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Office of Detention Oversight
Performance-Based
National Detention Standard

Enforcement and Removal Operations
ERO El Paso Field Office
Cibola County Detention Center
Milan, New Mexico

January 9-11, 2018

**COMPLIANCE INSPECTION
for the
CIBOLA COUNTY CORRECTIONAL CENTER
Milan, New Mexico**

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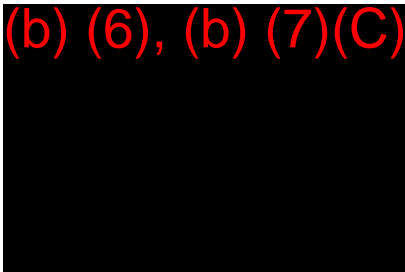
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FACILITY OVERVIEW

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Cibola County Correctional Center (CCCC), in Milan, New Mexico from January 9-11, 2018¹. The CCCC opened in August 1994 and is owned and operated by CoreCivic. The Office of Enforcement and Removal Operations (ERO) began housing detainees at CCCC in December 2016, pursuant to an Intergovernmental Agreement (IGA), under oversight of the ERO Field Office Director (FOD) in El Paso. The facility has signed and is obligated to comply with the PBNDS 2011 contract modification.

ERO Deportation Officers (DO) are assigned to the facility on a rotating basis from the ERO Albuquerque sub-office. No Detention Service Monitor is assigned to this facility. A warden is responsible for daily operations and is supported by (b) (7)(E) personnel. CoreCivic provides food service. Detainee medical care is provided by Correct Care Solutions. The facility does not currently hold any external accreditations.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	500
Average ICE Detainee Population ³	281
Male Detainee Population (as of 1/9/2018)	277
Transgender Female ⁴ Population (as of 1/9/2018)	23

This is ODO's first inspection of the facility.

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 Report as of January 08, 2018.

³ *Ibid.*

⁴ This facility houses male detainees. However, the facility also maintains a special housing unit, separate from the general population, for transgendered detainees who identify as female, hereafter referred to as "transgender females."

FY 2018 FINDINGS BY PBNDS 2011 MAJOR CATEGORIES

PBNDS 2011 STANDARDS INSPECTED ⁵	DEFICIENCIES
Part 1 - Safety	
Environmental Health and Safety	2
Sub-Total	2
Part 2 - Security	
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
Sub-Total	19
Part 4 - Care	
Food Service	3
Medical Care	1
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	4
Part 5 - Activities	
Telephone Access	4
Sub-Total	4
Part 6 - Justice	
Detainee Handbook	0
Grievance System	0
Law Libraries and Legal Materials	2
Sub-Total	2
Total Deficiencies	31

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

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 over 72 hours, to assess compliance with ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁶ ODO identifies violations linked to 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--these corrective actions are annotated with “C” under the *Inspection Findings* section of this report.

At the conclusion of each inspection, ODO holds a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also 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. Additionally, ODO findings inform ICE executive management decision making in better allocating resources across the agency’s entire detention inventory.

⁶ ODO reviews the facility’s compliance with selected standards in their entirety.

DETAINEE RELATIONS

ODO interviewed fifteen (15) detainees, each of whom volunteered to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. The majority of detainees reported being satisfied with facility services, with the exception of the below concerns.

Detainee Handbook: Six (6) detainees stated they did not receive the facility and/or ICE handbook during admission to the facility.

- Action Taken: During its review of 38 detention files, ODO found 8 instances where detainees did not sign for a handbook(s). ODO brought this concern to the attention of the facility and ERO staff and, prior to the end of the inspection, each detainee was reissued the specific handbook they needed. ODO recommends the ERO field office and facility staff review current intake procedures to improve handbook issuance and tracking to avoid these issues in the future. *See the Inspection Findings (Admission and Release)* section of this report for further information.

Food Service: Five (5) detainees claimed the food is typically served cold and has a bad taste.

