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Office of Detention Oversight
Compliance Inspection

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

September 10-12, 2019

COMPLIANCE INSPECTION
of the
EI PASO SERVICE PROCESSING CENTER
El Paso, Texas

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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the El Paso Service Processing Center (EPSPC) in El Paso, Texas from September 10 to 12, 2019.¹ The facility opened in 1996 and is owned and operated by ICE/ERO. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at EPSPC in 1966 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 (DOs) and an Assistant Officer in Charge handles daily facility operations and is supported by █████ personnel. Global Precision Systems (GPS) provides food services, United Public Health Services and STG International, INC. provides medical care, and Dooley Services provides commissary services at the facility. The facility is accredited by the American Correctional Association and the National Commission on Correctional Health Care.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	840
Average ICE Detainee Population ³	844 ⁴
Male Detainee Population (as of 9/10/2019)	442
Female Detainee Population (as of 9/10/2019)	271

During its last inspection, in FY 2016, ODO found 15 deficiencies in the following areas: Custody Classification System (2); Detainee Handbook (1); Environmental Health and Safety (1); Facility Security and Control (1); Food Service (4); Sexual Abuse and Assault Prevention and Intervention (4); Staff-Detainee Communication (1); and Telephone Access (1).

¹ This facility holds male and female 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 August 20, 2019.

³ *Ibid.*

⁴ Per the AOIC of the facility, during the time of the inspection there was an influx of detainees, but not all of them were housed at the facility. When detainees arrive at the facility they are accounted for until they are transported to another facility or actually housed at ELSPC. The detainees that will not be housed at ELSPC are usually there for less than 12 hours.

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.⁵

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.

⁵ 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 ⁶	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	1
Custody Classification System	2
Funds and Personal Property	1
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	2
Sub-Total	6
Part 4 – Care	
Food Service	1
Medical Care	1
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	1
Sub-Total	3
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Materials	1
Sub-Total	1
Total Deficiencies	10

⁶ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

DETAINEE RELATIONS

ODO interviewed 17 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

Admission and Release: One detainee stated she is unable to read and is not aware of the rules and regulations outlined in the detainee handbooks provided during intake.

- Action Taken: ODO informed ERO and facility staff the detainee is illiterate; however, she can verbally understand Spanish. ODO requested the facility notate in the detainee's file and inform staff that although the detainee can understand Spanish, she is unable to read and write. ERO informed ODO that a DO would read the Detainee Handbook to the detainee in a language she could understand.

Significant Self-harm and Suicide Prevention and Intervention: A detainee stated, "if I am put in Disciplinary Segregation (DS), I will hang myself."

- Action Taken: While ODO conducted the interview, the detainee expressed discontentment with facility treatment. The detainee disagreed with being held in AS-MSU and according to the detainee, he was scheduled to be from AS-MSU to DS. During the course of the interview, the detainee expressed suicidal threats to ODO, which were immediately relayed to facility personnel. Upon relaying this information to facility personnel, ODO witnessed the medical unit remedy the situation and the detainee was placed on suicidal watch.

Medical Care: One detainee complained about not being seen by the medical department for a rash on his face after putting in a request.

- Action Taken: ODO reviewed the detainee's medical record and determined the detainee never submitted a request to be seen by medical for his rash. However, he had an appointment on Wednesday, September 11, 2019, to be seen by medical staff.

Staff Detainee Communication: Nine detainees stated the DOs do not provide information on the status of the immigration cases while visiting their housing units.

- Action taken: ODO interviewed the Staff Detainee Communication DO and determined the DO is not a case worker and only provides detainees with documentation and minimal information. ODO informed ERO that detainees need a procedure to inquire about their cases with their assigned case worker.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (A&R)

ODO observed the admission of ten detainees. All aspects of admissions requirements were completed. Detainees were issued the national and local handbooks, available in English and Spanish, and the local handbook contains all required information. The orientation video plays continuously in the booking area and a question and answer period is documented in the detainee's file. However, ODO reviewed the orientation video and determined it does not provide information concerning the availability of counseling and treatment of the Sexual Abuse and Assault Prevention and Intervention Program or instructions on how the detainee can file formal complaints with the DHS Office of the Inspector General (**Deficiency AR-1⁷**).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO's review of 25 detainee files found each had a completed Classification Worksheet, approved by a supervisor, and classification levels were appropriate. Of the four applicable cases, reclassifications were conducted in a timely manner. However, ODO's review found one out of 11 cases was not reclassified within 24 hours prior to the detainee's release from the special management unit (**Deficiency CCS-1⁸**). ODO's review of training records found documented training for booking staff in classification procedures.

