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Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight Division

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**Office of Detention Oversight
National Detention Standards**

**Enforcement and Removal Operations
ERO El Paso Field Office
West Texas Detention Facility
Sierra Blanca, Texas**

April 10 –12, 2018

**COMPLIANCE INSPECTION
for the
West Texas Detention Facility
Sierra Blanca, Texas**

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COMPLIANCE INSPECTION TEAM MEMBERS

(b) (6), (b) (7)(C)	Team Lead	ODO
(b) (6), (b) (7)(C)	Inspections and Compliance Specialist	ODO
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FACILITY OVERVIEW

The Office of Detention Oversight (ODO) conducted an oversight inspection of the West Texas Detention Facility (WTDF) in Sierra Blanca, Texas, from April 10-12, 2018.¹ WTDF opened in August 2004 and is owned by Hudspeth County and operated by LaSalle Correctional Management. The Office of Enforcement and Removal Operations (ERO) began housing detainees at WTDF in July 2007 pursuant to an Inter-Governmental Agreement (IGA), under the oversight of ERO's Field Office Director (FOD) in El Paso, Texas.

ERO staff members are assigned to the facility. At WTDF Warden Sheppard is responsible for oversight of daily operations and is supported by ██████████ personnel. Aramark provides food service and Preferred Hospital Leasing Van Horn, Inc. d/b/a/Culberson Hospital provides detainee medical care. The facility operates under the National Detention Standard (NDS) 2000 and is not contractually obligated to comply with the ICE Performance-Based National Detention Standards (PBNDS) 2011 Sexual Abuse and Assault Prevention and Intervention Standard.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	759
Average Daily ICE Detainee Population ³	369
Male Detainee Population (as of 4/10/2018)	336
Female Detainee Population (as of 4/10/2018)	166

In February 2016, ODO conducted an inspection of the WTDF reviewing a total of 15 standards and found the facility compliant with eight of those standards. ODO found 21 deficiencies in the remaining seven standards; Access to Legal Materials (1) Telephone Access (1), Special Management Unit Administrative (3), Special Management Unit Disciplinary (4), Use of Force (2), Medical Care (9), and Suicide Prevention and Intervention (1).

¹ This facility holds male and female detainees for periods greater than 72 hours.

² Data Source: ERO Facility Questionnaire as of April 3, 2018.

³ *Ibid.*

FY 2018 FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED ⁴	DEFICIENCIES
Part 1 – Detainee Services	
Access to Legal Material	0
Admission and Release	2
Detainee Classification System	2
Detainee Grievance Procedures	0
Detainee Handbook	0
Food Service	2
Funds and Personal Property	0
Staff-Detainee Communication	0
Telephone Access	0
Sub-Total	6
Part 2 – Security and Control	
Environmental Health and Safety	4
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	4
Sub-Total	8
Part 3 – Health Services	
Medical Care	2
Suicide Prevention and Intervention	0
Sub-Total	2
PBNDS 2011 Standard Inspected	
Sexual Abuse and Assault Prevention and Intervention	N/A
Sub-Total	N/A
Total Deficiencies	16

⁴ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

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 over 72-hours to assess compliance with ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁵ ODO identifies violations linked to ICE detention standards, ICE policies, or operational procedures as *deficiencies*. ODO highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection; these corrective actions are annotated with “C” under the Inspection Findings section of this report.

At the conclusion of each inspection, ODO holds a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also 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. Additionally, ODO findings inform ICE executive management decision making in better allocating resources across the agency’s entire detention inventory.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

DETAINEE RELATIONS

ODO interviewed (28) twenty-eight detainees, four of whom were females to assess the conditions of confinement at WTDF. Interview participation was voluntary and none of the detainees expressed allegations of abuse, discrimination, or mistreatment. Most of the detainees reported being satisfied with facility services except for the below concern.

Medical Care: One detainee claimed he arrived at the facility with medications for high blood pressure and headaches as well as a sleep aid. The detainee stated he is now only receiving medication for high blood pressure.

- Action Taken: ODO reviewed the detainee's medical file and found no documentation affirming the detainee arrived with any medication or any indication he was currently prescribed any medication. Per ODO's request, ERO informed the detainee he needed to submit a medical request form to have any medical issues he was having addressed.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (AR)

ODO's observation of intake and review of 25 detainee files confirmed detainees receive and sign for a copy of the WTDF handbook and the ICE National Handbook upon admission. Both handbooks are available in English and Spanish. In addition to the handbook, a site-specific orientation video is shown to all new arrivals in the intake area in both English and Spanish. ODO reviewed this video and found it adequately synthesizes facility programs, services, rules and regulations. However, ODO found the WTDF orientation procedures were not approved by ERO (**Deficiency AR-1⁶**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action. The AFOD approved the orientation procedures (**C-1**).

