



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
Follow-Up Compliance Inspection
2023-002-186**

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

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


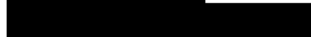
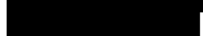
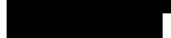
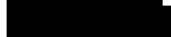
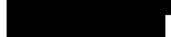

August 15-17, 2023

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
SAFETY.....	7
ENVIRONMENTAL HEALTH AND SAFETY	7
SECURITY	9
STAFF-DETAINEE COMMUNICATION.....	9
USE OF FORCE AND RESTRAINTS	9
CUSTODY CLASSIFICATION SYSTEM	10
FACILITY SECURITY AND CONTROL	11
CARE	11
FOOD SERVICE	11
MEDICAL CARE.....	12
SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION	12
ACTIVITIES	12
RECREATION	12
TELEPHONE ACCESS	13
VISITATION	13
JUSTICE.....	14
GRIEVANCE SYSTEM.....	14
CONCLUSION	14

FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior 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 follow-up compliance inspection of the Cibola County Correctional Center (CCCC) in Milan, New Mexico, from August 15 to 17, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of CCCC from February 14 to 16, 2023. 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).

[REDACTED] A CCCC warden handles daily facility operations and manages [REDACTED] support personnel. Trinity Services provides food services, CoreCivic provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in October 2018. In November 2021, 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 August 15, 2023)	[REDACTED]
Adult Female Population (as of August 15, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found seven deficiencies in the following areas: Food Service (4); Significant Self-harm and Suicide Prevention and Intervention (1); and Visitation (2).

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 August 21, 2023.

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.⁴

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which may include but are not limited to Medical Care, 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.

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**

PBND Standards 2011 (Revised 2016) Standards Inspected^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	10
Sub-Total	10
Part 2 - Security	
Admission and Release	0
Custody Classification System	2
Facility Security and Control	2
Funds and Personal Property	0
Special Management Units	0
Staff-Detainee Communication	3
Use of Force and Restraints	7
Sub-Total	14
Part 4 - Care	
Food Service	4
Medical Care	2
Significant Self-harm and Suicide Prevention and Intervention	1
Terminal Illness, Advance Directives and Death	0
Sub-Total	7
Part 5 - Activities	
Recreation	2
Telephone Access	4
Visitation	1
Sub-Total	7
Part 6 - Justice	
Grievance System	1
Sub-Total	1
Total Deficiencies	39

⁵ For greater detail on ODO’s findings, see the *Follow-up 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 RELATIONS

ODO interviewed 19 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 requested dental services and has not received them.

- Action Taken: ODO reviewed the detainee’s medical record and found the detainee did not mention any dental issues when he arrived at CCCC. On August 14, 2023, medical staff treated the detainee and prescribed an antibiotic for an infection in his gums. On August 18, 2023, the facility doctor scheduled the detainee for a follow-up appointment, but ERO El Paso released him from custody on the same day.

Medical Care: One detainee stated he has not received treatment from CCCC medical staff for left shoulder pain due to a prior motorcycle accident.

- Action Taken: ODO interviewed the CCCC health services administrator (HSA), reviewed the detainee’s medical record, and found the detainee arrived at CCCC on July 15, 2023. The detainee reported he had injured his left shoulder in a motorcycle accident in 2020 and had received pain relief ointment to rub on his shoulder as needed. On July 28, 2023, medical staff treated the detainee for left shoulder pain and ordered an X-ray of the detainee’s left shoulder. On August 1, 2023, medical staff reviewed the X-ray results with the detainee and pointed out normal bone structure despite extensive surgery to the left shoulder. On August 14, 2023, the detainee submitted a sick call request and medical staff examined him and prescribed pain medication for his left shoulder. On August 15, 2023, medical staff met with the detainee as a follow-up to ensure he had no additional concerns, and he refused any further treatment.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the CCCC unit manager, toured the facility, reviewed [REDACTED] detainee files, and found in [REDACTED] out of [REDACTED] files, no documentation verifying detainees received training in the use of hazardous substances according to Occupational Safety and Health Administration standards (**Deficiency EHS-35**⁷).