- Action Taken: ODO interviewed facility staff and confirmed the cyclical menu has been approved by a registered dietician. Although trays were served within the two-hour limit, ODO used a facility-provided digital thermometer to test food temperatures and found the hot food temperatures were well below the acceptable levels. Specifically, hot items fell below the required threshold of 140 degrees and the temperature of the beans served for lunch, for instance, was 81 degrees Fahrenheit, prior to leaving the kitchen. *See the Inspection Findings (Food Service)* section of this report for further information.

Personal Hygiene: One (1) detainee alleged he was denied use of the restroom while waiting for court.

- Action Taken: ODO reported the allegation to ERO and the facility. The issue was then referred to the facility investigator for further review. The facility's investigation was still ongoing at the end of the ODO inspection.

Sexual Assault Awareness and Prevention Intervention: Three (3) detainees claimed when officers of the opposite sex enter the housing units they do not consistently announce their presence.

- Action Taken: ODO informed the ERO Assistant Field Office Director (AFOD) that 6 CFR Part 115, Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Facilities (Final Rule dated March 7, 2014) requires officers of the opposite sex entering the housing unit to announce themselves.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO inspected the haircutting areas in each housing unit as well as all barbering kits and found no disinfectant(s) or proper waste disposal containers (**Deficiency EH&S-1⁷**). Postings of sanitation regulations were also missing from these areas (**Deficiency EH&S-2⁸**).

ODO additionally determined clippers were not sanitized between individual haircuts (**Deficiency EH&S-3⁹**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by posting barbering rules and regulations in all required areas. Disinfectant(s) and waste disposal containers were also distributed accordingly (**C-1**).

SECURITY

ADMISSION AND RELEASE (A&R)

Facility handbooks are provided to detainees in English and Spanish. Additional information on facility procedures are provided via in-person meetings with the unit counselor or case manager. However, the facility does not have an orientation video and the facility's orientation procedures were not approved by ERO (**Deficiency A&R-1¹⁰**).

ODO reviewed 38 detention files and determined there were eight detainees who did not sign handbook receipts upon arrival to the facility (**Deficiency A&R-2¹¹**).

⁷ "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)(2).

⁸ "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, Standard, Environmental Health and Safety, Section (V)(E)(4).

⁹ "After each detainee visit, all hair care tools that came into contact with the detainee shall be cleaned and effectively disinfected. Ultraviolet lights are not appropriate for sterilization but may be used for maintaining tools that have already been properly sterilized." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(E)(3).

¹⁰ "All facilities shall have a method to provide ICE/ERO detainees an orientation to the facility as soon as practicable, in a language or manner that detainees can understand. Orientation procedures in CDFs and IGSAAs must be approved in advance by the local ICE/ERO Field Office." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(F).

¹¹ "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).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed 38 randomly selected detainee classification files and found all required documentation was completed within 72 hours of admission and approved by a supervisor. However, in comparing a list of the 38 files to the detainee housing roster, ODO found one discrepancy where a transgendered detainee should have been classified as “high.” Staff confirmed this detainee was recently re-classified due to a disciplinary infraction. However, the housing assignment was deemed appropriate given an existing ICE waiver for the transgender housing area (**Deficiency CCS-1¹²**).

In reviewing the daily housing rosters provided by the facility, ODO found 26 detainees did not have a classification level notated. ODO then reviewed the files of the 26 detainees and confirmed each detainee was classified by ERO prior to their arrival at the facility and were appropriately housed according to their classification level. ODO brought this discrepancy to the attention of facility staff on the first day of the inspection; however, the rosters for days two and three of the inspection continued to contain these omissions. Although detainee classification was completed as required by the standard, and all detainees were housed appropriately, ODO cites inaccurate record keeping as an Area of Concern. Improper maintenance and updating of the computerized housing rosters has the potential to result in prohibited co-mingling of detainees within housing areas.