Although ODO found WTDF policy outlines the release process, and intake and release staff could verbalize the steps necessary for releases, ODO found release procedures were not approved by ERO (**Deficiency-AR-2⁷**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action and presented documentation from the AFOD approving the admission and release procedures (**C-2**).

DETAINEE CLASSIFICATION SYSTEM (DCS)

The classification level for detainees is provided to WTDF facility staff by recording it on the Records of Persons Transferred, I-216 Form. This is the sole document that provides the facility with a detainee classification level. ERO does not provide a Risk Classification Assessment (RCA) or any other documentation for the facility staff to consider during the reclassification of detainees and, in the absence of records evidencing as much, ODO was unable to assess if the classification action was approved by a supervisor (**Deficiency DCS-1⁸**).

ODO reviewed the reclassification assessment forms of three detainees who had been at the facility more than 60 days and found the form is not consistent with the ICE reclassification process and does not address items required by the standard, including the severity of most recent charge/conviction, serious offense history, and history of violence and escape (**Deficiency**

⁶ "All facilities shall have a medium to provide INS detainees an orientation to the facility. In IGSA's the INS office of jurisdiction shall approve all orientation procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

⁷ "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding, etc. INS will approve (sic) the IGSA release procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J). Note: NDS outline is in error. The cited section should be (III)(L).

⁸ "The facility shall abide by INS policy, rules, and guidelines as set forth in this Standard and implement the attached Detainee Classification system for classifying detainees. CDFs and IGSA facilities may continue using the systems established locally, if the classification criteria are objective and all procedures meet INS requirements. If the detainee cannot be classified without certain information that is missing at the time of processing (e.g., results of criminal-record check), the detainee will be kept apart from the general population pending arrival of those data. Upon completion of the classification process possible, the detainee shall be housed in the general population. The first-line supervisor will review and approve each detainee's classification." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A)(2)(3).

DCS-2⁹). Absent additional information from ERO and conducting its own criminal history check facility staff cannot complete a fully informed/accurate assessment.

FOOD SERVICE (FS)

ODO observed inmate food service workers preparing sack lunches for detainees/inmates pending transport to court, bus, and air service (**Deficiency FS-1¹⁰**). Preparation of sack lunches for detainees leaving the facility should be completed by staff to eliminate the potential for inmates to place contraband in the lunches.

Inspection of the food service operation confirmed all tool inventories and utensils were properly controlled. There are no knives utilized in the food service operations. ODO observed the use of a “snap-lock” on the inmate restroom (**Deficiency K&LC-2¹¹**).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO’s inspection of the housing units found worn carpeting which appeared to be soiled. The areas where the sides of the building met the floors had a buildup of dust and debris. Several showers had a build-up of soap scum. ODO also observed carpeting in the coffee pot and microwave areas was extremely soiled with spilled coffee and food particles (**Deficiency EH&S-1¹²**).

The medical observation unit had bubbling and peeling paint, as well as walls, toilets, and wash basins which were not clean, and concrete floors throughout were in poor repair. ODO noted the flooring had epoxy which was heavily deteriorated and multiple imperfections to include stains and build-up of dust and debris in the corners and sidewalls (**Deficiency EH&S-2¹³**).

⁹ “Staff shall use the most reliable, objective information from the detainee’s A-file or work folder during the classification process. “Objective” information refers to facts, e.g., current offense, past offenses, escapes, institutional disciplinary history, violent episodes/incidents, etc. Opinion, even informed opinion (based on profiling, familiarity, personal experience, etc.) is different from fact, and therefore irrelevant for detainee classification. INS offices shall provide non-INS facilities with the necessary information for the facility to classify INS detainees. Because INS selectively release material from the detainee’s record to persons who are not INS employees (e.g., CDF or IGSA facility personnel), non-INS officers must rely on the judgment of the INS staff who select material from the files for facility use.” See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(D).

¹⁰ “Members of the food service staff shall prepare meals for bus or air service. While detainee volunteers assigned to the food service shall not be involved in preparing meals for transportation, they may prepare sack meals for on-site consumption.” See ICE NDS 2000, Standard, Food Service, Section (III)(G)(6)(b).

