



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
Follow-Up Compliance Inspection**

**Enforcement and Removal Operations
ERO El Paso Field Office**

**Otero County Processing Center
Chaparral, New Mexico**

April 26-28, 2022

FOLLOW-UP COMPLIANCE INSPECTION
of the
OTERO COUNTY PROCESSING CENTER
Chaparral, New Mexico

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead	ODO
Assistant Team Lead	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
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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 follow-up inspection of the Otero County Processing Center (OCPC) in Chaparral, New Mexico, from April 26 to 28, 2022.¹ This inspection focused on the standards found deficient during ODO’s last inspection of OCPC from October 26 to 28, 2021. The facility opened in 2008 and is owned by Otero County and operated by Management and Training Corporation (MTC). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at OCPC in 2001 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. An OCPC warden oversees daily facility operations and manages █████ support personnel. MTC provides food services and medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in January 2019 and the National Commission on Correctional Health Care in February 2019. In February 2022, OCPC 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 April 25, 2022)	█████
Adult Female Population (as of April 25, 2022)	█████

During its last inspection, in Fiscal Year (FY) 2022, ODO found 23 deficiencies in the following areas: Correspondence and Other Mail (2); Custody Classification System (1); Detainee Transfers (1); Facility Security and Control (2); Medical Care (11); Personal Hygiene (1); Post Orders (3); Sexual Abuse and Assault Prevention and Intervention (1); and Voluntary Work Program (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 April 25, 2022.

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/or 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 uniform corrective action plan (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.

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

PBNDs 2011 (Revised 2016) Standards Inspected ^{4,5}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	2
Funds and Personal Property	1
Post Orders	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Use of Force and Restraints	0
Sub-Total	3
Part 4 - Care	
Food Service	0
Hunger Strikes	1
Medical Care	1
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	3
Sub-Total	5
Part 5 - Activities	
Correspondence and Other Mail	0
Voluntary Work Program	0
Sub-Total	0
Part 7 - Administration and Management	
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	8

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

⁵ 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 inspections.

DETAINEE RELATIONS

ODO interviewed 20 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.

Environmental Health and Safety: Two detainees stated air temperatures in detainee housing units B2 and D6 were low, and the units were cold.

- **Action Taken:** On April 26, 2022, facility maintenance staff provided ODO air temperature logs showing B2 housing unit's supply temperature was 63.3 Fahrenheit (F) degrees, with a return temperature of 72.1 F degrees, and in the D6 housing unit, the supply temperature of 65.2 F degrees with a return temperature of 72.9 F degrees. ODO found the temperatures were within the required range and advised the facility to inform the respective detainees of the findings.

Funds and Personal Property: One detainee stated he loaded \$50.00 into his detainee account; however, the funds were not reflecting on his balance when he looked at his available balance with an electronic tablet.

- **Action Taken:** On April 25, 2022, the facility advised ODO the electronic tablet the detainee used on that date and time was experiencing technical problems and reported a zero-account balance even though the detainee had funds in his account. The facility provided ODO with the copy of the repair work order dated April 25, 2022, with the facility's tablet provider. The facility provided both ODO and the detainee a copy of the detainee's correct account amount, which reflected a balance of \$48.85.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed [REDACTED] detainee detention files and found in [REDACTED] out of [REDACTED] files, the facility classification supervisor did not ensure the review and approval of each detainee's classification. Specifically, the classification supervisor did not sign nor date [REDACTED] out of [REDACTED] detainee classification file records (**Deficiency CCS-9⁶**).

ODO reviewed [REDACTED] detainee detention files and found in [REDACTED] out of [REDACTED] files, the facility classification supervisor did not review the intake processing officer's classification files for accuracy and completeness to ensure that facility staff assigned each detainee to the appropriate housing unit. Specifically, the classification supervisor did not sign nor date [REDACTED] out of [REDACTED] detainee classification

⁶ "Each facility administrator shall require that the facility's classification system ensures the following: ...

4. Each detainee's classification shall be reviewed and approved by a first-line supervisor or classification supervisor."