ODO interviewed the CCCC safety manager, reviewed the facility fire prevention and control policy, and found no completion of quarterly fire drills nor separate documentation by department

⁷ “Every individual who uses a hazardous substance must:

a. be trained in accordance with OSHA standards”;

See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(B)(1)(a).

(Deficiency EHS-107⁸).

ODO found no record of fire drills at CCCC from April to June 2023 and noted the following deficiencies:

- No evacuation of detainees during a fire drill **(Deficiency EHS-109⁹)**;
- No Staff-simulated drills in areas where staff did not evacuate detainees **(Deficiency EHS-110¹⁰)**;
- No timed emergency-key drills included in each fire drill **(Deficiency EHS-111¹¹)**;
- Designated staff did not draw emergency keys nor use them to unlock one set of emergency exit doors not in daily use **(Deficiency EHS-112¹²)**; and
- No emphasis placed on safe and orderly evacuation rather than speed during fire drills **(Deficiency EHS-113¹³)**.

ODO interviewed the facility recreation/barbershop officer, observed barber operations, and noted the following deficiencies:

- ODO observed tools, such as combs and clippers, used successively on detainees without proper cleaning and disinfecting in **(Deficiency EHS-208¹⁴)**;
- The facility did not have disinfectant in the barbershop and instead, after barber operations were completed for the day, used an ultraviolet (UV) light box that had not been approved by the New Mexico Board of Barbers and Cosmetologists for disinfection **(Deficiency EHS-211¹⁵)**;
- The facility cleaned hair care tools and subjected to UV light for disinfection purposes at the end of the day instead of after each detainee visit **(Deficiency EHS-212¹⁶)**.

⁸ “Fire drills shall be conducted and documented at least quarterly in all facility locations including administrative areas.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(4).

⁹ “Detainees shall be evacuated during fire drills.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(4)(b).

¹⁰ “Staff shall simulate drills in areas where detainees are not evacuated.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(4)(b)(3).

¹¹ “Emergency-key drills shall be included in each fire drill, and timed.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(4)(c).

¹² “Emergency keys shall be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use.” See ICE PBNDS 2011(Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(4)(c).

¹³ “When conducting fire drills, emphasis shall be placed on safe and orderly evacuation rather than speed.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(4)(c).

¹⁴ “Instruments such as combs and clippers shall not be used successively on detainees without proper cleaning and disinfecting.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(E).

¹⁵ “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.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(E)(2).

¹⁶ “After each detainee visit, all hair care tools that came in contact with the detainee shall be cleaned and effectively disinfected.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(E)(3).

SECURITY

STAFF-DETAINEE COMMUNICATION (SDC)

ODO interviewed the CCCC unit manager and found the facility maintains an SDC log; however, staff did not record paper requests detainees submitted into their SDC logbook (**Deficiency SDC-19¹⁷**).

ODO interviewed the CCCC unit manager and found when detainees submit paper requests, facility staff does not log the date of receipt; the detainee's name; the A-number; the detainee's nationality; the name of the staff member logging the request; the date the facility returned the request with staff response to the detainee; nor any other pertinent information to include specific reasons for urgent requests nor for requests forwarded to ERO El Paso, the date the request was forwarded to ERO El Paso and the date ERO El Paso returned the request (**Deficiency SDC-20¹⁸**).

ODO reviewed the CCCC's housing unit logbook, interviewed the CCCC commissary director, and found CCCC did not report telephone serviceability problems on August 14, 2023, to ERO El Paso (**Deficiency SDC-25¹⁹**).

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed the CCCC incident reporting policy, the detainee detention file for one detainee who was involved in an immediate use of force (UOF) incident, and found the facility administrator, the assistant facility administrator, the FOD's designee and the HSA did not conduct an after-action review. Specifically, the detainee's detention file did not contain a documented after-action review (**Deficiency UOFR-154²⁰**).

ODO reviewed one detainee's immediate UOF file and found the following deficiencies:

- The four-member after-action team did not convene on the workday after the incident

¹⁷ "All requests shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose." See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B)(2).

