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U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
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**Office of Detention Oversight
Compliance Inspection
2024-001-285**

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

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

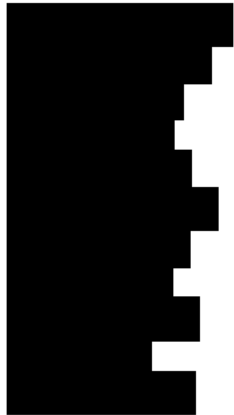
February 27-29, 2024

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 February 27 to 29, 2024.¹ The facility opened in August 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 in El Paso (ERO El Paso). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

[REDACTED] A warden handles daily facility operations and manages [REDACTED] support personnel. Trinity Service Group provides food services, Keefe Group provides commissary services, and CoreCivic provides medical 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 27, 2024)	[REDACTED]
Adult Female Population (as of February 27, 2024)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 7 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 and female detainees with low, medium-low, medium-high, and high security classification levels for periods greater than 72 hours.

² Data Source: ERO Custody Management Division Authorized Facility List as of February 26, 2024.

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. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.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

PBNDs 2011 (Revised 2016) Standards Inspected ^{5,6}	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	1
Facility Security and Control	1
Funds and Personal Property	0
Population Counts	0
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	1
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	3
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	1
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	1
Sub-Total	2
Part 5 - Activities	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Religious Practices	0
Telephone Access	1
Voluntary Work Program	0
Sub-Total	1
Part 6 - Justice	

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

⁶ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

Grievance System	0
Law Libraries and Legal Materials	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	0
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	6

DETAINEE RELATIONS

ODO interviewed 32 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 injured his left knee on February 23, 2024, playing basketball during recreation but did not receive an X-ray until 3 days after he injured his knee.

- Action Taken: On February 28, 2024, ODO spoke with the health services administrator (HSA) and confirmed medical staff examined the detainee on February 23 and 26, 2024. Medical staff treated the detainee on the day of his accident and scheduled an X-ray for March 4, 2024. On February 26, 2024, the medical staff applied an ACE wrap to the detainee's injured knee, prescribed pain medication, educated him on managing his injury, and informed him of his upcoming X-ray appointment. The detainee acknowledged understanding.

Medical Care: One detainee stated he submitted a sick call request for redness and pain in his right eye and still has not received medical care.

- Action Taken: ODO interviewed the HSA and found the detainee did not submit any sick call requests since arriving at the facility on November 16, 2023. On February 28, 2024, ODO requested medical staff schedule the detainee an appointment to evaluate his right eye. A facility medical provider examined the detainee, prescribed an antibiotic ointment, advised him to submit a sick call request if his condition worsened.

Medical Care: One detainee stated he never received a response to his medical grievance concerning follow-up care for a head wound.

- Action Taken: ODO interviewed a facility registered nurse (RN), reviewed the detainee's medical record, and found the detainee had a physical altercation with another detainee on November 9, 2023. Following the altercation, an RN examined the detainee and found two lacerations on the left side of his head. On the same day, facility staff obtained approval from ERO El Paso and transported the detainee to a local hospital, where hospital staff treated his lacerations and provided discharge instructions for wound care. Upon returning to the facility, a medical provider

examined the detainee via Tele-Health, prescribed Tylenol (325 mg) for 10 days, and scheduled a follow-up appointment for November 16, 2023. At ODO's request, a medical provider at the facility examined the detainee's lacerations on February 29, 2024, and confirmed finding no remaining sutures of any kind on the left side of his head. However, the detainee stated his head still hurt when pressure was applied, and the provider scheduled an X-ray appointment for March 4, 2024, to ensure no presence of sutures.

Medical Care: One detainee stated he suffers from vertigo.

- Action Taken: On February 27, 2024, while ODO inspected housing unit 100 Alpha, one detainee stated to ODO staff he suffered from vertigo and needed medical attention. On February 28, 2024, ODO met with facility medical staff and requested they evaluate the detainee's complaint of vertigo. On the same day, a facility nurse practitioner performed a physical exam, found no abnormalities, prescribed an antihistamine for dizziness, and recommended he submit a sick call request if his condition worsened.

