)e Assistant Field Office Directors (AFOD), (b)(7)e Supervisory Detention and Deportation Officers (SDDO), (b)(7)e Deportation Officers (DO), (b)(7)e Supervisory Immigration Enforcement Agents (SIEA), (b)(7)e Immigration Enforcement Agents (IEA), and (b)(7)e support personnel. (b)(7)e of the SIEA positions are designated as Detention Operation Supervisors (DOS).

The Health Clinic is open 24 hours a day, seven days a week and administered by an acting Health Services Administrator (HSA), a Clinical Director (CD), and an Assistant HSA. There are (b)(7)e midlevel practitioners (MLP) and (b)(7)e additional physician. Nursing staff consists of a Nurse Manager, (b)(7)e Registered Nurses (RN), and (b)(7)e Licensed Vocational Nurses. Currently, there are (b)(7)e RN vacancies. Physicians and MLPs share on-call coverage responsibilities. Additional medical staff includes a Dentist, a Dental Assistant, and clerical staff. A Psychiatrist and a Licensed Social Worker provide mental health services. Staffing is sufficient to provide basic medical services for all detainees.

EPC is an approximately 326,700 square foot facility, which houses male and female ICE detainees of all security classification levels for periods in excess of 72 hours. EPC has a total capacity of 840 beds. All 840 beds are dedicated to ICE detainees. The average daily detainee population is 484. EPC can expand its capacity by 360 beds upon request from ERO. At the time of the inspection, the facility housed 636 ICE detainees, 461 males and 175 females. EPC is undergoing a roofing project, which has caused a reduction in the number of beds available. Due to ongoing construction, two housing units were unoccupied at the time of review.

In February 2010, ODO conducted a Quality Assurance Review at EPC using all 41 ICE Performance Based National Detention Standards (PBNDS). The Quality Assurance Review identified a total of 69 deficiencies in 24 of the standards reviewed. During a follow-up inspection conducted in December 2010, ODO found a total of four (2 percent) repeated deficiencies in the following three standards: Hold Rooms in Detention Facilities, Medical Care, and Staff-Detainee Communication.

In September 2011, the ERO Detention Standards Compliance Unit (DSCU) contractors, MGT of America, Inc., conducted an Annual Review of the ICE PBNDS at EPC. The facility received an overall rating of "Meets Standards," and was found to be in compliance with all 41 standards reviewed.

During this inspection, ODO reviewed a total of 15 PBNDS. Nine areas were fully compliant, while 12 deficiencies were found in the following six areas: Environmental Health and Safety (1 deficiency), Food Service (3), Grievance Systems (2) Hold Rooms in Detention Facilities (3), Sexual Abuse and Assault Prevention and Intervention (1), and Use of Force (2).

This report details all deficiencies and refers to specific, relevant sections of the ICE PBNDS. OPR will provide ERO a copy of the report to assist in developing corrective actions to resolve the 12 identified deficiencies.

Overall, ODO found EPC to be well-managed and in compliance with the areas and standards inspected. Many of the 12 deficiencies identified were related to the inconsistency of practices and procedures applied in daily operations.

ODO verified that emergency generators are load-tested on a quarterly basis as required; however, internal testing of the facility's emergency generator by maintenance staff is conducted weekly for only 20 minutes rather than every two weeks for one hour as required by the standard. Testing generators for one hour ensures there is sufficient time to reach operating temperature, verify the ability of the engine to provide the required power over time, and identify any fuel or oil leaks.

ODO observed the exit door in the Dry Food Storage room leading to the outside rear dock area is not equipped with an air curtain. Air curtains prevent insects from entering the buildings and contaminating food products. ODO observed a meat slicer was not equipped with an anti-restart device. Equipment powered by electricity stops working upon the interruption of electrical power. Upon the restoration of electricity, equipment restarts automatically, presenting a significant safety hazard to staff and detainee workers.

