



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
Compliance Inspection**

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

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

July 13-16, 2020

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 13-16, 2020.¹ 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 deportation officers assigned to the facility but does not have a detention services manager. The warden handles daily facility operations and is supported by ██████ personnel. Trinity Services Group provides food services, Keefe Supply Company provides commissary products, and CoreCivic medical staff provides medical care at the facility. CCCC is not accredited by any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	500
Average ICE Detainee Population ³	66
Male Detainee Population (as of 7/13/2020)	13
Female Detainee Population (as of 7/13/2020)	N/A

During its last inspection, in FY 2019, ODO found 27 deficiencies in the following areas: Environmental Health and Safety (3), Admission and Release (7), Custody Classification System (5), Special Management Units (1), Funds and Personal Property (5), Use of Force and Restraints (1), Food Service (2), Personal Hygiene (1), Disability Identification, Assessment, and Accommodation (1), and Recreation (1).

¹ This facility holds male 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 6, 2020.

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.” 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.

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 2011 MAJOR CATEGORIES

PBNDS 2011 Standards Inspected ⁵	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	2
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	6
Part 4 - Care	
Food Service	0
Medical Care	2
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	2
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 Material	0
Sub-Total	0
Total Deficiencies	8

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

DETAINEE RELATIONS

ODO interviewed five out of 12 detainees, who each voluntarily agreed to participate. The remaining seven detainees chose not to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All the detainees reported satisfaction with facility services except for the concerns listed below. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO El Paso field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

Medical Care: One detainee complained he submitted a sick call to medical requesting an inhaler.

Action Taken: ODO reviewed the detainee medical records and spoke with medical staff. During intake, the detainee reported a history of childhood asthma but stated he outgrew it and had never used an inhaler. On April 10, 2020, the detainee was seen by medical for coughing and wheezing with difficulty breathing due to bleach fumes sprayed in his housing unit, three days prior. The medical staff diagnosed him with mildly reactive airway after chemical exposure. The nurse gave him an albuterol nebulizer breathing treatment and ordered further treatments every 4-6 hours, as needed. The nurse also instructed the detainee to return to the clinic as needed. On April 22, 2020, the detainee was seen by medical staff for sick call and complained of shortness of breath, in which he felt like he was choking. Medical staff gave him an albuterol breathing treatment.

According to the medical record, on May 19, 2020, the detainee complained of difficulty breathing after bleach/water was sprayed again in the housing unit. The detainee told medical staff he had childhood asthma and used an inhaler. The medical staff examination showed his lungs were clear, no distress, and peak flows were good. Medical staff instructed the detainee to report to medical for further breathing treatment, as needed. On May 27, 2020, the detainee requested and received a breathing treatment in the medical clinic. During his visit, the detainee requested to be prescribed an inhaler. Medical staff placed him on sick call for later that same day. He reported to the clinic; however, he voluntarily left before seeing the Nurse Practitioner (NP). Since May 27, 2020, the detainee had not reported additional concerns of breathing difficulty or request for an inhaler. On July 15, 2020, ODO requested facility staff follow-up with the detainee to submit a sick call request, if medical concerns persisted. On July 16, 2020, the facility case manager provided ODO an electronic email explaining the detainee did not understand the instructions received by medical staff. The detainee now understood he could ask the unit officer to get escorted to medical for breathing treatments, as needed.

Medical Care: One detainee complained he submitted a sick call to medical concerning his asthma but had not received a response.

Action Taken: ODO reviewed the detainee medical record and spoke with the medical staff. The detainee medical record did not show prior history of asthma or inhaler use. On May 7, 2020, the detainee was seen by the nurse for sick call because he complained of a dry irritated cough for four days, after exposure to chlorine bleach sprayed in his housing unit. The NP observed post-nasal drip during his examination and diagnosed the detainee with reactive airway, allergic rhinitis, and seasonal allergies. The NP gave him Claritin

and told him to increase his fluid intake. On May 19, 2020, the detainee was seen by the medical staff for a follow-up and reported the medication helped his allergies but complained of difficulty breathing after bleach was sprayed again in the housing unit. Subsequently, the detainee requested an inhaler. However, his medical examination showed his lungs were clear with excellent air exchange. The detainee was instructed by medical to return to the clinic as needed for albuterol nebulizer breathing treatment. On July 15, 2020, ODO requested facility staff follow-up with the detainee to submit a sick call request, if medical concerns persisted. On July 16, 2020, the facility case manager provided ODO an electronic email explaining the detainee did not understand the instructions received from the medical staff. The detainee now understood he could ask the unit officer to get escorted to medical for breathing treatments, as needed.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed 12 detainee detention files and found that seven out of 12 files did not contain any criminal history checks at the time of the detainee's admission (**Deficiency A&R-1⁶**).