COMPLIANCE INSPECTION FINDINGS

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO interviewed the facility intake case manager, reviewed [REDACTED] detainee files for detainees assigned to the special management unit (SMU), and found facility staff did not complete a special reclassification within the 24 hours before they released the detainees from the SMU (**Deficiency CCS-53⁷**).

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the facility visitors' logbooks and found the facility did not require visitors to sign their names in the logbooks (**Deficiency FSC-26⁸**).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO inspected the detainee housing units and found no name listed for the current Prevention of Sexual Assault (PSA) Compliance Manager on the sexual assault awareness notice posted on all housing unit bulletin boards (**Deficiency SAAPI-68⁹**).

⁷ "Staff shall complete a special reclassification within 24 hours before a detainee leaves the Special Management Unit (SMU)." See ICE PBNDS 2011(Revised 2016), Standard, Custody Classification System, Section (V)(H)(3).

⁸ "The post officer shall require the visitor to print and sign his/her name in the visitor logbook." See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(C)(1)(b)(3).

⁹ "The facility shall post with this notice the name of the PSA Compliance Manager and information about local organizations that can assist detainees who have been victims of sexual assault, including mailing addresses and telephone numbers (including toll-free hotline numbers where available)." See ICE PBNDS 2011 (Revised 2016), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(F)(3).

Corrective Action: On February 28, 2024, the facility staff printed stickers with the PSA Compliance Manager’s name. The next day, facility staff applied the new stickers to the housing unit bulletin board posters, and ODO verified the facility completed the corrective action (C-1).

CARE

MEDICAL CARE (MC)

ODO interviewed the HSA, reviewed the facility’s medical policy and [REDACTED] detainee medical files, and found facility medical staff triaged sick call requests for [REDACTED] out of [REDACTED] detainees between 25 and 144 hours after the detainee submitted the request (Deficiency MC-182¹⁰).

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

ODO reviewed the suicide watch logs of [REDACTED] detainees placed in a special isolation room for continuous monitoring and found in 2 out of 4 suicide watch logs, 4 total documented observations by facility staff and those observations were between 16 and 59 minutes from the previously documented observation (Deficiency SSHSPI-34¹¹). **This is a repeat deficiency and a priority component.**

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO observed facility staff test the detainee telephones and found when testing the telephones, facility staff did not test each phone’s capability to make calls on the free call platform (Deficiency TA-14¹²).

¹⁰ “Each facility shall have a sick call procedure that allows detainees the unrestricted opportunity to freely request health care services (including mental health and dental services) provided by a physician or other qualified medical staff in a clinical setting. This procedure shall include: ...

4. An established procedure shall be in place at all facilities to ensure that all sick call requests are received and triaged by appropriate medical personnel within 24 hours after a detainee submits the request.”

See ICE PBNDS 2011(Revised 2016), Standard, Medical Care, Section (V)(S)(4).

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 “After ensuring that each phone has a dial tone, when testing equipment, the officers must be able to demonstrate that an individual has the ability to make calls using the free call platform.” See ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(A)((4)(a)

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 28 standards under PBNDS 2011(Revised 2016) and found the facility in compliance with 22 of those standards. ODO found six deficiencies in the remaining six standards. Since CCCC’s last full inspection in February 2023, the facility’s compliance with the PBNDS 2011 (Revised 2016) has stayed consistent. CCCC went from 3 deficient standards and 7 deficiencies in February 2023 to 6 deficient standards and 6 deficiencies during this most recent full inspection, which includes 1 priority component and 1 repeat deficiency. The repeat and priority component deficiencies were in SSHSPI for not documenting continuous monitoring at required intervals. ODO received a completed uniform corrective action plan for the last full inspection in February 2023; however, the corrective actions in SSHSPI did not prevent a recurrence of this deficiency. ODO recommends ERO El Paso continue working 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 2024 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	24	28
Deficient Standards	3	6
Overall Number of Deficiencies	7	6
Priority Component Deficiencies	1	1
Repeat Deficiencies	0	1
Areas Of Concern	0	0
Corrective Actions	0	1
Facility Rating	Superior	Good. ¹³

¹³ ODO revised their rating system at the end of FY 2023 and beginning in FY 2024, facilities rated as “Superior” will have no or very minimal deficiencies, and will have no repeat or priority component deficiencies.