EPC purchasing procedures for ordering potentially dangerous items such as knives, nutmeg, yeast, etc., do not address the special handling requirement mandated by the standard. Specifically, these items are not marked "HOT" on purchase requests. Cautionary labeling supports proper handling and prevents items that may compromise safety and security from being introduced into the detainee population. ODO noted the computer system used for initiating purchase requests does not allow input of special handling instructions. To support compliance with the standard and ensure facility safety and security, ODO recommends EPC management identify and implement a method for flagging these items.

EPC management staff and a Deputy Assistant Director (DAD) from the ICE Office of Acquisition Management (OAQ) expressed consternation that during a June 2011 Review for Compliance, the Detention Services Manager (DSM) found that the Food Service Administrator

(FSA) did not have a contract with a pest control vendor for extermination services as required by the PBNDS. To date, the DSM has continued to cite EPC as deficient in this regard. Akal Security holds the contract for security and food services. Rosemark holds the contract for maintenance, which includes pest-control services (PCS) in the food service areas. The Rosemark contract was awarded prior to conversion of EPC from an NDS facility to a PBNDS facility. To maintain contractual agreements until contracts can be amended, the Akal FSA contacts Rosemark regarding PCS-related issues in the food service areas. ODO verified that Rosemark has been responsive to Akal, and PCS within the food service areas is being addressed in a manner that fulfills contractual agreements and meets the intent of the PBNDS. The Rosemark contract for PCS expires in 2013.

ODO identified that DSM findings are causing tension among staff at EPC. To reduce tensions between the various entities, ODO recommends the DSM continue to monitor the PCS situation for compliance, but until the current contracts are modified, acknowledge that PCS is being provided within the food service areas in accordance with the intent of the PBNDS. Should the DSM observe the need for additional PCS, the DSM should contact the ICE Contracting Officer's Technical Representative (COTR) for the Rosemark contract. The COTR is responsible for ensuring contract compliance by Rosemark.

The EPC Grievance Systems policy corresponds with language in the PBNDS; however, EPC lacks written policy and procedures ensuring medical grievances are received by the administrative health authority within 24 hours, or the next business day. In addition, there is no procedure in place requiring that all appeals of formal medical grievances and the responses to these grievances be reported to ERO. ODO confirmed both deficiencies were corrected during the inspection via policy amendments.

After observing detainees in a Hold Room sitting on the floor while eating the noon meal, ODO determined the EPC Hold Room did not contain sufficient bench space to accommodate the 29-person room capacity established by the facility. Current bench space provides seating for 24 detainees. Additionally, security glass windows are not the 12-inch squares required by the standard. The current 6 x 28 inch windows obstruct a clear view of activities occurring within the room.

EPC provides annual and refresher training related to Sexual Abuse and Assault Prevention and Intervention (SAAPI). The EPC SAAPI training curriculum does not include instruction on the process of investigation and evidence preservation. Training lacks instruction regarding prevention, recognition, and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities.

Akal and ICE staff members share the responsibility for video-recording use of force incidents. ODO confirmed ICE staff is not trained to operate audio-visual recording equipment. A log maintained in the control center documents that camera batteries are checked during each shift. EPC has three video cameras. Responsibility for maintaining the cameras, regular testing and charging, and ensuring the availability of back-up supplies is not addressed in any post orders.

## INSPECTION PROCESS

ODO inspections evaluate the welfare, safety, and living conditions of detainees. ODO primarily focuses on areas of noncompliance with the ICE National Detention Standards (NDS) or the ICE PBNDS, as applicable. The PBNDS apply to EPC. In addition, ODO may focus its inspection based on detention management information provided by ERO Headquarters (HQ) and ERO field offices, and on issues of high priority or interest to ICE executive management.

ODO reviewed the processes employed at EPC to determine compliance with current policies and detention standards. Prior to the inspection, ODO collected and analyzed relevant allegations and detainee information from multiple ICE databases, including the Joint Integrity Case Management System (JICMS), the ENFORCE Alien Booking Module (EABM), and the ENFORCE Alien Removal Module (EARM). ODO also gathered facility facts and inspection-related information from ERO HQ staff to prepare for the site visit at EPC.