¹¹ “Locks not authorized for use in detainee-accessible areas include, but are not limited to: snap-, key-in-knob, thumb-turn, push-button, rim-latch, barrel or slide bolt, and removable-core-type locks (including padlocks). Any such locks in current use shall be phased-out and replaced with mortise lock sets and standard cylinders.” See ICE NDS 2000, Standard, Key and Lock Control, Section (III)(B)(4)(b).

¹² “Environmental health conditions will be maintained at a level that meets recognized standards of hygiene. The standards include those from the American Correctional Association, the Occupational Safety and Health Administration, the Environmental Protection Agency, the Food and Drug Administration, the National Fire Protection Association’s Life Safety Code, and the National Center for Disease Control and Prevention.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(R)(1).

¹³ “The key to the prevention and control of nosocomial infections due to contaminated environmental surfaces is environmental cleanliness. Responsibility for ensuring the cleanliness of the medical facility lies with the HSA or with an individual designated by the HSA or other health care provider utilized. The HSA or designee will make a daily visual inspection of the medical facility noting the condition of floors, walls, windows, horizontal surfaces, and

The weekly fire/safety and sanitation inspections are conducted and documented by trained staff and reviewed by WTDF supervisors and the safety manager. The monthly fire/safety and sanitation inspections conducted by the safety manager are not being forwarded to the OIC to review and determine any necessary corrective action (**Deficiency EH&S-3¹⁴**).

ODO confirmed monthly fire drills are not being conducted in the detainee housing units (**Deficiency EH&S-4¹⁵**). It is imperative fire drills are conducted to ensure staff and detainees are familiar with procedures in the event of a fire emergency. The drills must include detainee evacuation in areas where security would not be jeopardized and timed emergency keys drills to open emergency exits to ensure keys and locking devices are operable.

USE OF FORCE (UOF)

ODO reviewed documentation of the use of force incidents and found, in three of 11 files, there was no evidence staff completed detailed documentation, including medical reports for staff or detainees (**Deficiency UOF-1¹⁶**).

ODO viewed the video footage, in a calculated use of force, and found the introduction by the Team Leader did not include all the required elements in the standard section III.A.4 (**Deficiency UOF-2¹⁷**).

The control center officers advised ODO (b) (7)(E) hand-held video cameras were operational and provided documentation of the daily equipment inventory; however, when ODO asked the officers

equipment. Methods of cleaning; cleaning equipment; cleansers; disinfectants and detergents to be used; plus, the frequency of cleaning and inspections will be established using an acceptable health agency standard as the model. Proper housekeeping procedures include the cleaning of surfaces touched by detainees or staff with fresh solutions of appropriate disinfectant products, applied with clean cloths, mops, or wipes. Cleaned surfaces need not be monitored microbiologically since the results of such tests have been shown not to correlate with infection risk. Floors, walls, beds, tables, and other surfaces that usually meet intact skin require low-level disinfection. Since these surfaces are rarely associated with the transmission of infections to patients or personnel, extraordinary attempts to disinfect or sterilize these surfaces are not indicated. Horizontal surfaces in detainee care areas are cleaned on a regular basis, when soiling or spills occur and in short-stay units when a detainee is discharged. Cleaning of walls, blinds, or curtains is indicated only when visibly soiled. The Chief Nurse is responsible for training all staff and detainees in using proper housekeeping procedures and proper handling of hazardous materials and chemicals.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(R)(2).

¹⁴ “A qualified departmental staff member will conduct weekly and fire and safety inspections; the maintenance (safety) staff will conduct monthly inspections. Written reports of the inspections will be forwarded to the OIC for review and, if necessary corrective action determinations. The Maintenance Supervisor or designate will maintain inspection reports and records of corrective action in the safety office.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(2).

¹⁵ “Monthly fire drills will be conducted and documented separately in each department. Emergency key drills will be included in each fire drill, and timed. Emergency keys will be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use. The National Fire Protection Association recommends a limit of four and one-half minutes for drawing keys and unlocking emergency doors.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(a)-(c).

¹⁶ “Staff shall prepare detailed documentation of all incidents involving the use of force, chemical agents, or non-lethal weapons. Staff shall likewise document the use of restraints on a detainee who becomes violent or displays signs of imminent violence. A copy of the report shall be placed in the detainee's detention file. “See ICE NDS 2000, Standard, Use of Force, Section (III)(J).