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the detainee handbook and interviewed senior facility staff. ODO determined the facility handbook did not inform detainees they may be provided a certified copy of their identity documents. Additionally the handbook does not inform detainees of the procedures for claiming property upon release, transfer, or removal, and how to access their personal funds to pay for legal services (**Deficiency F&PP-1¹³**).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by adding the required information to both the facility’s English and Spanish handbooks. Copies of the excerpts were then highlighted and posted on the main bulletin board of each ICE housing unit (**C-1**).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

According to CCCC policy, 14-2 *DHS Sexual Abuse Prevention and Response*, the facility accommodates detainees with disabilities or limited English proficiency by providing auxiliary aids such as readers, materials in Braille, audio recordings, telecommunications devices for the deaf (TTYs), and interpreters. ODO’s request to review the facility’s materials for the blind and

¹² “Special Reclassification Assessments Staff shall complete a special reclassification within 24 hours before a detainee leaves the Special Management Unit (SMU), following an incident of abuse or victimization, and at any other time when warranted based upon the receipt of additional, relevant information, such as after a criminal act, or if a detainee wins a criminal appeal, is pardoned or new criminal information comes to light.” See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(H)(3).

¹³ “The detainee handbook or equivalent shall notify the detainees of facility policies and procedures related to personal property, including: that, upon request, they shall be provided an ICE/ERO-certified copy of any identity document (e.g., passport, birth certificate), which shall then be placed in their A-files; the procedure for claiming property upon release, transfer, or removal; access to detainee personal funds to pay for legal services.” See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(C)(2)(4)(6).

low vision impairments found the facility has no resources to support detainees with these types of disabilities (**Deficiency SA-API-1**¹⁴).

CCCC has a signed Memorandum of Agreement with the Milan Police Department (MPD) to conduct investigations on any allegations that are criminal in nature. However, ODO reviewed the CCCC Sexual Abuse Prevention and Response policy and determined it does not contain all of the required procedures for administrative investigations (**Deficiency SA-API-2**¹⁵).

Additionally, ODO identified an area of concern with respect to the fact that there is a limited opportunity for detainees to view the CCCC Prison Rape Elimination Act (PREA) orientation video, which is provided in English and Spanish. While the facility shows the “PREA: What You Need to Know” video that was produced by the National PREA Resource Center in both English and Spanish in the housing units, each video is only shown once a day at 7:00 pm and 8:00 pm, respectively. Depending on when individuals are transferred to the facility, extensive periods of time could pass before detainees are provided with this information.

Corrective Action: To address this concern, the facility PREA coordinator and chief investigator arranged to have the television in the medical waiting area play the two PREA videos on a continuous loop, so they can be viewed by detainees waiting for their initial medical screening during the admission process. This additional viewing opportunity will augment, not replace, the current daily presentation shown in the housing units. ODO commends CCCC staff for their responsiveness in resolving this area of concern (**C-2**).

SPECIAL MANAGEMENT UNITS (SMU)

Documentation provided by staff indicated there were 11 placements in the SMU during the year preceding the inspection. ODO reviewed the 11 SMU files and found seven files did not contain administrative segregation orders (**Deficiency SMU-1**¹⁶).

¹⁴ “Each facility shall take appropriate steps to ensure that detainees with disabilities (including, for example, detainees who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the facility’s efforts to prevent, detect, and respond to sexual abuse.” See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(G).

¹⁵ “The facility shall develop written procedures for administrative investigations, including provisions requiring: preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; reviewing prior complaints and reports of sexual abuse involving the suspected perpetrators; assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual’s status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse to submit to a polygraph; an effort to determine whether actions or failures to act at the facility contributed to the abuse; documentation of each investigation by written report, which shall include a description of physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings; and retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years.” See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section, (V)(M)(3)(a)(c through g).

¹⁶ “Prior to a detainee’s actual placement in administrative 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...The administrative segregation order shall be immediately provided to the detainee in a language or manner the detainee can understand, unless delivery would jeopardize the safe, secure, or orderly operation of the facility.” See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(A)(2)(a)(e).