## REPORT ORGANIZATION

This report documents inspection results, serves as an official record, and is intended to provide ICE and detention facility management with a comprehensive evaluation of compliance with policies and detention standards. It summarizes those PBNDS that ODO found deficient in at least one aspect of the standard. ODO reports convey information to best enable prompt corrective actions and to assist in the on-going process of incorporating best practices in nationwide detention facility operations.

OPR classifies program issues into one of two categories: deficiencies and areas of concern. OPR defines a deficiency as a violation of written policy that can be specifically linked to the PBNDS, ICE policy, or operational procedure. OPR defines an area of concern as something that may lead to or risk a violation of the PBNDS, ICE policy, or operational procedure. When possible, the report includes contextual and quantitative information relevant to the cited standard. Deficiencies are highlighted in bold throughout the report and are encoded sequentially according to a detention standard designator.

Comments and questions regarding the report findings should be forwarded to the Deputy Division Director, OPR Office of Detention Oversight.

## INSPECTION TEAM MEMBERS

(b)(6), (b)(7)c

Detention and Deportation Officer  
Special Agent  
Special Agent  
Contract Inspector  
Contract Inspector  
Contract Inspector

ODO, San Diego  
ODO, Phoenix  
ODO, Phoenix  
Creative Corrections  
Creative Corrections  
Creative Corrections

## OPERATIONAL ENVIRONMENT

### INTERNAL RELATIONS

ODO interviewed an ICE Assistant Field Office Director (AFOD), an ICE Supervisory Detention and Deportation Officer (SDDO), the Akal Project Manager, and various members of Akal staff. During the interviews, all personnel stated the working relationship between Akal and ERO is excellent, and the morale of Akal security and ERO officers is high.

The AFOD stated not all aspects of needed work are incorporated into the contract between ICE and Rosemark. Issues related to the maintenance and replacement of doors, locks, and other various types of equipment is open for debate, and therefore Rosemark does not always conduct facility maintenance as requested.

The AFOD praised medical care and food service at EPC, and stated all staff is professional, courteous, and caring. The AFOD stated old and high mileage vehicles are in need of maintenance or replacement. Furthermore, for the purposes of better mission accomplishment, his staff requires additional laptop computers.

### DETAINEE RELATIONS

ODO randomly selected and interviewed 25 male and five female ICE detainees to assess the overall living and detention conditions at EPC. ODO received no complaints concerning access to legal materials, issuance and replenishment of hygiene supplies, sending and receiving mail, recreation, visitation, religious services, or the grievance process. All detainees interviewed were satisfied with the telephone service and knew how to contact consular officials, attorneys, and the DHS Office of Inspector General, among others. Detainees stated they were satisfied with the supply of personal hygiene items and the cleanliness of the facility.

Although two detainees expressed dissatisfaction with the availability of Deportation Officers, the remaining detainees were satisfied with the weekly scheduled and unscheduled visits from ICE officials. ODO verified Deportation Officers were conducting staff-detainee communications in compliance with the PBNDS. A review of records maintained by ICE personnel verified these weekly visits, and identified the detainees interviewed as well as their respective issues of concern.

One detainee claimed he had been physically abused by facility staff during a use-of-force incident in January 2012. ODO followed up on the detainee's allegation and confirmed EPC properly documented and investigated the incident in compliance with the PBNDS. The detainee resisted officers who were attempting to restrain him during an immediate use-of-force incident that occurred in the intake area. The investigation determined the force used was necessary to subdue the detainee. The detainee was placed in disciplinary segregation as a result of his failure to comply with officers during the encounter. ODO found no evidence to support the detainee's allegation of physical abuse.

A detainee alleged, after numerous requests for sick call, medical officials had failed to examine him. ODO verified this detainee was present for sick call and was seen by medical personnel on numerous occasions. The detainee received off-site medical treatment for optometry in February and May 2011, orthopedics in June 2011, podiatry in June, July, August, and September 2011, arthroscopic surgery in August 2011, and cardiology treatment in August 2011. In addition, this detainee was taken to the local emergency room in February 2011, with a complaint of chest pains. The detainee was subsequently admitted to the hospital. ODO determined the allegation made by the detainee to be unfounded.

