



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

Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO El Paso Field Office

Cibola County Correctional Center
Milan, New Mexico

November 29-December 2, 2021

COMPLIANCE INSPECTION
of the
CIBOLA COUNTY CORRECTIONAL CENTER
Milan, New Mexico

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS (PBNDS) 2011 (REVISED 2016) MAJOR CATEGORIES	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	7
SECURITY	7
Admission and Release	7
Funds and Personal Property	7
Special Management Units	8
CARE	9
Medical Care	9
CONCLUSION	10

COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead

ODO

Inspections and Compliance Specialist

ODO

Inspections and Compliance Specialist

ODO

Contractor

Creative Corrections

Contractor

Creative Corrections

Contractor

Creative Corrections

Contractor

Creative Corrections

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Cibola County Correctional Center (CCCC) in Milan, New Mexico, from November 29 to December 2, 2021.¹ The facility opened in 1994 and is owned and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CCCC in 2016 under the oversight of ERO’s Field Office Director in El Paso (ERO El Paso). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers and a detention services manager to the facility. A CCCC warden handles daily facility operations and manages █████ support personnel. Trinity Food Service provides food services, CoreCivic provides medical care, and Keefe Supply Company provides commissary services at the facility. The facility received accreditation from the American Correctional Association in January 2019. In December 2018, CCCC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA Certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	█████
Average ICE Population ³	█████
Adult Male Population (as of November 29, 2021)	█████
Adult Female Population (as of November 29, 2021)	█████

During its last inspection, in Fiscal Year (FY) 21, ODO found two deficiencies in the following areas: Admission and Release (1) and Funds and Personal Property (1).

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

² Data Source: ERO Facility List as of November 30, 2021.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as "deficiencies." ODO highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with "C" under the *Compliance Inspection Findings* section of this report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO's findings inform ICE executive management in their decision-making to better allocate resources across the agency's entire detention inventory.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS (PBNDS) 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDS 2011 (Revised 2016) Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	1
Custody Classification System	0
Funds and Personal Property	2
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	5
Use of Force and Restraints	0
Sub-Total	8
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	5
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	5
Part 5 - Activities	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Voluntary Work Program	0
Sub-Total	0
Part 6 - Justice	
Legal Rights Group Presentations	0
Sub-Total	0
Part 7 - Administration and Management	

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

⁶ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

Detention Files	0
Interview and Tours	0
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	13

DETAINEE RELATIONS

ODO interviewed 12 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 concern listed below. ODO attempted to conduct detainee interviews via video teleconference; however, ERO El Paso and the CCCC were not able to accommodate this request due to technology issues. As such, ODO conducted the detainee interviews via telephone.

Detainee Handbook: One detainee stated he did not receive copies of the ICE National Detainee Handbook nor the facility handbook.

- Action Taken: ODO interviewed facility staff, reviewed detainee handbook receipt forms, and found the detainee received both handbooks upon admission. ODO advised facility staff, the detainee no longer has either handbook the facility initially issued to him. On December 1, 2021, facility staff provided the detainee additional copies of both handbooks. ODO followed up by verifying receipt of the newly issued handbooks.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO interviewed facility staff, reviewed [REDACTED] detainee detention files, and found in [REDACTED] out of [REDACTED] files, staff did not search nor inventory detainee personal property at intake. Specifically, facility staff completed personal property inventory 1 to 5 days after the detainees' arrival (**Deficiency AR-2⁷**).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO interviewed facility staff, reviewed [REDACTED] detainee detention files, and found in [REDACTED] out of [REDACTED] files, staff did not inventory detainee baggage and personal property during admission. Specifically, facility staff completed baggage and personal property inventory 1 to 5 days after the

⁷ "At intake, detainees shall be searched, and their personal property and valuables checked for contraband, inventoried, receipted and stored." See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(A).

detainees' arrival (**Deficiency FPP-80**⁸).

ODO interviewed facility staff, reviewed [REDACTED] detainee detention files, and found in all [REDACTED] files, inventory forms did not contain the date and time of the detainees' admissions (**Deficiency FPP-85**⁹).

SPECIAL MANAGEMENT UNITS (SMU)

ODO interviewed facility staff, reviewed three SMU housing files, and found in two out of three files, the releasing officer did not indicate the date and time of detainee release on the detainee's administrative segregation order (**Deficiency SMU-42**¹⁰).

ODO reviewed 3 SMU housing files and found in all 3 files, the special unit housing officer did not immediately record 17 out of 83 meals nor 23 out of 28 recreation periods (**Deficiency SMU-98**¹¹).