No commingling was observed in the housing units; however, on two separate days of the inspection, low custody level detainees were seated near medium-high and high custody level detainees in the health services unit (**Deficiency CCS-2⁹**). ODO observed the detainee wristbands and confirmed the custody level of the detainees and once brought to the attention of staff, the detainees were separated according to their custody levels.

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed audit reports of funds and valuables and confirmed that each shift, weekly and quarterly audits are conducted and documented. All audit reports contain [REDACTED] signatures; however, [REDACTED] supervisory staff stated the daily audits of small and large valuables are not completed simultaneously and ODO observed [REDACTED] staff member completing the audit alone (**Deficiency FPP-**

⁷"The orientation shall include the following information:

8. the facility's Sexual Abuse and Assault Prevention and Intervention Program, including (at a minimum):
d. treatment and counseling; 12. how the detainee can file formal complaints with the DHS Office of the Inspector General (OIG)." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(F)(8)(d) and (12).

⁸"Staff shall complete a special reclassification within 24 hours before a detainee leaves the Special Management Unit (SMU), following an incident of abuse or victimization, and at any other time when warranted based upon the receipt of additional, relevant information, such as after a criminal act, or if a detainee wins a criminal appeal, is pardoned or new criminal information comes to light." See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(H)(3).

⁹"Low custody detainees may not be comingled with high custody detainees." See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(F)(1).

1¹⁰). ODO confirmed quarterly audit reports of baggage and personal property were completed. EPSPC has procedures explaining how to report lost or damaged property in the local detainee handbook.

STAFF-DETAINEE COMMUNICATION (SDC)

An **Area of Concern** cited by ODO is pertaining to an assigned DO scheduled to visit with detainees in the housing units [REDACTED] to deliver paperwork relating to their cases. However, the DO is not a case worker and is unable to provide crucial information or answer questions regarding individual cases. Additionally, even though detainees are assigned specific DOs they are unable to communicate directly with them.

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed 50 UOF packets, 15 immediate UOF incidents and 35 calculated UOF incidents, 33 of which medical staff were to provide medical examination and treatment for detainees on hunger strike as ordered by the U.S. District Court since the detainees would not voluntarily take liquids via nasal intubation. ODO's review of the packets confirmed the detainees were medically examined after the UOF incidents and written reports were completed by each staff member involved in the incident. Although After-Action Review (AAR) reports were completed, ODO's review found eight out of 50 AARs did not consist of the required AAR committee members and none were convened the first workday following the incident (**Deficiency UOF&R-1**¹¹).

ODO reviewed video footage for 35 calculated UOF incidents and determined they contained the required introductions and debriefings. Additionally, the team consisted of [REDACTED] staff members properly dressed in personal protective equipment. ODO's review of the video recordings and written documentation found adherence to confrontation avoidance and the actions were reasonable and proportional to the detainee's actions. However, ODO's review of ten detainee detention files for those involved in a UOF and determined eight did not contain UOF documentation such as [REDACTED], if used, use of restraints on detainees who become violent or displays of signs of imminent violence (**Deficiency UOF&R-2**¹²).

¹⁰“Both on-coming and off-going supervisors shall simultaneously conduct and audit of detainee funds, property envelopes and large valuables where physical custody of, or access to such items changes with facility shift changes.” See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(J).

¹¹“The facility administrator, the assistant facility administrator, the Field Office Director's designee and the health services administrator (HSA) shall conduct the after-action review. This four-member after-action review team shall convene on the workday after the incident. The after-action review team shall gather relevant information, determine whether policy and procedures were followed, make recommendations for improvement, if any, and complete an after - action report to record the nature of its review and findings. The after-action report is due within two workdays of the detainee's release from restraints.” See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(P)(3).

¹²“Within two working days, copies of the report shall be placed in the detainee's A-File and sent to the Field Office Director.” See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(O)(2).