Another detainee claimed medical officials refused to issue him ear plugs despite a previous diagnosis of Tinnitus. ODO confirmed the IHSC received a Treatment Authorization Request authorizing this detainee to be treated by an Ear, Nose and Throat Doctor (ENT) for constant ringing in the ears. In January 2012, the ENT diagnosed the detainee with Tinnitus and ordered the detainee to wear ear plugs when exposed to noise. The detainee is housed in the general population and is not subject to noise levels that would necessitate ear plugs. This same detainee complained medical officials refused to provide treatment for symptoms related to a previously fractured vertebra. ODO confirmed the detainee received off-site medical treatment directly related to the aforementioned injury in June, September, and November 2011. In addition, the detainee had been scheduled for further off-site orthopedic treatment of this injury in March 2012.

## **ICE PERFORMANCE BASED NATIONAL DETENTION STANDARDS**

ODO reviewed a total of 15 PBNDS and found EPC fully compliant with the following nine standards:

- Admission and Release
- Classification System
- Detainee Handbook
- Funds and Personal Property
- Law Libraries and Legal Material
- Medical Care
- Special Management Units
- Staff-Detainee Communication
- Telephone Access

As these standards were compliant at the time of the review, synopses for these areas were not prepared for this report.

ODO found deficiencies in the following six areas:

- Environmental Health and Safety
- Food Service
- Grievance System
- Hold Rooms in Detention Facilities
- Sexual Abuse and Assault Prevention and Intervention
- Use of Force and Restraints

Findings for each of these standards are presented in the remainder of this report.

## **ENVIRONMENTAL HEALTH AND SAFETY (EH&S)**

ODO reviewed the Environmental Health and Safety PBNDS at EPC to determine if the facility maintains high standards of cleanliness and sanitation, safe work practices, and control of hazardous materials and substances. ODO toured the facility, interviewed staff, and reviewed policies and documentation of inspections, hazardous chemical management, pest control, generator testing, and fire prevention and control procedures.

The inspection confirmed all chemicals, flammables, and combustible materials are stored and issued as required by the standard. Hazardous substances are strictly controlled, and Material Safety Data Sheets, a master index of chemicals, and list of emergency telephone numbers are maintained in the safety office as required. EPC conducts monthly fire drills on each shift and documentation is on file. EPC conducts weekly and monthly safety inspections within all areas of the facility; these files are maintained in the Safety Office. Pest control invoices and reports for water quality are current. Barbering is conducted in a designated area, and hair care sanitation regulations are posted. Sanitation is maintained at a high level throughout the facility.

The facility's emergency generators are load-tested on a quarterly basis as required; however, internal testing of the facility's emergency generator by maintenance staff is conducted weekly for only 20 minutes rather than every two weeks for one hour as required by the standard (EH&S-1). Not all generators reach their operating temperature within 20 minutes. Testing generators for one hour ensures there is sufficient time to reach operating temperature, to verify the ability of the engine to provide the required power over time, and to identify any fuel or oil leaks.

### **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

#### **DEFICIENCY EH&S-1**

In accordance with the ICE PBNDS, Environmental Health and Safety, section (V)(F), the FOD must ensure that at least every two weeks, emergency power generators shall be tested for one hour, and the oil, water, hoses and belts of these generators shall be inspected for mechanical readiness to perform in an emergency situation.

## **FOOD SERVICE (FS)**

ODO reviewed the Food Service PBNDS at EPC to determine if detainees are provided with a nutritious and balanced diet in a sanitary manner. ODO interviewed contract food service staff and the food service COTR; inspected food and chemical storage areas, the dining room, kitchen, and food service equipment; and observed meal preparation and service. Documentation was reviewed, to include temperature logbooks, certifications, tool inventories, inspection reports, and menus.