¹⁷ “Staff shall immediately obtain and record with a video camera any use-of-force incident, unless such a delay in bringing the situation under control would constitute a serious hazard to the detainee, staff, or others, or would result in a major disturbance or serious property damage. Calculated use of force shall be videotaped in accordance with section III.A.4., above.” See ICE NDS 2000, Standard, Use of Force, Section (III)(J)(3).

to demonstrate the operability of the cameras, (b) (7)(E) (Deficiency UOF-3¹⁸). This is a repeat deficiency.

The review of training files found new staff hired since April 2017 (when WTDF was acquired by LaSalle Corrections) received training in accordance with the standard. ODO's review found prior to April 2017, staff were not consistently provided training in accordance with the standard, and four of 13 supervisors had not been certified in the use of less lethal munitions, (b) (7)(E) (b) (7)(E) (Deficiency UOF-4¹⁹) since 2016.

HEALTH SERVICES

MEDICAL CARE (MC)

The medical record review found trained RNs conducted both physical and dental examinations (Deficiency MC-1²⁰) for those detainees who arrived with no history of medical problems, while the Advanced Practice Nurse Practitioner conducted examinations of those detainees requiring acute or chronic care treatment.

One of 25 records showed a physical examination was conducted 19 days after a detainee was admitted to the facility which is outside the requirements of the standard (Deficiency MC-2²¹).

¹⁸ "The OIC shall designate responsibility for maintaining the video camera(s) and other video equipment. This shall include regularly scheduled testing to ensure all parts, including batteries, are in working order; and keeping back-up supplies on hand (batteries, tapes, lens-cleaners, etc.). This responsibility shall be incorporated into one or more post orders." See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(I).

¹⁹ "To control a situation involving an aggressive detainee, all staff must be made aware of their responsibilities through ongoing training. All detention personnel shall also be trained in approved methods of self-defense, confrontation avoidance techniques, and the use of force to control detainees. Staff will be made aware of prohibited use-of-force acts and techniques. Specialized training shall be required for certain non-lethal equipment (b) (7)(E). Staff members will receive annual training in confrontation avoidance procedures and forced cell-move techniques. Each staff member participating in a calculated use of force cell move must have documentation of annual training in these areas. Training should also cover use of force in special situations. Each officer must have been specifically certified to use a given device.

Among other things, training shall include:

1. Communication techniques;
2. Cultural diversity;
3. Dealing with the mentally ill;
4. Confrontation-avoidance procedures;
5. Application of restraints (progressive and hard); and
6. Reporting procedures."

See ICE NDS 2000, Standard, Use of Force, Section (III)(O).

²⁰ "An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant or nurse practitioner." See ICE NDS 2000, Standard, Medical Care, Section (III)(E).

²¹ "The healthcare provider conducts a health appraisal and physical examination on each detainee within 14 days of arrival at the facility." See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

CONCLUSION

During this inspection, ODO reviewed the facility's compliance with 15 standards under the NDS 2000 and found the facility compliant with nine (9) standards. ODO found 16 deficiencies in the remaining 6 standards which is an increase in the number of deficiencies found during ODO's last inspection in 2016. This increase appears to result from findings related to facility cleanliness which were not cited previously. ODO identified two instances where the facility initiated corrective action during the inspection. ODO recommends ERO work with the facility to remedy any deficiencies that remain outstanding, as applicable and in accordance with contractual obligations.

Finally, ODO identified two best practices during this inspection:

- ODO confirmed RNs were trained in conducting physical examinations by the Clinical Director. Nurses went to the Clinical Director's clinic to obtain the training which was exceptionally thorough, covering comprehensive components of all body systems. ODO cites this training as a **best practice**.
- Inmate workers wear orange uniforms, which are changed daily, along with hairnets, beard nets, and gloves. ODO reviewed documentation reflecting the inmate workers had received proper training in all required subjects. ODO cites the facility's practice of conducting and documenting a thorough health and cleanliness check of all inmate food service workers, to include nails, hair, watery eyes, hygiene, uniforms and name tags prior to each shift as a **best practice**.

Compliance Inspection Results	FY 2014 (NDS 2000)	FY 2018 (NDS 2000)
Standards Reviewed	15	15
Deficient Standards	9	6
Overall Number of Deficiencies	12	16
Corrective Action	0	2