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U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
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**Office of Detention Oversight
Compliance Inspection**

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

**Cibola County Correctional Center
Milan, New Mexico**

July 30 – August 1, 2019

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

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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 Cibola County Correctional Center (CCCC) in Milan, New Mexico, from July 30 to August 1, 2019.¹ 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 (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 a Detention Services Manager (DSM) to the facility. The warden handles daily facility operations and is supported by [REDACTED] personnel. Trinity Services Group provides food services, Keefe Supply Company provides commissary products, and Correct Care Solutions provides medical care at the facility. The facility is accredited by the American Correctional Association.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	473
Average ICE Detainee Population ³	466
Male Detainee Population (as of 7/30/2019)	424
Transgender Detainee Population (as of 7/30/2019)	29

During its last inspection, in Fiscal Year (FY) 2018, ODO found 31 deficiencies in the following areas: Environmental Health and Safety (2); Admission and Release (2); Custody Classification System (1); Funds and Personal Property (1); Sexual Abuse and Assault Prevention and Intervention (2); Special Management Units (4); Staff-Detainee Communication (5); Use of Force and Restraints (4); Food Service (3); Medical Care (1); Telephone Access (4); and Law Libraries and Legal Material (2).

¹ This facility holds male and transgender 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 July 8, 2019.

³ *Ibid.*

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.⁴

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 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.

⁴ 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 ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	3
Sub-Total	3
Part 2 – Security	
Admission and Release	7
Custody Classification System	5
Funds and Personal Property	5
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	1
Staff-Detainee Communication	0
Use of Force and Restraints	1
Sub-Total	19
Part 4 – Care	
Food Service	2
Medical Care	0
Personal Hygiene ⁶	1
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	1
Sub-Total	4
Part 5 – Activities	
Recreation	1
Religious Practices	0
Telephone Access	0
Visitation	0
Sub-Total	1
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Materials	0
Sub-Total	0
Total Deficiencies	27

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

⁶ The Personal Hygiene standard was not inspected in its entirety. The deficiency cited was found while inspecting the Environmental Health and Safety standard.

DETAINEE RELATIONS

ODO interviewed 25 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.

Medical Care: One detainee stated he has an infected big toe on his right foot and a skin rash on his left shin. Additionally, he stated he has not received adequate medical attention for his complaints.

- Action Taken: ODO reviewed the detainee's medical record and spoke with facility medical staff. The detainee was seen by the medical doctor on July 29, 2019, for an infected big toe and skin rash. The medical doctor diagnosed him with a toe infection due to an ingrown nail and advised him to soak his foot in warm water. The medical doctor also prescribed Bacterium Ointment and instructed him to sign up for sick call if his toe does not get better in the next several days. Additionally, the medical doctor prescribed him Zinc Oxide Ointment for rashes on both ankles and an oral medication to be taken daily for the next four weeks.

Food Service: All detainees in one housing unit stated the food is bad, the rice is undercooked and watery, rice is served almost daily, the chicken is undercooked, and the serving trays are filthy.

- Action Taken: ODO reviewed the food service menu and discussed the detainees' complaints with the food service manager (FSM) and ERO staff. The FSM stated they will amend the menu by alternating rice with potato and will ensure all food items are prepared in accordance with their respective recipes. ODO observed meal preparation during the inspection and found meals were prepared in accordance with their recipes and served with the correct portions in accordance with the approved menu. Additionally, the facility is ordering new food trays and will purchase 50 trays per month until all of the old trays are replaced.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO observed a [REDACTED] and a [REDACTED] to include emergency contact numbers, is [REDACTED] however, [REDACTED], and [REDACTED] ODO found no documentation indicating the facility provided a copy to the local fire department (**Deficiency EH&S-1⁷**).

ODO requested documentation of a current fire safety inspection conducted by the local fire chief, verifying the facility complies to federal, state, and local fire codes and found the facility's last documented annual fire inspection was conducted on October 4, 2017 (**Deficiency EH&S-2⁸**).