See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(A)(4).

file records (**Deficiency CCS-31**⁷).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed seven detainee release fund custody logs and found in one out of seven logs, the incoming processing supervisor did not document the verification of cash on hand. Specifically, on April 28, 2022, the incoming processing supervisor did not complete the detainee release fund custody log, nor sign or date for the total amount of \$2,000.00 (**Deficiency FPP-106**⁸).

CARE

HUNGER STRIKES (HS)

ODO reviewed █ facility staff training files and found in █ out of █ files, facility staff did not receive annual training to recognize the signs of a hunger strike, nor on how to implement the procedures regarding referral for medical assessment and for management of a detainee on a hunger strike (**Deficiency HS-1**⁹).

MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found in █ out of █ records, a health care provider or specially trained detention officer did not conduct an initial medical, dental, and mental health screening no later than 12 hours after the detainees' arrival. Specifically, medical staff completed two initial screenings 13 and 18 hours respectively after the detainees' admission to the facility (**Deficiency MC-103**¹⁰).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHPI)

ODO reviewed █ facility staff training files and found in █ out of █ files, facility staff members responsible for overseeing detainees did not receive annual comprehensive suicide prevention training (**Deficiency SSHPI-8**¹¹).

⁷ "The designated classification supervisor or facility administrator designee shall review the intake processing officer's classification files for accuracy and completeness and ensure that each detainee is assigned to the appropriate housing unit." See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(E).

⁸ "For each audit, facilities shall use Form G-786, Alien Funds Audit Sheet, or equivalent, reflecting, at a minimum, the following information: ...

2. The count is to be made by the incoming processing supervisor, who shall fill in the appropriate blanks with the amount of each denomination (U.S. currency)."

See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(J)(2).

⁹ "All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike." See ICE PBNDS 2011 (Revised 2016), Standard, Hunger Strikes, Section (V)(A).

¹⁰ "As soon as possible, but no later than 12 hours after arrival, all detainees shall receive, by a health care provider or a specially trained detention officer, an initial medical, dental and mental health screening and be asked for information regarding any known acute or emergent medical conditions." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(J).

¹¹ "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive

ODO reviewed █ detainee medical records and found in █ out of █ records, a qualified health care professional or health-trained correctional officer did not conduct an initial mental health screening within █ hours of the detainees' admission. Specifically, a qualified health care professional completed two initial mental health screenings █ and █ hours respectively after the detainees' admission to the facility (**Deficiency SSHSPI-13¹²**).

ODO reviewed three detainee suicide watch records and found in one out of three records, a qualified clinician did not conduct a welfare check at least every 8 hours for the detainee placed on continuous one-to-one monitoring. Specifically, a qualified clinician performed the initial welfare check 11 hours and 25 minutes after facility staff placed the detainee in isolated confinement (**Deficiency SSHSPI-35¹³**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 12 of those standards. ODO found eight deficiencies in the remaining five standards. ODO commends facility staff for its 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 UCAP for ODO's last inspection of OCPC in October 2021.

Compliance Inspection Results Compared	First FY 2022 (PBNDS 2011) (Revised 2016)	Second FY 2022 (PBNDS 2011) (Revised 2016)
Standards Reviewed	25	17
Deficient Standards	9	5
Overall Number of Deficiencies	23	8
Repeat Deficiencies	3	0
Areas Of Concern	2	0
Corrective Actions	2	0
Facility Rating	Good	N/A

suicide prevention training, during orientation and at least annually." See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(A).

¹² "All detainees shall receive an initial mental health screening within 12 hours of admission by a qualified health care professional or health-trained correctional officer who has been specially trained, as required by "J. Medical and Mental Health Screening of New Arrivals" in Standard 4.3, "Medical Care." See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(B)(1).

¹³ "All suicidal detainees placed in an isolated confinement setting will receive continuous one-to-one monitoring, welfare checks at least every 8 hours conducted by clinical staff, and daily mental health treatment by a qualified clinician." See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).