¹⁸ "At a minimum, the log shall record:

- a. date of receipt;
- b. detainee's name;
- c. detainee's A-number;
- d. detainee's nationality;
- e. name of the staff member who logged the request;
- f. date that the request, with staff response and action, was returned to the detainee;
- g. any other pertinent site-specific information, including detention condition complaints;
- h. specific reasons why the detainee's request is urgent and requires a faster response; and
- i. the date the request was forwarded to ICE/ERO and the date it was returned shall also be recorded."

See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B)(2)(a-i).

¹⁹ "Staff shall report any telephone serviceability problem within 24 hours to the appropriate ICE point of contact." See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(C).

²⁰ "The facility administrator, the assistant facility administrator, the Field Office Director's designee and the health services administrator (HSA) shall conduct the after-action review." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(3).

- (Deficiency UOFR-155²¹);**
- CCCC did not complete an after-action review to gather relevant information to determine whether policy and procedures were followed and make recommendations for improvement **(Deficiency UOFR-156²²);**
 - The after-action review team did not review the audiovisual recording nor pay particular attention to whether team members applied only as much force as necessary to subdue the detainee **(Deficiency UOFR-162²³);**
 - The after-action review team did not review the audiovisual recording to determine if CCCC medical staff promptly treated the detainee after the UOF incident **(Deficiency UOFR-170²⁴);**
 - The facility administrator did not report the details and findings of an appropriate or inappropriate UOF to ERO El Paso within 2 workdays **(Deficiency UOFR-176²⁵);** and
 - The after-action review team did not submit its determination to the facility administrator; therefore, the facility administrator did not report if staff followed proper procedures and provided appropriate medical care after the facility had the situation under control **(Deficiency UOFR-177²⁶).**

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed █ detainee files, interviewed the CCCC intake lieutenant, and found in █ out of █ files, the designated classification supervisor or facility administrator designee did not review the intake processing officer's classification files for accuracy and completeness and ensure each detainee is assigned to the appropriate housing unit **(Deficiency CCS-31²⁷).**

²¹ "This four-member after-action review team shall convene on the workday after the incident." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(3).

²² "The after-action review team shall gather relevant information, determine whether policy and procedures were followed, make recommendations for improvement, if any, and complete an after-action report to record the nature of its review and findings." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(3).

²³ "The after-action review team shall also review the audiovisual recording of any use-of-force incidents for compliance with all provisions of this standard, with particular attention paid to whether team members applied only as much force as necessary to subdue the detainee, including whether team members responded appropriately to a subdued or cooperative detainee or a detainee who discontinued his/her violent behavior." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(4)(e).

²⁴ "The after-action review team shall also review the audiovisual recording of any use-of-force incidents for compliance with all provisions of this standard, with particular attention paid to whether a medical professional promptly examined the detainee, with the findings reported on the audiovisual record." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(4)(l).

²⁵ "Within two workdays of the after-action review team's submission of its determination, the facility administrator shall report with the details and findings of appropriate or inappropriate use of force, by memorandum, to the Field Office Director and whether he/she concurs with the finding." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(5).

²⁶ "Report of Findings to Field Office Director.. Included in the report shall be consideration of the following: whether proper reporting procedures were followed; in the event of five point restraints, whether checks were made and logged at the appropriate times; and whether appropriate medical care was provided once the situation was under control." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(5).

²⁷ "The designated classification supervisor or facility administrator designee shall review the intake processing

ODO reviewed █ detainee files for detainees housed at CCCC for more than 90 days and found the facility completed █ out of █ “first” reclassification assessments 110 days after the initial classification (**Deficiency CCS-51**²⁸).

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the CCCC’s visitors’ logbook at the front entrance and found the logbook did not contain the person or department visited nor unusual requests (**Deficiency FSC-24**²⁹).

ODO reviewed the CCCC’s visitors’ logbook and entry/exit procedures and found facility staff did not record non-official persons visiting detainees in the visitors’ log (**Deficiency FSC-49**³⁰).