ODO reviewed the 11 SMU files and found two files did not contain disciplinary segregation orders (**Deficiency SMU-2¹⁷**).

ODO interviewed senior SMU staff and determined detainee housing records are not forwarded to the Chief of Security when a detainee is released from SMU, as required by the standard. ODO's subsequent review of detention files for the 11 detainees placed in SMU found nine files with missing documentation (**Deficiency SMU-3¹⁸**).

CCCC does not maintain a log of detainees assigned to SMU, nor does it consistently notify ERO of detainee placements, releases, and reviews (**Deficiency SMU-4¹⁹**). Without a log, ODO was unable to definitively determine how many detainees were actually placed in administrative segregation during the year preceding the inspection.

STAFF-DETAINEE COMMUNICATION (SDC)

The facility handbook includes contact information for the ERO Field Office as well as the scheduled hours and days that ICE staff is available for staff detainee communication. However, the information was not posted in the detainee living areas (**Deficiency SDC-1²⁰**).

On the second day of the inspection, ODO's tour of housing unit 400 found numerous detainee requests stuffed in the drop-box. ODO informed the ICE Deportation Officer (DO) of the issue, who then checked, cleared and initiated appropriate responses for the requests found in the drop-box. A review of the requests within the drop-box indicated it had not been checked since December 28, 2017. Based on the dates of the requests they were not responded to within the

¹⁷ "A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed into disciplinary segregation: a. Prior to a detainee's actual placement in disciplinary segregation, the IDP chairman shall complete the disciplinary segregation order (Form I-883 or equivalent), detailing the reasons for placing a detainee in disciplinary segregation. All relevant documentation must be attached to the order. b. The completed disciplinary segregation order shall be immediately provided to the detainee in a language or manner the detainee can understand, unless delivery would jeopardize the safe, secure, or orderly operation of the facility." *See* ICE PBNDS 2011, Standard, Special Management Units, Section (V)(B)(2)(a)(b). **This is a Priority Component.**

¹⁸ "Upon a detainee's release from the SMU, the releasing officer shall attach that detainee's entire housing unit record to either the administrative segregation order or disciplinary segregation order and forward it to the Chief of Security or equivalent for inclusion into the detainee's detention file." *See* ICE PBNDS 2011, Standard, Special Management Units, Section, (V)(D)(3)(d).

¹⁹ "The facility administrator must notify the appropriate Field Office Director in writing as soon as possible, but no later than 72 hours after the initial placement of an ICE detainee in segregation if: a. The detainee has been placed in administrative segregation on the basis of a disability, medical or mental illness, or other special vulnerability, or because the detainee is an alleged victim of a sexual assault, is an identified suicide risk, or is on a hunger strike; or...4. The facility administrator shall provide all information and supporting documentation regarding segregation placements as requested by the Field Office Director. The facility administrator shall also coordinate with the Field Office Director in: a. considering whether a less restrictive housing or custodial option is appropriate and available, including return to the general population or options to limit isolation while housed in the SMU, such as additional out of cell time and the ability to participate in group activities." *See* ICE PBNDS 2011, Standard, Special Management Units, Section, (V)(C)(2)(3)(4)(a).

²⁰ "The local supplement to the detainee handbook shall include contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility. The same information shall be posted in the living areas (or "pods") of the facilities." *See* ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(A).

three-day timeframe required by the standard (**Deficiency SDC-2²¹**).

ODO's review of the requests logbook found that well over 50% of the logbook entries did not have a return date (**Deficiency SDC-3²²**). As a result, it was impossible for ODO to be able to determine whether or not the detainee requests were reviewed, processed and appropriately responded to in a timely fashion, i.e. within 72 hours of the request being made.

ODO reviewed six months of ERO weekly inspection sheets to verify weekly telephone checks are completed and records are maintained. ODO determined only three telephone serviceability worksheets were completed during the six month timeframe (**Deficiency SDC-4²³**).

