

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

Office of Detention Oversight
Follow-Up Compliance Inspection

Enforcement and Removal Operations
ERO El Paso Field Office

Cibola County Correctional Center
Milan, New Mexico

June 21-24, 2021

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

TABLE OF CONTENTS

FACILITY OVERVIEW	4
FOLLOW-UP COMPLIANCE INSPECTION PROCESS.....	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES.....	6
DETAINEE RELATIONS	7
FOLLOW-UP COMPLIANCE INSPECTION FINDINGS.....	7
SECURITY	7
Admission and Release	7
Funds and Personal Property	7
CONCLUSION	7

FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead
Contractor
Contractor
Contractor
Contractor

ODO
Creative Corrections
Creative Corrections
Creative Corrections
Creative Corrections

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a follow-up compliance inspection of the Cibola County Correctional Center (CCCC) in Milan, New Mexico, from June 21 to 24, 2021.¹ This inspection focused on the standards found deficient during ODO's last inspection of CCCC from December 14 to 17, 2020. 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 a detention service manager to the facility. A CCCC warden handles daily facility operations and manages █ personnel. Trinity Food Service provides food services, CoreCivic provides medical care, and Keefe Supply Company provides commissary services at the facility. The facility was accredited by the American Correctional Association in January 2019 and was certified by the Department of Homeland Security Prison Rape Elimination Act in April 2019.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	500
Average ICE Detainee Population ³	█
Male Detainee Population (as of June 21, 2021)	█
Female Detainee Population (as of June 21, 2021)	█

During its last inspection, in Fiscal Year (FY) 2021, ODO found two deficiencies in the following area: Law Libraries and Legal Material (2).

¹ This facility holds male 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 June 21, 2021.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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 well-being. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's UCAP, and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

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.

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

PBNDS 2011 (Revised 2016) Standards Inspected⁴	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	1
Special Management Units	0
Use of Force and Restraints	0
Sub-Total	2
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	0
Part 5 – Justice	
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	2

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

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services. ODO attempted to conduct detainee interviews via video teleconference; however, ERO El Paso and the facility were not able to accommodate this request due to technological issues. As such, ODO conducted the detainee interviews via telephone.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed [REDACTED] detainee detention files and found [REDACTED] detainee detention files were missing an Order to Detain or Release form (Form I-203) (**Deficiency AR-54⁵**).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the facility handbook, the property disclaimer form, and the orientation video and found the facility imposed a ceiling on the amount to be reimbursed for a validated claim for lost or damaged properly receipted detainee property (**Deficiency FPP-158⁶**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 12 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 10 of those standards. ODO found two deficiencies in the remaining two standards. ODO commends facility staff 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. ODO has not received the uniform corrective action plan for ODO's last inspection of CCCC which occurred in December 2020.

⁵ "An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee." See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(E).

⁶ "All facilities shall have and follow a policy for loss of or damage to properly receipted detainee property, as follows:
f. the facility may not arbitrarily impose a ceiling on the amount to be reimbursed for a validated claim." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(L)(3)(f).

Compliance Inspection Results Compared	First FY 2021 (PBND 2011) (Revised 2016)	Second FY 2021 (PBND 2011) (Revised 2016)
Standards Reviewed	20	12
Deficient Standards	1	2
Overall Number of Deficiencies	2	2
Repeat Deficiencies	0	0
Areas of Concern	0	0
Corrective Actions	0	0