ODO reviewed 3 SMU housing files and found in all 3 files, facility staff did not document offering or providing detainees access to exercise opportunities and equipment outside the living area and outdoor recreation in 23 out of 28 recreation periods (**Deficiency SMU-191**¹²).

ODO reviewed 3 SMU housing files and found in all 3 files, facility staff did not document offering detainees in administrative segregation at least 1-hour of outside cell recreation per day in 23 out of 28 recreation periods (**Deficiency SMU-192**¹³).

ODO reviewed 3 SMU housing files and found in all 3 files, facility staff did not document offering detainees in administrative segregation at least 2 hours of recreation per day in 23 out of 28 recreation periods (**Deficiency SMU-194**¹⁴).

⁸ "An itemized inventory of all detainee baggage and personal property (separate from funds and valuables) shall be completed during admissions processing using the personal property inventory form." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(I).

⁹ "The personal property inventory form must contain the following information at a minimum:

1. Date and time of admission." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(I)(1).

¹⁰ "When the detainee is released from the SMU, the releasing officer shall indicate the date and time of release on the administrative segregation order." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(A)(2)(h).

¹¹ "The special housing unit officer shall immediately record:

1. Whether the detainee ate, showered, recreated and took any medication; ..." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(3)(a)(1).

¹² "In accordance with standard "5.4 Recreation":

1. Each detainee in the SMU shall receive (or be offered) access to exercise opportunities and equipment outside the living area and outdoors, unless documented security, safety or medical considerations dictate otherwise." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(Z)(1).

¹³ "Detainees in the SMU for administrative reasons shall be offered at least one hour of recreation per day, outside their cells and scheduled at a reasonable time, at least seven days per week." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(Z)(2).

¹⁴ "Detainees in the SMU for administrative reasons shall be offered at least two hours of exercise per day, seven days a week, unless documented security, safety or medical considerations dictate otherwise." See ICE PBNDS 2011

CARE

MEDICAL CARE (MC)

ODO reviewed █ detainee medical files and found in █ out of █ files, facility medical staff did not complete a mental health evaluation within prescribed timeframes. Specifically, mental health staff evaluated a detainee 8 days after medical staff completed an “urgent case” referral (**Deficiency MC-120**¹⁵).

ODO reviewed █ detainee medical files and found in █ out of █ files, a qualified health care provider did not conduct an evaluation within 72 hours after referral. Specifically, a qualified health care provider evaluated a detainee 8 days after medical staff completed an “urgent case” referral (**Deficiency MC-150**¹⁶).

ODO reviewed █ detainee medical files and found in █ out of █ files, a qualified health care provider did not conduct an evaluation within the next business day as necessity dictated. Specifically, a qualified health care provider evaluated a detainee 8 days after medical staff completed an “urgent case” referral (**Deficiency MC-151**¹⁷).

ODO reviewed █ detainee medical files and found in █ out of █ files, a qualified health care provider did not conduct an evaluation within 72 hours after referral. Specifically, a qualified health care provider evaluated a detainee 8 days after medical staff completed an “urgent case” referral (**Deficiency MC-156**¹⁸).

ODO reviewed █ detainee medical files and found in █ out of █ files, a qualified health care provider did not conduct an evaluation within the next business day when further referral deemed it necessary. Specifically, a qualified health care provider evaluated a detainee 8 days after medical staff completed an “urgent case” referral (**Deficiency MC-157**¹⁹).

(Revised 2016), Standard, Special Management Units, Section (V)(Z)(2).

¹⁵ “Mental health evaluations must be conducted within the timeframes prescribed in “O. Mental Health Program” of this standard.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(J).

¹⁶ “Based on intake screening, the comprehensive health assessment, medical documentation, or subsequent observations by detention staff or medical personnel, any detainee referred for mental health treatment shall receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(O)(3).

¹⁷ “If the practitioner is not a mental health provider and further referral is necessary, the detainee will be evaluated by a mental health provider within the next business day.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(O)(3).

¹⁸ “Any detainee referred for mental health treatment shall receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(O)(4).

¹⁹ “If the practitioner is not a mental health provider and further referral is necessary, the detainee will be evaluated by a mental health provider within the next business day.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(O)(4).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 24 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 18 of those standards. ODO found 13 deficiencies in the remaining 4 standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO El Paso work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ERO provided ODO with the uniform corrective action plan for ODO's last inspection of CCCC on June 21, 2021.

Compliance Inspection Results Compared	FY 2021 PBNDS 2011 (Revised 2016)	FY 2022 PBNDS 2011 (Revised 2016)
Standards Reviewed	12	24
Deficient Standards	2	4
Overall Number of Deficiencies	2	13
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	N/A	Superior