ODO observed fire evacuation exit diagrams were strategically placed throughout the facility and written in English and Spanish; however, areas of safe refuge are not identified, as required by the standard (**Deficiency EH&S-3⁹**).

ODO reviewed barbering operations at the facility and found the facility does not have a dedicated barber shop room; barbering is conducted in the detainee living unit dayrooms. Additionally, ODO's inspection of the designated areas found no access to a sink with hot and cold running water, no posted barbering regulations, and no proper waste disposal containers (**Deficiency**

⁷ "4. [REDACTED] Files

a. Every department or other area of the facility using [REDACTED]

5. [REDACTED]
The maintenance supervisor or facility administrator designee shall compile:...

The maintenance supervisor shall maintain this information in [REDACTED] (or equivalent) and ensure that a copy is sent to the local fire department." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(B)(4)(a) and (V)(B)(5).

⁸ "Every facility shall comply with standards and regulations issued by:

a. OSHA;

b. the American Correctional Association "mandatory" Expected Practices [Mandatory ACA Expected Practice 4-ALDF-1C-07 requires that the facility conform to applicable federal, state and/or local fire safety codes, and that of the authority having jurisdiction over document compliance. A fire alarm and automatic detection system are required (or else there must be a plan for addressing these or other deficiencies within a reasonable time period), as approved by the authority having jurisdiction. If the authority approves any variance, exceptions or equivalencies, they must not constitute a serious life-safety threat to the occupants of the facility.];

c. local and national fire safety codes;"

See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(C)(1)(a)(b) and (c).

⁹ "In addition to a general area diagram, the following information must be provided on signs:

"Areas of Safe Refuge" shall be identified and explained on diagrams. Diagram posting shall be in accordance with applicable fire safety regulations of the jurisdiction." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(C)(5).

EH&S-4¹⁰).

SECURITY

ADMISSION AND RELEASE (A&R)

ODO interviewed the intake lieutenant and [REDACTED] intake officers and learned the facility does not search the detainees during the admission process (**Deficiency A&R-1¹¹**).

CCCC's written policy and procedures regarding the admission process include the standard requirement to perform criminal history checks through information provided by ERO for all newly admitted detainees. ODO interviewed the intake lieutenant and found ERO does not provide the criminal history check until two or three days after the detainee's admission (**Deficiency A&R-2¹²**).

Additionally, detainees were not screened upon admission via a [REDACTED], a thorough [REDACTED], use of either of the [REDACTED], nor is the clothing the detainee wore at admission searched for contraband (**Deficiency A&R-3¹³**).

ODO reviewed 25 randomly selected detainee files and found 20 files did not have an accurate or complete Order to Detain (Form I-203). Form I-203 discrepancies include: not noting the order is to detain the detainee, inaccurate or blank facility name, and no signature by an authorizing official (**Deficiency A&R-4¹⁴**).

The facility plays an orientation video in English and Spanish in the waiting room in health services

¹⁰ "Barber Operations...

1. For sanitation reasons, it is preferable that barbering operations be located in a room that is not used for any other purpose. The room must have sufficient light and be supplied with hot and cold running water. The floors, walls and ceilings shall be smooth, nonabsorbent and easily cleaned.
2. Each barbershop shall have all equipment and facilities necessary for maintaining sanitary procedures for hair care, including covered metal containers for waste, disinfectants, dispensable headrest covers, laundered towels and haircloths. ...
3. Detailed hair care sanitation regulations shall be conspicuously posted in each barbershop for the use of all hair care personnel and detainees. Cotton pads, absorbent cotton and other single or dispensable toilet articles may not be reused and shall be placed in a proper waste receptacle immediately after use. The common use of brushes, neck dusters, shaving mugs and shaving brushes is prohibited." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(E)(1)(2) and (4).

¹¹ "At intake, detainees shall be searched, and their personal property and valuables checked for contraband, inventoried, receipted and stored." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(A).

¹² "Admission processes for a newly admitted detainee shall include, but not be limited to:...

- b. criminal history check."

See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(B)(1)(b).

