



**U.S. Department of Homeland Security**

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  
Compliance Inspection**

**Enforcement and Removal Operations**

**ERO El Paso Field Office**

**West Texas Detention Facility**

**Sierra Blanca, Texas**

**February 2– 4, 2016**

**COMPLIANCE INSPECTION  
for the  
WEST TEXAS DETENTION FACILITY  
SIERRA BLANCA, TEXAS**

**TABLE OF CONTENTS**

**EXECUTIVE SUMMARY**

Overall Findings.....2  
Findings by National Detention Standard (NDS) 2000 Major Categories .....3

**INSPECTION PROCESS .....4**

**DETAINEE RELATIONS .....5**

**INSPECTION FINDINGS**

**DETAINEE SERVICES**

Access to Legal Material .....7  
Telephone Access .....7

**SECURITY AND CONTROL**

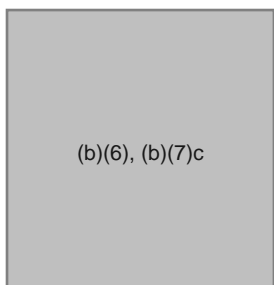
Special Management Units (Administrative Segregation) .....7  
Special Management Units (Disciplinary Segregation).....8  
Use of Force .....8

**HEALTH SERVICES**

Medical Care .....9  
Suicide Prevention and Intervention .....10

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**INSPECTION TEAM MEMBERS**



Lead Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
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Contractor	Creative Corrections
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## EXECUTIVE SUMMARY

The Office of Detention Oversight (ODO) conducted a compliance inspection of the West Texas Detention Facility (WTDF) in Sierra Blanca, Texas from February 2 to 4, 2016.<sup>1</sup> WTDF opened in 2004 and is owned and operated by the Emerald Companies L.L.C. The Office of Enforcement and Removal Operations (ERO) began housing detainees at WTDF in 2007 pursuant to a United States Marshals Service (USMS) Intergovernmental Agreement (IGA), under the oversight of ERO’s Field Office Director (FOD) in El Paso.

ERO staff members are assigned to the facility. A Detention Services Manager is not assigned to the facility. A WTDF Warden is responsible for oversight of daily facility operations and is supported by (b)(7)(e) personnel. WTDF staff provides medical and food services. The facility holds an American Correctional Association accreditation. The WTDF is not contractually obligated to comply with the ICE Performance-Based National Detention Standards (PBNDS) 2011, Sexual Abuse and Assault Prevention and Intervention (SAAPI) standard; however it has made efforts to comply.<sup>4</sup>

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	450
Average ICE Detainee Population <sup>3</sup>	488
Male Detainee Population ( as of 2/2/2016)	389
Female Detainee Population (as of 2/2/2016)	64

### OVERALL FINDINGS

In April 2011, ODO conducted an inspection of the facility under the National Detention Standards (NDS) 2000, reviewing the facility’s compliance with 27 standards and finding the facility compliant with 21 standards. There were a total of ten deficiencies in the remaining six standards.

Inspection Results Compared	FY 2011 (NDS 2000)	FY 2016 (NDS 2000)
Standards Reviewed	27	15
Deficient Standards	6	7
Overall Number of Deficiencies	10	21
Corrective Action	0	0

In FY2016 ODO reviewed the facility’s compliance with 15 standards and found the facility compliant with eight of those standards. ODO found 21 deficiencies in the remaining seven standards.

<sup>1</sup> Male and female detainees of security classification levels “Low”, “Medium Low”, “Medium High and “High” are detained at the facility for longer than 72 hours.

<sup>2</sup> Data Source: ERO Facility List Report as of January 27, 2016.

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

<sup>4</sup> The facility has a zero tolerance policy articulated in WTDF Policy 3.5.3, *Sexual Abuse and Harassment of Inmates*. Facility staffs, including volunteers and contractors, receive training in sexual assault and abuse prevention and intervention. The training curriculum specifically addresses the Prison Rape Elimination Act (PREA).

## FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED <sup>5</sup>	DEFICIENCIES
<b>Part 1 – Detainee Services</b>	
Access to Legal Material	1
Admission and Release	0
Detainee Classification System	0
Detainee Grievance Procedures	0
Detainee Handbook	0
Food Service	0
Funds and Personal Property	0
Staff-Detainee Communication	0
Telephone Access	1
<b>Sub-Total</b>	<b>2</b>
<b>Part 2 – Security and Control</b>	
Environmental Health and Safety	0
Special Management Unit (Administrative)	3
Special Management Unit (Disciplinary)	4
Use of Force	2
<b>Sub-Total</b>	<b>8</b>
<b>Part 3 – Health Services</b>	
Medical Care	9
Suicide Prevention and Intervention	1
<b>Sub-Total</b>	<b>10</b>
<b>Total Deficiencies</b>	<b>21</b>

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

## INSPECTION PROCESS

Every fiscal year, the Office of Detention Oversight (ODO), a unit within U.S. Immigration and Customs Enforcement's (ICE) Office of Professional Responsibility (OPR), conducts compliance inspections at detention facilities in which detainees are accommodated for periods in excess of 72 hours and with an average daily population greater than ten to determine compliance with the ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable.

During the compliance inspection, ODO reviews each facility's compliance with those detention standards that directly affect detainee health, safety, and/or well-being.<sup>6</sup> Any violation of written policy specifically linked to ICE detention standards, ICE policies, or operational procedures that ODO identifies is noted as a deficiency. ODO also highlights any deficiencies found involving those standards that ICE has designated under either the PBNDS 2008 or 2011, to be "priority components."<sup>7</sup> Priority components have been selected from across a range of detention standards based on critical importance, given their impact on facility security and/or the health and safety, legal rights, and quality of life of detainees in ICE custody.

Immediately following an inspection, ODO hosts a closeout briefing in person with both facility and ERO field office management to discuss their preliminary findings, which are summarized and provided to ERO in a preliminary findings report. Thereafter, ODO provides ERO with a final compliance inspection report to: (i) assist ERO in working with the facility to develop a corrective action plan to resolve identified deficiencies; and (ii) provide senior ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. The reports enable senior agency leadership to make decisions on the most appropriate actions for individual detention facilities nationwide.

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<sup>6</sup> ODO reviews the facility's compliance with selected standards in their entirety.

<sup>7</sup> Priority components have not been identified for the NDS.

## DETAINEE RELATIONS

ODO interviewed 25 detainees, each of whom volunteered to participate. None of the detainees made allegations of mistreatment, abuse, or discrimination. The majority of detainees reported being satisfied with facility services, with the exception of the allegations below:

### *Admission and Release:*

- Allegation: Eleven detainees alleged they were not provided detainee handbooks upon admission.
  - Action taken: ODO reviewed the detainee files of all 11 detainees. The files reviewed contained admission paperwork signed by the detainees indicating receipt of the National Detainee Handbook and the facility handbook. ODO observed the admission process of several detainees; all detainees were issued both handbooks during the admission process. ODO also observed handbooks posted in each dorm unit.
- Allegation: Three detainees alleged they were not provided towels when they were admitted into the facility.
  - Action Taken: ODO reviewed the files of all three detainees. Two of the files contained documents signed by the detainees indicating receipt of towels and the detainees physically had a towel. However, the facility confirmed that occasionally when detainees arrive on the weekend, towels may not be available until laundry has been completed; this was the case with the third detainee, who was subsequently provided a towel.

### *Food Service:*

- Allegation: Four detainees alleged the food is repetitive.
  - Action Taken: ODO reviewed the menu and spoke with food service staff and observed several meal preparations. ODO confirmed that the facility uses a five week menu cycle which shows a varied menu certified by a nutritionist.
- Allegation: Two detainees alleged they were not receiving their special diets.
  - Action Taken: ODO determined the two detainees requesting special diets receive them daily. The food service staff has a list of detainees required to receive a special diet. Both detainees were listed and receive their special diets daily.

### *Funds & Personal Property:*

- Allegation: One detainee alleged she receives money orders in the mail, the facility shows it to her and tells her it will be deposited on her commissary account, but when she checks her account the money is not there.
  - Action Taken: ODO reviewed the detainee's file and the funds account. Property receipts were issued for funds received by the detainee, and the funds were added to her account. Facility staff notified ODO that in the past the detainee was presented her money order for verification and signature for addition to her commissary. Before the funds post, the detainee makes purchases, which consume the incoming funds.