ODO toured all ICE housing units, the SMU and common areas of the facility and found that no OIG posters were posted in: the housing unit 900; the intake area; the medical department; the recreation areas; or any of the law libraries. ODO took note that the intake area of the facility had an ICE Zero Tolerance for Sexual Abuse and Assault Poster with an OIG telephone number on it but not the required DHS OIG Hotline poster (**Deficiency SDC-5²⁴**).

Corrective Action: Prior to the completion of the inspection, the Unit Manager took corrective action by laminating and posting color copies of the required OIG Posters, in both English and Spanish in all housing units, the SMU, intake, law libraries, and recreation areas (**C-3**).

USE OF FORCE AND RESTRAINTS (UOF&R)

CCCC staff identified two calculated and two immediate uses of force incidents involving detainees in the year preceding the inspection. ODO's review of written documentation confirmed the detainees were medically examined after the incidents; however, none of the video recordings of the medical exam included close-ups of the detainee's body (**Deficiency UOF&R-1²⁵**).

Although written reports were completed by each staff member involved in the calculated use of force incidents, reports were not completed by all staff involved in the two immediate use of

²¹ "In facilities without ICE/ERO Onsite Presence, each detainee request shall be forwarded to the ICE/ERO office of jurisdiction within two business days and answered as soon as practicable, in person or in writing, but no later than within three business days of receipt. All dates shall be documented." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(B)(1)(b).

²² "All requests shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose. At a minimum, the log shall record: ...date that the request, with staff response and action, was returned to the detainee." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(B)(2)(f).

²³ "Staff shall document each serviceability test on a form that has been provided by ERO, and each Field Office shall maintain those forms, organized by month, for three years." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(C).

²⁴ "The facility administrator shall ensure that posters are mounted in every housing unit and in appropriate common areas (e.g., recreation areas, dining areas, processing areas)." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(D)(3).

²⁵ "Calculated use-of-force incidents shall be audio visually-recorded in the following order: Take close-ups of the detainee's body during a medical exam, focusing on the presence/absence of injuries. Staff injuries, if any, are to be described but not shown." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I)(2)(e). **This is a Priority Component.**

force incidents (**Deficiency UOF&R-2²⁶**).

ODO's review of one calculated use of force file found it did not contain any documentation confirming the facility administrator or designee gave authorization for the calculated use of force (**Deficiency UOF&R-3²⁷**).

An after-action review report was completed for only one of the four, use of force incidents. No documentation was provided to verify if any after-action reviews were completed or if any findings were reported to ERO in the three additional uses of force (**Deficiency UOF&R-4²⁸**).

CARE

FOOD SERVICE (FS)

On the first day of the inspection, ODO observed the preparation and plating of detainee meals, and the delivery of detainee food trays from the food service preparation area to the detainee housing units. ODO found the temperatures of the hot and cold items on the serving line were not maintained within proper temperatures for food safety requirements (**Deficiency FS-1²⁹**).

Corrective Action: Prior to completion of the inspection, corrective action was initiated by the food service staff by increasing the heat source on the serving line assembly cart and placing ice under the pans of pudding to maintain the required temperatures (**C-4**).

After tray assembly was completed, ODO observed the transport and delivery of the carts to Unit 100 by facility staff. Upon arrival to the unit, the cart was left in the pod unsupervised and not passed on to another staff member (**Deficiency FS-2³⁰**). Though the food cart was left unsupervised for only a few minutes, ODO noted detainees in the immediate area could have

²⁶ "A written report shall be provided to the shift supervisor by each officer involved in the use of force by the end of the officer's shift." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(H)(4).

²⁷ "A calculated use of force needs to be authorized in advance by the facility administrator (or designee)." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I).

²⁸ "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. This four-member after-action review team shall convene on the workday after the incident. 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. The after-action report is due within two workdays of the detainee's release from restraints; 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; 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; The review team's investigative report will be forwarded to the Field Office Director for review. The Field Office Director will determine whether the incident shall be referred to the Office of Professional Responsibility, the Department of Homeland Security, Office of the Inspector General or the Federal Bureau of Investigation." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(P)(3)(4)(5)(6).