¹³ "All detainees shall be screened upon admission; screening shall ordinarily include:

- a. [REDACTED]
- b. a [REDACTED] and [REDACTED]
- c. a search of each detainee's clothing (and issuance of institutional clothing)."

See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(B)(2)(a)(b) and (c).

¹⁴ "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, Standard, Admission and Release, Section (V)(E). **This is a Priority Component.**

while detainees await their medical screening. ODO interviewed the unit manager and two correctional counselors and verified a question and answer session is not provided to all detainees after they watch the orientation video (**Deficiency A&R-5¹⁵**).

ODO's review of 25 detainee files confirmed each detainee acknowledged receipt of the National Detainee Handbook; however, in 17 of 25 files, documentation did not reflect detainees were issued the local handbook (**Deficiency A&R-6¹⁶**).

ODO reviewed five randomly selected detainee files of released detainees and found each file did not have an accurate or complete Order to Release (Form I-203). Form I-203 discrepancies include: not noting the order is to release or remove the detainee, inaccurate or blank facility name, and no signature by an authorizing official (**Deficiency A&R-7¹⁷**).

CUSTODY CLASSIFICATION SYSTEM (CCC)

Detainees arrive at CCCC without classification documentation from ERO, such as a risk classification assessment, and the facility admits detainees into the general population housing units based solely on a notation of classification level on the Form I-203 or Record of Persons Transferred (Form I-216) (**Deficiency CCC-1¹⁸**).

ODO reviewed 25 detainee files and found one detainee who was classified as low-level was housed with other low-level detainees; however, the detainee's Record of Deportable/Inadmissible Alien (Form I-213) noted the detainee had a violent misdemeanor conviction and a criminal history check confirmed the detainee had several assault and battery charges; consequently, every custody classification assessment determined this detainee should have initially been classified as a high-level detainee (**Deficiency CCC-2¹⁹**).

ODO's observations of detainee housing units and detainee file reviews found low and high-level detainees were housed together in housing [REDACTED] (**Deficiency CCC-3²⁰**).

¹⁵ "Following the orientation, staff shall conduct a question-and-answer session." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(F). **This is a Priority Component.**

¹⁶ "As part of the admissions process, the detainee shall acknowledge receipt of the handbook and supplement by signing where indicated on the back of the Form I-385 (or on a separate form)." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(G)(4). **This is a Priority Component.**

¹⁷ "A detainee's out-processing begins when release processing staff receive the Form I-203, 'Order to Detain or Release,' signed by an authorizing official." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(H)(1). **This is a Priority Component.**

¹⁸ "Each facility administrator shall require that the facility's classification system ensures the following:

1. All detainees shall be classified upon arrival and before being admitted into the general population of the facility." See ICE 2011 PBNDS, Custody Classification System, Section (V)(A)(1).

¹⁹ "Low level detainees may not be housed with high custody detainees." See ICE PBNDS 2011, Custody Classification System, Section (V)(F)(1).

²⁰ "Ordinarily, detainees in different custody classification levels are housed separately. When it becomes necessary to house detainees of different classification levels in the same housing unit, the following guidelines shall apply:

1. High custody detainees may not be housed with low custody detainees.
2. Low custody detainees and medium-low custody detainees may be housed together, and medium-high custody detainees and high custody detainees may be housed together.
3. Medium-low custody detainees are those with [REDACTED]

ODO reviewed 25 detainee files and determined reclassification is performed in accordance with the timeframes outlined in the standard; however, ODO found one detainee was sanctioned to disciplinary segregation for fighting and a reclassification was not completed prior to release from special management unit (SMU) (**Deficiency CCC-4²¹**).

Additionally, ODO found three instances where the classification supervisor did not review and sign the classification form (**Deficiency CCC-5²²**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed funds and personal property (F&PP) inventory documentation, interviewed the intake lieutenant and a property officer, and determined only one staff member signs the inventory of funds and small valuables, and the issuance for the form is not logged in the Property Receipt Logbook (**Deficiency F&PP-1²³**).