CARE

FOOD SERVICE (FS)

ODO interviewed the CCCC food service manager (FSM), toured the FS area, observed foods prepared from ingredients at ambient temperature, and found FS did not cool reconstituted foods to 41 Fahrenheit (F) degrees within 2 hours of cooking or preparation. Specifically, ODO found the temperature of coleslaw, prepared at 7 a.m. on August 16, 2023, to be 48.6 F degrees by 9:50 a.m. on the same day (**Deficiency FS-143**³¹).

ODO interviewed the CCCC FSM, toured the FS department, reviewed 543 final rinse temperature log entries, and found in 17 out of 543 final rinse temperature log entries, the dishwasher completed the final rinse cycle between 165 F degrees and 179 F degrees, instead of the required 180 F degrees (**Deficiency FS-371**³²).

ODO toured the CCCC FS area, reviewed inspection documentation for the FS fixed fire-suppression system, and found a qualified contractor completed the last semiannual inspection of

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).

²⁸ “The first reclassification assessment shall be completed 60 to 90 days after the date of the initial classification.” See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(H)(1).

²⁹ “Every entry in the logbook shall identify the person or department visited, date and time of the visitor’s arrival, purpose of visit, unusual requests and time of departure.” See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(C)(1)(b)(2).

³⁰ “Non-official persons visiting detainees or visiting the facility, regardless of affiliation, shall receive “red” passes. The post officer shall enter their visits in the visitor logbook as specified under the “Record” section of this standard.” See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(C)(1)(g).

³¹ “Foods prepared from ingredients at ambient temperature, such as reconstituted foods and canned tuna, must be cooled to 41 F degrees within two hours of cooking/preparation.” See ICE PBNDS 2011(Revised 2016), Standard, Food Service, Section (V)(F)(3).

³² “The following temperatures must be maintained for hot-water sanitizing: ...

c) Multi-tank, conveyor machine: wash temperature of 150 F degrees; pumped rinse, 160 F degrees; final rinse, 180 F degrees.”

See ICE PBNDS 2011(Revised 2016), Standard, Food Service, Section (V)(J)(7)(g)(3)(c).

the system on January 25, 2023 (**Deficiency FS-407**³³).

ODO interviewed the CCCC FSM, reviewed the cooler and freezer temperature logs, and found 37 out of 362 freezer temperature log entries between 1 and 48 F degrees. On August 16, 2023, ODO observed raw beef stored in the food service cooler at 44 F degrees (**Deficiency FS-438**³⁴).

MEDICAL CARE (MC)

ODO reviewed 25 detainee medical records and found in 1 out of 25 records, no tuberculosis (TB) screenings for new arrivals to CCCC in accordance with Center for Disease Control and Prevention (CDC) guidelines (**Deficiency MC-28**³⁵). **This is a priority component.**

ODO reviewed 25 detainee medical records and found in 1 out of 25 records, the detainee received a TB screening 74 hours after the intake process instead of within the CDC standard of 12 hours (**Deficiency MC-29**³⁶).

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

ODO reviewed 2 detainee medical records with detainees on suicide watch during the inspection period and found in 2 out of 2 records, 14 instances of documented monitoring between 16 and 40 minutes, instead of continuous monitoring every 15 minutes or more if necessary. (**Deficiency SSHPI-34**³⁷). **This is a repeat deficiency and a priority component.**

ACTIVITIES

RECREATION (R)

ODO reviewed CCCC's recreation logbook and found CCCC provided detainees with 20 minutes of outdoor recreation instead of 1-hour on August 2, 2023 (**Deficiency R-3**³⁸). **This is a priority**

³³ "An approved, fixed fire-suppression system shall be installed in ventilation hoods over all grills, deep fryers, and open flame devices. A qualified contractor shall inspect the system every six months." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(12)(f).

³⁴ "e. Store perishables at 35-40 F degrees to prevent spoilage and other bacterial action and maintain frozen foods at or below zero degrees." See ICE PBNDS 2011(Revised 2016), Standard, Food Service, Section (V)(K)(3)(e).

³⁵ "As indicated in this standard below in section 'J. Medical and Mental Health Screening of New Arrivals,' screening for TB is initiated at intake and in accordance with Center for Disease Control and Prevention (CDC) guidelines." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(C)(2).