²⁹ "Before and during the meal, the CS in charge shall inspect the food service line to ensure: sanitary guidelines are observed, with hot foods maintained at a temperature of at least 140F degrees (120 degrees in food trays) and foods that require refrigeration maintained at 41 F degrees or below." See ICE PBNDS 2011, Standard, Food Service, Section (V)(D)(2)(a)(3). **This is a Priority Component.**

³⁰ "Meals shall always be prepared, delivered and served under staff (or contractor) supervision." See ICE PBNDS 2011, Standard, Food Service, Section (V)(D)(1).

tampered with food trays.

Corrective Action: On the second day of the inspection corrective action was initiated by the food service staff by keeping the food cart under constant supervision of a CCCC staff member **(C-5)**.

During the plating of the meals, ODO observed food service detainee workers wearing gloves; however, neither the detainee servers nor the housing unit staff handing out trays wore gloves or hair nets **(Deficiency FS-3³¹)**.

Corrective Action: On the second day of the inspection corrective action was initiated by implementing the practice of wearing the required gloves and hair nets by housing unit detainees and staff personnel distributing food trays **(C-6)**.

MEDICAL CARE

ODO observed an appropriately equipped emergency response bag and automatic external defibrillator (AED) were available in the medical clinic. Policy requires staff to conduct twice daily checks of the emergency equipment to ensure the AED is fully charged and oxygen levels are correct. ODO's review of the emergency equipment log book found these checks were not completed on the first two days of the inspection **(Deficiency MC-1³²)**.

ACTIVITIES

TELEPHONE ACCESS

ODO found telephone access rules are provided to detainees during orientation and provided in the facility handbook. However, the hours and rules for telephone access are not posted consistently near all telephones in both English and Spanish **(Deficiency TA-1³³)**.

Corrective Action: Prior to completion of the inspection the Unit Manager initiated corrective action by posting the rules and hours for telephone access, in both English and Spanish, in each ICE housing unit **(C-7)**.

ODO toured the detainee housing units and found although the facility has postings at each telephone stating calls are subject to monitoring, there are no postings in either English or Spanish informing detainees how to obtain an unmonitored phone call **(Deficiency TA-2³⁴)**.

³¹ "Servers must wear food-grade plastic gloves and hair nets whenever there is direct contact with a food or beverage. Servers must use tongs, forks, spoons, ladles or other such utensils to serve any food or beverage. Serving food without use of utensils is strictly prohibited." See ICE PBNDS 2011, Standard, Food Service, Section (V)(D)(2)(c).

³² "Medical and safety equipment shall be available and maintained, and staff shall be trained in proper use of the equipment." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(T)(4).

³³ "Each facility shall provide telephone access rules in writing to each detainee upon admission, and also shall post these rules where detainees may easily see them. ICE/ERO and the facility shall coordinate in posting these rules where practicable in Spanish and in the language of significant segments of the population with limited English proficiency. Telephone access hours shall be posted." See ICE PBNDS 2011, Standard, Telephone Access, Section (V)(C).

³⁴ "Each facility shall have a written policy on the monitoring of detainee telephone calls. If telephone calls are monitored, the facility shall: notify detainees in the detainee handbook, or equivalent, provided upon admission and;

Corrective Action: Prior to completion of the inspection the Unit Manager initiated corrective action by posting, in both English and Spanish, information informing detainees how to obtain an unmonitored phone call in each ICE housing unit (C-8).

Special access numbers to consulates are programmed into the detainee telephone system via a speed dial configuration; however, the consulate lists posted throughout the facility are not current and were dated June 27, 2017 (Deficiency TA-3³⁵). These listings are updated *quarterly*, which indicates that the posting is more than one cycle behind.