Akal prepares meals provided to detainees. ODO observed approximately 25 detainees assisting Akal staff in meal preparation and maintenance of sanitation in the food service area. Detainees assigned to the general population consume meals in the dining hall; a satellite system of meal service is in place for the Special Management Units and the Processing Center Unit. Inspection of the food service area confirmed Akal properly controls knives and utensils, maintains sanitation, and meets food temperature and storage requirements. ODO observed staff and detainees using hair coverings, beard guards, and personal protective equipment. Review of the food service employee and detainee worker files verified all had received medical clearances. ODO determined meals are prepared in accordance with established policies and standards.

The exit door in the Dry Food Storage Room leading to the outside rear dock area is not equipped with an air curtain (**Deficiency FS-1**). Air curtains prevent insects from entering buildings and contaminating food products.

The meat slicer is not equipped with an anti-restart device (**Deficiency FS-2**). Equipment powered by electricity stops working when electrical power is interrupted. When electricity is restored, equipment restarts automatically, which presents a significant safety hazard to staff and detainee workers.

EPC purchasing procedures for ordering potentially dangerous items, such as knives, nutmeg, and yeast, do not address the special handling requirement mandated by the standard. Specifically, these items are not marked "HOT" on purchase requests (**Deficiency FS-3**). Cautionary labeling supports proper handling of items, which may compromise safety and security if introduced into the general population. ODO notes the computer system used for initiating purchase requests does not allow input of special handling instructions. ODO recommends EPC identify and implement a method for flagging these items.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY FS-1**

In accordance with the ICE PBNDS, Food Service, section (V)(J)(10), the FOD must ensure air curtains or comparable devices shall be used on outside doors where food is prepared, stored, or served to protect against insects and other rodents.

**DEFICIENCY FS-2**

In accordance with the ICE PBNDS, Food Service, section (V)(J)(12)(c), the FOD must ensure machines shall be guarded in compliance with OSHA standards. Meat saws, slicers, and grinders shall be equipped with anti-restart devices.

**DEFICIENCY FS-3**

In accordance with the ICE PBNDS, Food Service, section (V)(K)(1), the FOD must ensure, on the purchase request for potentially dangerous items (knives, mace, yeast, nutmeg, cloves, and other items considered contraband if found in a detainee's possession), the FSA shall mark them "hot," signaling the need for special handling.

## **GRIEVANCE SYSTEM (GS)**

ODO reviewed the Grievance System PBNDS at EPC to determine if a process to submit formal or emergency grievances exists, and responses are provided in a timely manner, without fear of reprisal. In addition, the review was conducted to determine if detainees have an opportunity to appeal responses, and if accurate records are maintained. ODO reviewed grievance logs, detention files, and facility policies, and interviewed staff members.

Written grievance policies and procedures at EPC reflect the language in the PBNDS. Staff strives to resolve grievances at the lowest possible level and provide timely responses. A designated Grievance Officer maintains an electronic database which tracks all grievances and respective outcomes. Officials encourage other detainees to assist those detainees who have difficulty with language abilities. Interpretive services are available. Procedures are in place to ensure detainees can file emergency grievances.

While facility policy corresponds with language in the PBNDS, EPC lacks written policy and procedures ensuring medical grievances are received by the administrative health authority within 24 hours or the next business day (**Deficiency GS-1**). There is no procedure in place requiring all appeals of formal medical grievances and the responses to these grievances to be reported to ERO (**Deficiency GS-2**). Both deficiencies were corrected during the inspection via policy amendments.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY GS-1**

In accordance with the ICE PBNDS, Grievance System, section (V)(A), the FOD must ensure each facility shall have written policy and procedures for a detainee grievance system that ensures a procedure in which all medical grievances are received by the administrative health authority within 24 hours or the next business day.

### **DEFICIENCY GS-2**

In accordance with the ICE PBNDS, Grievance System, section (V)(D), the FOD must ensure, in the case of medical grievances, each facility shall establish procedures for appeal of a denial by medical personnel. An additional level of appeal by medical personnel shall be available to the detainee. All appeals of formal medical grievances and responses shall be reported to ICE/[ERO].