ODO noted an **Area of Concern** pertaining to illegible signatures on the signed Order to Detain or Release (Form I-203) that accompanied each detainee upon admission or release. ODO reviewed 14 detainee detention files (12 active and two released) and found all 14 files did contain an I-203. However, of the 14 files reviewed, the signatures of seven were illegible and did not have a printed or typed name, and nine had signatures in the Form I-203 margin and not in the box denoted for the authorized authority.

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed 12 detainee detention files, wherein the detainees arrived at CCCC pre-classified by ERO and their classification levels were documented on Form I-203. However, there were no other relevant ICE/ERO detainee classification material [REDACTED] etc.) found in the 12 detainee files at the time of their arrival (**Deficiency CCS-1⁷**).

ODO reviewed 12 active detainee detention files and found 10 out of 12 files did not contain the required reclassification documentation (**Deficiency CCS-2⁸**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed 12 detainee detention files and found 10 out of 12 files did not contain a removal and inventory receipt for funds signed by two facility staff (**Deficiency F&PP-1⁹**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed 12 detainee detention files, four out of the 12 detainees who were placed in SMU in November 2019 did not contain administrative segregation orders detailing the reason(s) for placement (**Deficiency SMU-1¹⁰**). Subsequently, the administrative segregation order was not

⁶ "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). **This is a repeat deficiency.**

⁷ "As appropriate, ICE/ERO offices shall provide non-ICE facilities with relevant information for the facility to classify ICE/ERO detainees." See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(C).

⁸ "Classification forms and supporting documentation shall be placed in the detainee file." See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(J).

⁹ "Removal and inventory of detainee funds shall be conducted by at least [REDACTED] officers in the presence of the detainee." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(G)(1). **This is a repeat deficiency.**

¹⁰ "A written order shall be completed and approved by the facility administrator or designee before a detainee is placed in administrative segregation, except when exigent circumstances make such documentation impracticable. In such cases, an order shall be prepared as soon as possible. a. Prior to a detainee's actual placement in administrative

maintained in the four detainee files upon release from SMU (**Deficiency SMU-1¹¹**).

ODO noted the facility initiated corrective action based on similar findings in response to a Department of Homeland Security Civil Rights and Civil Liberties complaint investigation dated March 5, 2020. Specifically, on March 5, 2020, four senior detention officers were permanently assigned to ensure consistency of staffing within the unit; training was conducted with regard to completion of Confinement Activity Records and other required documents (e.g., Administrative Segregation Orders, Disciplinary Segregation Orders, etc.) and documented on training/activity attendance roster. Additionally, an assistant shift supervisor was assigned to SMU for oversight and to take corrective action regarding issues that were identified; and all records related to the detainee's stay in segregation was maintained in SMU, while the detainee was in segregation. When the detainee returned to general population, all records were placed the detainee's detention file.

CARE

MEDICAL CARE (MC)

ODO reviewed 12 detainee medical files and found none had documentation of either a tuberculin screening (purified protein derivative) skin test or chest-x-ray within 12 hours of arrival at the facility (**Deficiency MC-1¹²**); and six out of 12 files contained documentation the 14-day comprehensive health assessments were not completed timely (**Deficiency MC-2¹³**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 and found the facility in compliance with 13 of those standards. ODO found eight deficiencies in the remaining five standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO El Paso work with the facility to remedy any outstanding deficiencies as applicable and in accordance with contractual obligations.

segregation, the facility administrator or designee shall complete the administrative segregation order (Form I-885 or equivalent), detailing the reasons for placing a detainee in administrative segregation." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(2)(a).

¹¹ "When the detainee is released from the SMU, the releasing officer shall indicate the date and time of release on the administrative segregation order. The completed order shall then be forwarded to the Chief of Security for inclusion in the detainee's detention file." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(A)(2)(h).

¹² "All new arrivals shall receive TB screening within 12 hours of intake and using methods in accordance with CDC guidelines." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(C)(2).

¹³ "Each facility's health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival unless more immediate attention is required due to an acute or identifiable chronic condition. If such documentation exists of such a health assessment within the previous 90 days, the facility health care provider upon review may determine that a new appraisal is not required." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(M).

Compliance Inspection Results Compared	FY 2019 (PBNS 2011)	FY 2020 (PBNS 2011)
Standards Reviewed	19	18
Deficient Standards	10	5
Overall Number of Deficiencies	27	8
Repeat Deficiencies	0	2
Corrective Actions	2	0