Corrective Action: Prior to completion of the inspection the Unit Manager initiated corrective action by laminating and posting English and Spanish copies of the current Consulate List dated January 11, 2018 in each ICE housing unit (C-9).

ODO reviewed CoreCivic Policy Number 16-100, *Inmate Access to Telephone*, which states facility staff members are responsible for conducting daily checks of the telephone systems and confirming the pro bono numbers are posted. Any reported issues or problems must immediately be logged and reported to ERO staff. However, through interviews of facility staff, ODO found phone testing is inconsistent, as is notification to ERO of identified problems (Deficiency TA-4³⁶).

JUSTICE

LAW LIBRARIES AND LEGAL MATERIAL

CCCC has four law library rooms and one mobile computer in the facility's SMU which are equipped with Lexis/Nexis computers that are accessible to approximately 365 detainees. ODO inspected all law library computers and found the computers in Units 400 and 900 had error messages stating the subscription to the Lexis/Nexis software licenses had expired, rendering them inoperable for detainee use. In addition to the error messages in units 400 and 900, ODO found computers in Units 100, 200, and the SMU also had outdated versions of the Lexis/Nexis software (Deficiency LL&LM-1³⁷).

at each monitored telephone, place a notice that states the following: that detainee calls are subject to monitoring; and the procedure for obtaining an unmonitored call to a court, a legal representative or for the purposes of obtaining legal representation. ICE/ERO and the facility shall coordinate in posting the notice in Spanish and in the language of significant segments of the population with limited English proficiency, where practicable." See ICE PBNDS 2011, Standard, Telephone Access, Section (V)(B)(2)(3)(a)(b).

³⁵ "The Field Office Director shall ensure that all information is kept current and is provided to each facility. Updated lists need to be posted in the detainee housing units. See ICE PBNDS 2011, Standard, Telephone Access, Section (V)(E). **This is a Priority Component.**

³⁶ "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. Any identified problems must immediately be logged and reported to the appropriate facility and ICE/ERO staff. See ICE PBNDS 2011, Standard, Telephone Access, Section (V)(A)(4).

³⁷ "Each facility administrator shall designate a facility law library coordinator to be responsible for inspecting legal materials weekly, updating them, maintaining them in good condition and replacing them promptly as needed." See ICE PBNDS 2011, Standard, Law Libraries and Legal Material, Section (V)(D)(2). **This is a Priority Component.**

ODO’s tour of the law libraries also found the scheduled hours, rules, and library holding were not posted in the SMU, and the scheduled hours were not posted in Unit 200 (**Deficiency LL&LM-2³⁸**).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by posting schedules, hours of operation, the rules that govern access to legal materials, and the library’s holdings in all law libraries and the SMU (**C-10**).

CONCLUSION

During this inspection, ODO reviewed the facility’s compliance with 16 standards under the PBNDS 2011, finding the facility compliant with four (4) standards. ODO found 32 deficiencies in the remaining 12 standards. While this number of deficiencies is in-line with other similarly-sized facilities undergoing their first ODO inspection, the lack of an assigned Detention Service Monitor may have contributed to the total number of findings. Additionally, local leadership shared that initially many staffing positions were supported by short-term detail assignments, limiting the opportunity to develop a fully-trained and mature workforce. Given these challenges, ODO commends facility staff for their responsiveness throughout the inspection and notes 11 instances where staff took immediate corrective action to resolve deficiencies found during the course of the inspection. ODO recommends ERO work with the facility to remedy any deficiencies which remain outstanding, as applicable and in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2017 (PNDS 2011)
Standards Reviewed	16
Deficient Standards	12
Overall Number of Deficiencies	32
Deficient Priority Components	5
Corrective Action	10

³⁸ “These policies and procedures shall also be posted in the law library, along with a list of the law library’s holdings. The list of the law library’s holdings shall be kept up to date, and shall include the date and content of the most recent updates of all legal materials available to detainees in print and electronic media.” See ICE PBNDS 2011, Standard, Law Libraries and Legal Material, Section (V)(N).