### ***Medical Care:***

- Allegation: Three detainees alleged it takes too long to be seen for sick call.
  - Action Taken: ODO spoke with medical staff and reviewed each detainee's medical record. The first detainee is seen regularly in the chronic care clinic and had four sick call requests and was seen within two weeks for each request. A review of the second detainee's medical records revealed the detainee received medical care within two to five days for all five of his sick call requests. The third detainee had one sick call request, and he was seen within five days.
- Allegation: Four detainees alleged they submitted a sick call request and never received medical care.
  - Action Taken: ODO reviewed each detainee's medical record; for three of these detainees, there were no sick call requests present in their medical records. ODO reviewed the fourth detainee's medical record and determined a sick call request had been submitted on 12/17/2015, but there was no documentation the detainee received medical care. ODO discussed these concerns with local ERO staff but was unable to confirm that the detainees were in fact seen in response to their sick call requests prior to the inspection's conclusion.<sup>8</sup>
- Allegation: One detainee alleged that although she advised staff upon intake that she suffered from mental illness, did not receive her medication for the first three weeks she was in custody. The detainee alleged only after she began behaving erratically and was confrontational towards staff did she begin receiving her medication.
  - Action Taken: ODO reviewed the detainee's medical record and determined that medical was advised of the detainee's medication at intake; however, three weeks did lapse before the medical staff provided her prescribed medication. ODO received confirmation from the medical clinic that the detainee was receiving her medication.

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<sup>8</sup> Two detainees were removed on February 4, 2016 on the last day of the inspection; a third detainee was removed on February 25, 2016 and the other detainee was removed on March 10, 2016.

# INSPECTION FINDINGS

## DETAINEE SERVICES

### ACCESS TO LEGAL MATERIAL (ALM)

An interview with facility senior staff revealed the designated officer is not inspecting the law library equipment weekly (**Deficiency ALM-1<sup>9</sup>**).

### TELEPHONE ACCESS (TA)

ODO reviewed the telephone serviceability worksheets from November 2015 through January 2016 and identified a four week period of missing telephone serviceability worksheets. ERO was unable to provide the missing worksheets; therefore, ODO was unable to verify ERO conducted serviceability checks during that four week period (**Deficiency TA-1<sup>10</sup>**).

## SECURITY AND CONTROL

### SPECIAL MANAGEMENT UNITS ADMINISTRATIVE SEGREGATION (SMU AS)

ODO requested 16 randomly selected SMU records of detainees assigned to administrative segregation. WTDF was unable to produce the requested documentation for nine of the 16 detainees, to include the required segregation orders. Of the seven records provided, there were no segregation orders found in the records. The facility was unable to provide ODO with any of the required segregation orders for the requested records (**Deficiency SMU AS-1<sup>11</sup>**).

Of the seven administration segregation records provided to ODO, six of the records showed the detainees had been in administration segregation greater than 72 hours. Of the six cases only one detainee received a 72 hour status review. In another of the six cases a detainee who had been in administrative segregation greater than 90 days had only two seven-day segregation reviews. (**Deficiency SMU AS-2<sup>12</sup>**)

The WTFD SMU post order references the ICE Form I-888, Special Management Unit Housing Record; however, the facility uses its own form to record the daily activities of detainees in the SMU. A review of the administrative SMU log revealed entries were inconsistent and unclear, and the log had pages missing. Based on the log discrepancies, ODO could not determine if

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<sup>9</sup> “The facility shall designate an employee with responsibility to inspect the equipment at least weekly and ensure that it is in good working order, and to stock sufficient supplies.” See ICE NDS 2000, Standard, Access to Legal Material, Section (III)(B).

<sup>10</sup> “The Field Office Director (FOD) shall ensure that all phones in all applicable facilities are tested on a weekly basis.” See Detainee Telephone Services, Telephone Access, dated April, 4, 2007.

<sup>11</sup> “A written order shall be completed and approved by a supervisory officer before a detainee is placed in administrative segregation, except when exigent circumstances make this impracticable. In such cases, an order shall be prepared as soon as possible. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility.” See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(B).

<sup>12</sup> “All facilities shall implement written procedures for the regular review of administrative detention cases, consistent with the procedures specified below.” See-ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(C).



security checks were completed, if the required basic living standards were provided, or if medical and supervisory visits were conducted for detainees assigned to the SMU (**Deficiency SMU AS-3<sup>13</sup>**).

