



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

**Office of Detention Oversight
Compliance Inspection
2023-001-063**

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

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

February 14-16, 2023

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

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COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	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 February 14 to 16, 2023.¹ The facility opened in August 1994 and is owned and operated by Core Civic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CCCC in December 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 part-time to the facility who are on-site Mondays, Wednesdays, and Fridays from 9 am to 2 pm, and ERO has assigned a detention service manager to the facility. A CCCC warden handles daily facility operations and manages [REDACTED] support personnel. Trinity Food Services provides food services, CoreCivic provides medical care, and Keefe Supply provides commissary services at the facility. The facility was accredited by the American Correctional Association in October 2018. 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	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of February 14, 2023)	[REDACTED]
Adult Female Population (as of February 14, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2022, ODO found 13 deficiencies in the following areas: Admission and Release (1); Funds and Personal Property (2); Special Management Units (5); and Medical Care (5).

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

² Data Source: ERO Facility List as of February 13, 2023.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, 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.

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

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

PBNS 2011 (Revised 2016) Standards Inspected^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Transportation (by Land)	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Contraband	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Key and Lock Control	0
Special Management Units	0
Tool Control	0
Use of Force and Restraints	0
Sub-Total	0
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	4
Medical Care	0
Significant Self-harm and Suicide Prevention and Intervention	1
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	5
Part 5 - Activities	
Correspondence and Other Mail	0
Recreation	0
Visitation	2
Sub-Total	2
Part 6 - Justice	

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.

Detainee Handbook	0
Sub-Total	0
Part 7 - Administration and Management	
Staff Training	0
Total Deficiencies	7

DETAINEE RELATIONS

ODO interviewed 28 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 one concern listed below.

Medical Care: One detainee stated he did not receive medication for his genital warts.

- Action Taken: ODO interviewed the health services administrator, reviewed the detainee’s medical record, and confirmed medical staff observed and diagnosed the detainee’s genital warts during a routine physical on January 26, 2023. The provider prescribed Imiquimod (3.75%) external cream; however, had not provided to the detainee as the prescription was pending ICE approval since the medication is classified as non-formulary. Upon ICE approval, Clinical Solutions received and filled the prescription. On February 7, 2023, the prescription arrived at CCCC, but it arrived after the facility transferred the detainee to the El Paso Service Processing Center. On February 9, 2023, the detainee returned to CCCC, and ODO found no record of a sick call request submitted after his readmission to the facility. As a result of the ODO interview, the detainee received the medication on February 15, 2023, and medical staff instructed him on how and when to apply the cream.

COMPLIANCE INSPECTION FINDINGS

CARE

FOOD SERVICE (FS)

ODO reviewed the facility’s FS documentation and meal schedules, interviewed the facility’s chaplain, and found he did not develop nor provide to the facility administrator a ceremonial meal schedule for the calendar year 2023 (**Deficiency FS-232**⁷).

Additionally, ODO found no ceremonial meal schedule that included the date, religious group, estimated number of participants, and special foods required (**Deficiency FS-233**⁸).

⁷ “The chaplain, in consultation with local religious leaders as necessary, shall develop the ceremonial meal schedule for the subsequent calendar year and shall provide this schedule to the facility administrator.” See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(G)(12).

⁸ “The schedule shall include the date, religious group, estimated number of participants and special foods required.” See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(G)(12).

ODO interviewed the food service administrator (FSA), reviewed the facility's FS program, including facility budgets for January and February 2023, and found the FSA did not estimate quarterly costs for the common fare program nor include the costs in the quarterly budgets (**Deficiency FS-251**⁹).

ODO interviewed the FSA, reviewed the facility's budgets for January and February 2023, and found the FSA did not maintain a record of the actual cost of both edible and non-edible items (**Deficiency FS-252**¹⁰).

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

ODO reviewed the facility's medical records and suicide watch logs of two detainees placed on suicide watch and found 29 instances on the suicide watch logs in which staff documented continuous monitoring between 16- and 45- minute intervals (**Deficiency SSHSPI-34**¹¹). **This is a priority component.**

ACTIVITIES

VISITATION (V)

ODO reviewed the facility general visitors' log and found the log did not contain the name, non-citizen registration number of the detainee visited, visitor's address, nor the relationship to the detainee (**Deficiency V-15**¹²).

ODO toured the facility and found the facility's staff did not prominently post rules and legal visitation hours in the waiting area, visiting area, and housing units (**Deficiency V-65**¹³).

⁹ "The FSA shall estimate quarterly costs for the common fare program and include this figure in the quarterly budget." *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(G)(14).

¹⁰ "The FSA shall maintain a record of the actual costs of both edible and non-edible items." *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(G)(14).

¹¹ "The qualified mental health professional may place the detainee in a special isolation room designed for evaluation and treatment with continuous monitoring that must be documented every 15 minutes or more frequently if necessary." *See* ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

¹² "Staff shall record in the general visitors' log:

1. The name and alien-registration number (A-number) of the detainee visited;
2. The visitor's name and address;
3. The visitor's relationship to the detainee; and
4. The date, arrival time and departure time."

See ICE PBNDS 2011 (Revised 2016), Standard, Visitation, Section (V)(D)(1-4).

¹³ "This information shall be prominently posted in the waiting areas and visiting areas and in the housing units." *See* ICE PBNDS 2011 (Revised 2016), Standard, Visitation, Section (V)(J)(2).

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 21 of those standards. ODO found seven deficiencies in the remaining three standards. Since CCCC’s last full inspection in December 2021, the facility has shown steady improvement. CCCC went from 4 deficient standards and 13 deficiencies in November 2021 to 3 deficient standards and 7 deficiencies during this most recent inspection. The facility’s improved performance was a result of completing a uniform corrective action plan for ODO’s follow-up inspection of CCCC in June 2022. ODO recommends ERO El Paso continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2022 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	24	24
Deficient Standards	4	3
Overall Number of Deficiencies	13	7
Priority Component Deficiencies	0	1
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Superior