³⁶ "All new arrivals shall receive TB screening within 12 hours of intake and in accordance with CDC guidelines (www.cdc.gov/tb)." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(C)(2).

³⁷ "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).

³⁸ "If outdoor recreation is available at the facility, each detainee in general population shall have access for at least one hour, seven days a week, at a reasonable time of day, weather permitting." See ICE PBNDS 2011 (Revised 2016), Standard, Recreation, Section (V)(B).

component.

ODO reviewed CCCC’s recreation logbook and found CCCC did not consistently provide nor document detainees in general population with 4 hours of outdoor recreation during the following dates: July 3 to 22, 2023, and from July 24 to August 1, 2023 (**Deficiency R-6**³⁹).

TELEPHONE ACCESS (TA)

ODO interviewed the CCCC unit manager and housing unit counselor and found no record of telephone checks during weekends (**Deficiency TA-8**⁴⁰).

ODO interviewed the CCCC warden and ERO El Paso SDDO and found ERO El Paso did not log nor maintain out-of-order telephones and repair orders in the field office (**Deficiency TA-9**⁴¹).

ODO interviewed the CCCC unit manager and housing unit counselor and found CCCC counselors only inspected the housing unit telephones, Monday through Friday, instead of daily. (**Deficiency TA-13**⁴²).

ODO interviewed the CCCC warden, the unit manager, and the unit counselor and found CCCC did not report identified telephone problems immediately to ERO El Paso (**Deficiency TA-15**⁴³).

VISITATION (V)

ODO reviewed the CCCC’s legal visitors’ logs and found facility staff did not consistently log the detainee’s name and the time the legal visit ended (**Deficiency V-99**⁴⁴).

³⁹ “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 (Revised 2016), Standard, Recreation, Section (V)(B).

⁴⁰ “Designated facility staff shall inspect the telephones daily, promptly report out-of-order telephones to the repair service so that required repairs are completed quickly.” See ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(A)(3).

⁴¹ “This information shall be logged and maintained by each Field Office.” See ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(A)(3).

⁴² “Facility staff members are responsible for ensuring on a daily basis that telephone systems are operational and that the free telephone number list is posted.” See ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(A)(4)(a).

⁴³ “Any identified problems must immediately be logged and reported to the appropriate facility and ICE/ERO staff.” See ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(A)(4)(a).

⁴⁴ “Log entries shall include the following information: ...

f. detainee’s name and A-number;

i. time visit ended.”

See ICE PBNDS 2011 (Revised 2016), Standard, Visitation, Section (V)(J)(14)(f)(i).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility handbook’s grievance procedures and found no reference to the availability of assistance for detainees with impairments or disabilities, interpretation/translation services for detainees with limited English proficiency, and assistance for detainees with limited literacy (**Deficiency GS-14**⁴⁵).

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 5 of those standards. ODO found 39 deficiencies in the remaining 12 standards. Since CCCC’s last full inspection in February 2023, CCCC has trended down. CCCC went from 3 deficient standards and 7 deficiencies in February 2023 to 12 deficient standards and 39 deficiencies during this most recent follow-up inspection, including 3 priority component deficiencies in the Medical Care, Recreation, and the Significant Self-harm and Suicide Prevention and Intervention (SSHSPI) standards. CCCC completed a UCAP for ODO’s previous full inspection in February 2023, which resolved most of the previous deficiencies. However, CCCC had one repeat deficiency in SSHSPI. 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 2023 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2023 Follow-Up Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	25	17
Deficient Standards	3	12
Overall Number of Deficiencies	7	39
Priority Component Deficiencies	1	3
Repeat Deficiencies	0	1
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	N/A

⁴⁵ “The facility shall provide each detainee, upon admittance, a copy of the detainee handbook and local supplement (see also standard ‘6.1 Detainee Handbook’), in which the grievance section provides notice of the following: ...

4. The procedures for filing and resolving a grievance, including the availability of assistance in preparing a grievance (assistance for detainees with impairments or disabilities, interpretation/translation services for detainees with limited English proficiency (LEP) and assistance for detainees with limited literacy).”

See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(B)(4).