### **SPECIAL MANAGEMENT UNITS DISCIPLINARY SEGREGATION (SMU DS)**

ODO's review of documentation provided by ERO identified eight detainees that were assigned to the SMU for disciplinary segregation between September 1, 2015 and the time of the inspection. The facility did not have files for three of the detainees. ODO reviewed the five files present; and found four files did not include the disciplinary segregation order. The file containing a segregation order did not show the detainee was provided a copy of the segregation order (**Deficiency SMU-DS-1<sup>14</sup>**).

ODO reviewed five files for detainees assigned to disciplinary segregation. Only one of the files documented completion of a periodic status review (**Deficiency SMU-DS-2<sup>15</sup>**).

A review of the disciplinary SMU log revealed entries were inconsistent and unclear and the log had pages missing. Based on the log discrepancies, ODO could not make a determination if the required basic living standards were provided, security checks completed or if medical and supervisory visits were conducted (**Deficiency SMU DS-3<sup>16</sup>**).

ODO interviewed facility senior staff responsible for the SMU and determined detainees sanctioned with disciplinary segregation are not allowed visitation privileges (**Deficiency SMU DS-4<sup>17</sup>**).

### **USE OF FORCE (UOF)**

ERO reported two immediate use of force incidents and no calculated use of force incidents in the year proceeding the inspection, from January 2015 to January 2016. ODO reviewed documentation for the two immediate use of force incidents and did not identify any significant deficiencies. The facility use of force policy states, "The Warden may authorize the use of chemical agents to control an inmate/detainee or group of inmates/detainees who otherwise cannot be controlled;" also, "Non-lethal ammunition, such as rubber or wooden projectiles, or beanbags is an additional option for controlling violent situations." Inspection of the armory found Chlorobenzylidene Malonitrile (CS) (a defining component of tear gas) grenades, bean

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<sup>13</sup> "A permanent log will be maintained in the SMU. The log will record all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc." See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(E).

<sup>14</sup> "A written order shall be completed and signed by the chair of the Institutional Disciplinary Committee panel before a detainee is placed in disciplinary segregation. A copy of the order shall be given to the detainee with 24 hours, unless delivery would jeopardize safety, security, or the orderly operation of the facility." See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(B).

<sup>15</sup> "All facilities shall implement written procedures for regular review of all disciplinary segregation cases, consistent with the procedures specified below." See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation, Section (III)(C).

<sup>16</sup> "A permanent log will be maintained in the SMU. The log will not all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc." See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(E)(1).

<sup>17</sup> "As a rule, a detainee retains visiting privileges while in disciplinary segregation." See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(D)(17).

bags and rubber pellets. These items are not authorized per the NDS, and there was no documentation indicating ERO has authorized them at WTDF. Although ODO was informed by facility senior staff the unauthorized use of force devices would only be used on United States Marshal Service inmates, the policy does not prohibit their use on ICE detainees (**Deficiency UOF-1<sup>18</sup>**).

A review of facility training records showed facility staff did not consistently receive required training on the use of non-lethal equipment, e.g. oleoresin capsicum (OC) spray (**Deficiency UOF-2<sup>19</sup>**).

## **HEALTH SERVICES**

### **MEDICAL CARE (MC)**

A review of 30 medical records found that for seven detainees, intake screening was not completed immediately upon the arrival (**Deficiency MC-1<sup>20</sup>**). Rather, those intake screenings were delayed by various amounts of time, ranging from more than 12 hours, to as many as 31 days.

ODO reviewed thirty (30) detainee medical records and found in three cases that physical examinations were not conducted within 14 days of detainee arrival (**Deficiency MC-2<sup>21</sup>**). In instances where ODO identified a delay in the provision of these exams, it took the facility between 17 days (after arrival) and 32 days to complete the requisite examination.

A review of 30 medical records revealed, 16 of 30 detainees were not tested for tuberculosis (TB) by way of either providing a purified protein derivative skin test or chest x-ray (**Deficiency MC-3<sup>22</sup>**). ODO interviewed the HSA and reviewed Emerald Correctional Management (ECM) policy which allows the facility to accept documentation of tuberculosis clearance within the past six months when the detainee has been in continuous custody. In all 16 cases, documentation of a negative PPD test or chest x-ray within six months of WTDF admission was available.

A review of 30 medical records revealed, for 27 of those medical records, the initial dental screening was performed by registered nurses (RN) rather than a physician, physician's assistant or nurse practitioner (**Deficiency MC-4<sup>23</sup>**).