Additionally, ODO found intake staff are not separating checks, money orders, foreign currency, nor are they describing the funds and/or valuables as required by the standard (**Deficiency F&PP-2²⁴**).

ODO attempted to review the facility's detainee property logbook and found staff does not maintain a logbook for logging detainee property (**Deficiency F&PP-3²⁵**).

Additionally, the facility has not conducted an inventory and audit of detainee baggage and non-valuable property since October 3, 2018, which exceeds the minimum requirement of once per

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4. Medium-high and high custody detainees are those with a history of [REDACTED]

5. Under no circumstance may a medium custody detainee with a history of assaultive or combative behavior be placed in a low custody housing unit."

See ICE PBNDS 2011, Custody Classification System, Section (V)(G)(1-5). **This is a Priority Component.**

²¹ "Staff shall complete a special reclassification within 24 hours before a detainee leaves the Special Management Unit (SMU)." See ICE PBNDS 2011, Custody Classification System, Section (V)(H)(3). **This is a Priority Component.**

²² "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 2011 PBNDS, Custody Classification System, Section (V)(E).

²³ "Removal and inventory of detainee funds shall be conducted by at [REDACTED] officers and in the presence of the detainee." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(G)(1).

²⁴ "The Form G-589, or equivalent, shall describe each item of value. Jewelry shall be described in general terms (e.g., ring- "yellow/white metal with red/white stone"), with no mention of brand name or monetary value. The detainee and two processing officers shall sign the G-589 or equivalent with copies distributed as noted above in this standard. The officers shall then place the valuables (and pink/third copy of G-589) in a clear envelope, which they shall secure via approved techniques for tamper-proofing. The processing officer shall record the issuance of this G-589 in the G-589 Property Receipt Logbook or equivalent." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(G)(2). **This is a Priority Component.**

²⁵ "All detainee luggage and facility containers used for storing detainee personal property shall be secured in a tamper-resistant manner and shall only be opened in the presence of the detainee. A logbook shall be maintained listing detainee name, A-number or facility detainee number, I-77 number, security tie-strap number, property description, date issued and date returned." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(I).

quarter (**Deficiency F&PP-4²⁶**).

The facility's funds and personal property policy allows detainees to keep reasonable amounts of personal property in lockers provided in the housing units. ODO observed the lockers were not secured with any type of locking devices and the housing unit manager informed ODO locks are not provided to detainees; detainees may request a lock but are not notified locks are available by request (**Deficiency F&PP-5²⁷**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO's review of SMU documentation found detainees in SMU are not offered at least two hours of recreation daily for administrative segregation detainees and one-hour of recreation daily for detainees on disciplinary segregation in accordance with the PBNDS optimal provisions (**Deficiency SMU-1²⁸**).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO interviewed the chief of security and SMU staff, reviewed use of force (UOF) files, which include after-action review documentation, and ODO determined there were no calculated UOF incidents and six immediate UOF incidents involving detainees during the year preceding the inspection. ODO reviewed the detainee files for the detainees involved in the six immediate UOF incidents and found copies of the UOF documentation was not in any of the six detainee files (**Deficiency UOF&R-1²⁹**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by placing the documentation in the six detainee files. Additionally, the facility updated their procedures to include placing copies of UOF documentation into the detainee files for detainees involved in immediate and calculated UOF incidents (**C-1**).

CARE

FOOD SERVICE (FS)

ODO observed food service staff and inmate workers wearing hair restraints, beard guards, aprons, non-slip shoes and rubber boots. Personal protective equipment was observed to be used and

²⁶ "An inventory of detainee baggage and other non-valuable property shall be conducted by the facility administrator's designee at least once each quarter. See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(J).

²⁷ "Every housing area shall have lockers or other securable space for storing detainees' authorized personal property." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(E).

²⁸ "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. Detainees in the SMU for disciplinary reasons shall be offered at least one hour of exercise per day, seven days a week, unless documented security, safety or medical considerations dictate otherwise." See ICE PBNDS 2011, Standard, Special Management Unit, Section (V)(Z)(2).