CARE

FOOD SERVICE (FS)

ODO observed food service staff conduct “clean as you go” informal inspections throughout the day to ensure sanitation is maintained and a cleaning schedule is followed. The GPS staff conducts daily sanitation inspections and the food service manager or assistant food service manager conduct weekly inspections. ODO reviewed the written inspection reports, freezer and refrigerator logs and noted all were completed daily and maintaining industry standards. However, ODO’s inspection of the dish washer found temperatures were not maintained in accordance with the standard (**Deficiency FS-1**¹³). ODO found the wash cycle was operating at 142 degrees F instead of 150 degrees F, rinse cycle at 132 degrees F instead of 160 degrees F, and final rinse at 165 degrees F instead of 180 degrees F. Additionally, ODO reviewed the temperature logs maintained by food service staff and found they were recording dish machine temperatures below the requirements of the standard.

MEDICAL CARE (MC)

Detainees access sick call seven days a week via a signup sheet, which is available in the housing units; however, detainees are not able to submit individual requests. Nurses collect sick call signup sheets daily from the housing units. ODO reviewed ten sick call signup sheets submitted in the two weeks preceding the inspection and found they were not time stamped nor were they triaged properly so detainees could be seen the appropriate medical staff within 24 hours of receipt. Additionally, there was no documentation of the date and time stamped sick call requests in the detainees’ files (**Deficiency MC-1**¹⁴). The use of individual sick call slips would help alleviate documentation not being filed and detainees being seen in a timely manner.

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)

ODO’s review of the EPSPC’s orientation program found the facility orientation video and the ICE Detainee Handbook do not notify nor inform detainees about the facility’s disability accommodations policy, including their right to request reasonable accommodations and how to make such requests (**Deficiency DIA&A-1**¹⁵). EPSPC’s handbook informs detainees about their right to request reasonable accommodations and how to make such request. The facility has a

¹³“The following temperatures must be maintained for hot-water sanitizing:

c) Multi tank, conveyor machine: wash temperature of 150 F degrees; pumped rinse, 160 F degrees; final rinse, 180 F degrees.” See ICE PBNDS, Standard, Food Service, Section (V)(J)(7)(g)(3)(c).

¹⁴“An established procedure shall be in place at all facilities to ensure that all sick call requests are received and triaged by appropriate medical personnel within 24 hours after a detainee submits the request. All written sick call requests shall be date and time stamped and filed in the detainee’s medical record. Medical personnel shall review the request slips and determine when the detainee shall be seen based on acuity of the problem. In an urgent situation, the housing unit officer shall notify medical personnel immediately.” See ICE PBNDS 2011, Standard, Medical Care, Section (V)(S)(4).

¹⁵“The facility orientation program required by standard 2.1, “Admission and Release,” and the detainee handbook required by standard 6.1, “Detainee Handbook,” shall notify and inform detainees about the facility’s disability accommodations policy, including their right to request reasonable accommodations and how to make such a request.” See ICE PBNDS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section (V)(J).

memorandum, dated October 16, 2017, posted in each unit notifying the detainees that accommodations for those with disabilities are available. EPSPC’s policy permits detainees with disabilities the option to submit requests for an auxiliary aid or refuse accommodations.

JUSTICE

LAW LIBRARIES AND LEGAL MATERIAL

ODO reviewed the Law Libraries and Legal Material standard at the EPSPC and determined detainees have access to a law library, legal materials, courts, counsel and document copying equipment to facilitate the preparation of legal documents in accordance with the standard. However, ODO determined through inspection of the law library that holdings were not posted in the law library nor kept up to date (**Deficiency LL&LM-1¹⁶**).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 10 standards. ODO found 10 deficiencies in the remaining eight standards and noted one **Area of Concern**. Many of the deficiencies are administrative in nature; however, ODO found facility staff were knowledgeable and professional in their interactions with both detainees and the ODO team. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2016 (PBNDS 2011)	FY 2019 (PBNDS 2011)
Standards Reviewed	17	18
Deficient Standards	8	8
Overall Number of Deficiencies	15	10
Deficient Priority Components	3	0
Repeat Deficiencies	1	0
Corrective Actions	13	0

¹⁶“These policies and procedures shall also be posted in the law library, along with a list of the law library’s holdings. The list of the law library’s holdings shall be kept up to date and shall include the date and content of the most recent updates of all legal materials available to detainees in print and electronic media.” See ICE PBNDS 2011, Standard, Law Libraries and Legal Material, Section (V)(N).