## **HOLD ROOMS IN DETENTION FACILITIES (HR)**

ODO reviewed the Hold Rooms in Detention Facilities PBNDS at EPC to determine if detainees placed temporarily in hold rooms, awaiting further processing, are in a safe, secure, and comfortable environment and not confined in hold rooms for over 12 hours. ODO interviewed staff, inspected the hold rooms, reviewed logbooks and policies, and observed the processing of detainees.

Inspection of the hold rooms confirmed acceptable levels of sanitation and adequate room temperatures. The hold rooms are well ventilated with sufficient lighting and space. Detainees are provided with basic personal hygiene items and meals when appropriate. ODO review of logbooks confirmed detainees are not confined in hold rooms for more than 12 hours.

ODO observed detainees in a hold room sitting on the floor while eating the noon meal. ODO measured seating capacity and found it insufficient for the 29-person capacity established by the facility (**Deficiency HR-1**). Based on the PBNDS requirement for 18 inches of seat space per detainee, the correct seating capacity of the hold room is 24 detainees. Sufficient seating is required to ensure detainees do not have to sit on the concrete floors or stand when room capacity is reached, because detainees may remain in hold rooms for up to 12 hours.

ODO's measurements revealed security-glass windows within the hold room doors are 6 by 28 inches and not 12 by 12 inches as required by the standard (**Deficiency HR-2**). Windows of proper width and height ensure adequate vision into the hold rooms for monitoring purposes. Security glass prevents accidental or intentional breakage.

Officers supervising the hold rooms document 15-minute visual checks in a detention log; however, the log does not include space for the printed name of the officer conducting the checks or a comments section to document unusual behavior and complaints (**Deficiency HR-3**). The current detention log consists of only the officer's badge number, the date, and the time. Unusual behavior, complaints, signs of hostility or depression, or similar behaviors must be noted within the log.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY HR-1**

In accordance with the ICE PBNDS, Hold Rooms in Detention Facilities, section (V)(A)(4), the FOD must ensure each Hold Room shall contain sufficient seating for the maximum room-capacity but shall contain no moveable furniture. Benches shall provide 18" of seat space per detainee and may be bolted to the floor or attached to the wall if the wall is of suitable construction.

### **DEFICIENCY HR-2**

In accordance with the ICE PBNDS, Hold Rooms in Detention Facilities, section (V)(A)(10), the FOD must ensure the solid doors shall be equipped with security-glass or barred windows, 12"x12", installed at eye level for convenient visual checks. Security bars or mesh doors shall be of appropriately sturdy construction to prevent escape.

**DEFICIENCY HR-3**

In accordance with the ICE PBNDS, Hold Rooms in Detention Facilities, section (V)(D)(5), the FOD must ensure officers shall closely supervise Hold Rooms through direct supervision that includes: Continuous auditory monitoring, even when the Hold Room is not in the officer's direct line of sight; Visual monitoring at irregular intervals at least every 15 minutes, each time recording in the detention log, the time and officer's printed name and any unusual behavior or complaints under "Comments;" and Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors. In such cases, the officer shall notify the shift supervisor. (See the Detention Standard on Suicide Prevention and Intervention.)

## **SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)**

ODO reviewed the Sexual Abuse and Assault Prevention and Intervention (SAAPI) PBNDS at EPC to determine if facilities act to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators. ODO interviewed members of the EPC training staff, and reviewed policies and procedures, and SAAPI initial and annual refresher training curricula.

EPC has a written policy and procedures regarding SAAPI. These procedures include measures taken to prevent sexual abuse and sexual assault, and to direct prompt, effective intervention and investigation. EPC written policy and procedures provide the required procedures for reporting through the chain of command, starting with the reporting official through the ICE Field Office Director.