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<sup>18</sup> "The following nondeadly force devices are not authorized for use: 2. Mace, tear gas, or other chemical agents, except OC spray; and 4. Any other device or tool not issued or approved by INS." *See* ICE NDS 2000, Standard, Use of Force, Section (III)(M)(2 and 4).

<sup>19</sup> "Specialized training shall be required for certain non-lethal equipment e.g., OC spray/electronic devices." *See* ICE NDS 2000, Standard, Use of Force, Section (III)(O).

<sup>20</sup> "All new arrivals shall receive initial medical and mental health screening immediately upon their arrival by a health care provider or officer trained to perform this function." *See* ICE NDS 2000, Standard, Medical Care, Section (III)(D).

<sup>21</sup> "The healthcare provider of each facility will conduct a health appraisal and physical examination on each detainee within 14 days of arrival at the facility." *See* ICE NDS 2000, Medical Care, Section (III)(D).

<sup>22</sup> "All new arrivals shall receive TB screening by PPD (mantoux method) or chest x-ray." *See* ICE 2000 NDS, Standard, Medical Care, Section (III)(D).

<sup>23</sup> "If no on-site dentist is available, the initial dental screening may be performed by a physician, physician assistant, or nurse practitioner." *See* ICE NDS 2000, Standard, Medical Care, Section (III)(E).

An interview with facility senior medical staff and a review of facility medical procedures revealed there were no procedures in place to ensure timely receipt of sick call requests or completion of sick call (**Deficiency MC-5<sup>24</sup>**). In one of the sick call requests reviewed by ODO, the detainee complained of chest pains. The date the request was received and triaged was not documented, and the detainee was not seen by a provider for five days after writing the request.

A review of training records for all healthcare staff and (b)(7) randomly selected correctional staff revealed (b)(7) correctional officers did not have current CPR certifications (**Deficiency MC-6<sup>25</sup>**); both officers were last trained in 2013.

A review of ten medication administration records (MAR) found four were incomplete, with one to two doses not documented as given, not given, or refused. The MAR for a detainee prescribed anti-depressant medication showed a 21 day lapse in administration of the medication due to a delay in prescription renewal. ODO found there were thirty-five (35) missing entries over a two month period on MARs for a detainee receiving HIV treatment (**Deficiency MC-7<sup>26</sup>**).

A review of a MAR for a detainee receiving HIV treatment revealed 35 missing medication administration entries over a two month period and a five-day delay in providing HIV medications after it was ordered. There was no documentation provided, which identified the detainee's prior medical record was requested from the transferring facility, and diagnostic testing was not ordered to determine current infection status and ongoing treatment needs (**Deficiency MC-8<sup>27</sup>**).

A review of thirty (30) medical records revealed, three detainees prescribed psychotropic medication did not have a signed informed consent form specific to the treatment (**Deficiency MC-9<sup>28</sup>**).

## **SUICIDE PREVENTION AND INTERVENTION SP&I**

An interview with facility senior medical staff and review of procedures revealed a detainee was released from suicide watch following an assessment by a physician's assistant. The Clinical Director did not authorize the discontinuation of suicide watch (**Deficiency SP&I-1<sup>29</sup>**).

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<sup>24</sup> "All facilities must have a procedure in place to ensure that all request slips are received by the medical facility in a timely manner." See ICE NDS 2000, Standard, Medical Care, Section (III)(F)

<sup>25</sup> "This training will be provided by a responsible medical authority in cooperation with the OIC and will include the following: The administration of first aid and cardiopulmonary resuscitation (CPR)" See ICE NDS 2000, Standard, Medical Care, Section (III)(H)(2)

<sup>26</sup> "Distribution of medication will be according to the specific instructions and procedures established by the health care provider. Officers will keep written records of all medication given to detainees." See ICE NDS 2000, Standard, Medical Care, Section (III)(I).

<sup>27</sup> "To the extent possible, the accurate diagnosis and medical management of HIV infection among detainees will be promoted." See ICE NDS 2000, Standard, Medical Care, Section (III)(K).

<sup>28</sup> "The facility health care provider will obtain signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances." See ICE NDS 2000, Standard, Medical Care, Section (III)(L),

<sup>29</sup> "A detainee formerly under a suicide watch may be returned to general population, upon written authorization from the CD." See ICE NDS 2000, Standard, Section Suicide Prevention and Intervention, Section (III)(C).