²⁹ "Staff shall prepare detailed documentation of all incidents involving use of force, including chemical agents, or intermediate force weapons. Staff shall also 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 PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(O).

available for all food service workers. Additionally, ODO observed the inmate workers wearing tan or dark brown, facility-issued uniforms, instead of white uniforms as required by the standard (**Deficiency FS-1³⁰**).

ODO inspected the food service area and found the overall sanitation of the area to be exceptionally clean; however, ODO observed the floor behind and underneath electrical cooking equipment located in the food preparation area had standing water, which presents an electrical hazard in addition to a sanitation concern (**Deficiency FS-2³¹**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by mopping the floor and removing the standing water (**C-2**).

PERSONAL HYGIENE (PH)

ODO inspected the general population housing units and found the number of toilets in housing [REDACTED] are below the minimum ratio of one toilet for every 12 detainees in accordance with the PBNDS 2011 Personal Hygiene Standard and the American Correctional Association (ACA) standard for the minimum toilet to detainee ratio (**Deficiency PH-1³²**).

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

ODO's review of the facility's orientation program and local handbook found the facility does not notify and 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-1³³**).

ACTIVITIES

RECREATION (R)

ODO reviewed the facility's recreation schedule and found the facility offers detainees in general

³⁰ "Detainee food service workers shall be provided with and required to use clean white uniforms while working in a food preparation area or on the serving line." See ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(2)(e).

³¹ "All food service employees are responsible for maintaining a high level of sanitation in the food service department. An effective food sanitation program prevents health problems, creates a positive environment and encourages a feeling of pride and cooperation among detainees." See ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(1).

³² "Detainees shall be provided:

1. an adequate number of toilets, 24 hours per day, which can be used without staff assistance when detainees are confined to their cells or sleeping areas. ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees....
3. operable showers that are thermostatically controlled between 100 and 120 F degrees, to ensure safety and promote hygienic practices. ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees."

See ICE PBNDS 2011, Standard, Personal Hygiene, Section (V)(E)(1) and (3).

³³ "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).

population one hour of outdoor recreation daily instead of four hours daily as required by the PBNDS optimal provisions (**Deficiency R-1**³⁴).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under PBNDS 2011 and found the facility in compliance with nine of those standards. ODO found 27 deficiencies in the remaining 10 standards. ODO notes classification documentation as an **Area of Concern** at CCCC. Specifically, detainee file documentation is not being closely reviewed and monitored. The lack of follow-up on necessary classification and intake documents from ERO, and the lack of an initial classification to ensure detainees are classified and housed correctly, creates unnecessary risk within the facility.

CCCC has a dedicated housing unit for transgender detainees. The facility housed 29 transgender female detainees on the first day of the inspection and a 30th transgender female detainee was admitted to the facility on the final day of the inspection. The transgender housing unit is a self-contained unit with its own medical/sick call office, law library, separate recreation area, beauty shop, common area and garden. The cells have no doors, which the housing unit manager stated gives the detainees a feeling of freedom throughout the unit. The facility's competent medical authority (CMA) is experienced with gender dysphoria patients and has practiced in private settings before prior to this duty assignment. Detainees taking hormones sign a detailed consent form and are monitored monthly by the CMA. None of the transgender detainees have had gender reassignment surgery, therefore, PBNDS Medical Care (Women) standards do not apply. Those taking hormones are informed they are at risk of breast cancer and may require annual mammograms depending on the length of time they have been taking hormones, age and family history.

ODO recommends ERO El Paso work with the facility to remedy any outstanding deficiencies as applicable and in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2018 (PBNDS 2011)	FY 2019 (PBNDS 2011)
Standards Reviewed	16	19
Deficient Standards	12	10
Overall Number of Deficiencies	31	27
Deficient Priority Components	5	7
Repeat Deficiencies	N/A	0
Corrective Actions	10	2

³⁴ "***Detainees in the general population shall have access at least four hours a day, seven days a week to outdoor recreation, weather and scheduling permitted." See ICE PBNDS 2011, Standard, Recreation, Section (V)(B).