EPC provides initial SAAPI training for employees, volunteers and contract personnel; annual refresher training is conducted thereafter. The SAAPI training curriculum does not include a description of processes for investigation and evidence preservation. Training also fails to provide instruction regarding prevention, recognition, and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities (**Deficiency SAAPI-1**).

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY SAAPI-1**

In accordance with the ICE PBNDS, Sexual Abuse and Assault Prevention and Intervention, section (V)(F), the FOD must ensure training on the facility's Sexual Abuse and Assault Intervention Program shall be included in training for employees, volunteers, and contract personnel and shall also be included in annual refresher training thereafter. Training shall include [among other things]: The investigation process and how to ensure that evidence is not destroyed; and Prevention, recognition, and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities.

## **USE OF FORCE AND RESTRAINTS (UOF&R)**

ODO reviewed the Use of Force and Restraints PBNDS at EPC to determine if necessary use of force and the use of restraints is used only after all reasonable efforts have been exhausted to gain control of a subject, while protecting and ensuring the safety of detainees, staff and others, preventing serious property damage, and ensuring the security and orderly operation of the facility. ODO toured the facility, inspected equipment, and reviewed local policies, training records, and other pertinent documentation.

EPC has a comprehensive policy governing use of force. Clear guidance is provided for the use of calculated rather than immediate force in most situations. ODO was informed there were 11 immediate and zero calculated force incidents in the past year. In seven (64 percent) of the 11 immediate use of force incidents, force was used when detainees fighting one another did not stop when ordered to do so. In four (36 percent) of the 11 incidents, the detainees refused to obey an order and became aggressive toward staff. Detainees involved in all 11 incidents required the use of restraints. Based on available documentation, ODO determined the facility complied with the requirements of the PBNDS in all 11 incidents.

Electro-Muscular Disruption Devices are not used at EPC. ICE-approved less-than-lethal equipment and chemical agents are used by ICE staff only. The EPC Disturbance Control Team consists of 89 certified ICE staff and 63 certified Akal staff. ICE and Akal officers are certified by qualified instructors during formal and annual refresher training. ODO reviewed 10 of 69 (14 percent) ICE training files and 17 of 420 (4 percent) Akal training files. Each of the 27 files reviewed confirmed completion of annual training. ODO verified lesson plans covered use of force and restraints and principles for application, the use of force continuum, specialized training, prohibited acts, and reporting requirements.

AKAL and ICE personnel share the responsibility of video-recording use of force incidents. ODO confirmed ICE staff has not been trained in the operation of audio-visual recording equipment (UOF&R-1).

A log maintained in the control center documents that camera batteries are checked during each shift. EPC has three video cameras. Responsibility for maintaining the cameras, regular testing and charging, and ensuring the availability of back-up supplies is not addressed in any post orders (UOF&R-2).

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY UOF&R-1**

In accordance with the ICE PBNDS, Use of Force and Restraints, section (V)(I)(2), the FOD must ensure, while ICE/[ERO] requires that all use-of-force incidents be documented and forwarded to ICE/[ERO] for review, for calculated use of force, it is required that the entire incident be audio visually recorded. The facility administrator or designee is responsible to ensure that use of force incidents are audio visually recorded. Staff will be trained in the operation of audiovisual recording equipment. There will be a sufficient number of cameras appropriately located and maintained in the facility. The audiovisual record and accompanying

documentation shall be included in the investigation package for the After-Action Review described below. In SPCs/CDFs, written documentation shall include a "Use of Force" form and memorandum reporting staff actions, reactions, and responses during the confrontation-avoidance process.

**DEFICIENCY UOF&R-2**

In accordance with the ICE PBNDS, Use of Force and Restraints, section (V)(K), the FOD must ensure, since audiovisual recording equipment must often be readily available, each facility administrator shall designate and incorporate in one or more post orders responsibility for: maintaining cameras and other audiovisual equipment; Regularly scheduled and documented testing to ensure all parts, including batteries, are in working order; and Keeping back-up supplies on hand (batteries, tapes or other recording media, lens cleaners, etc.).