



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
2023-002-158**

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

**El Paso Service Processing Center
El Paso, Texas**



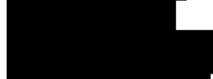
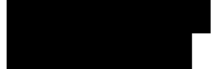




August 8-10, 2023

**FOLLOW-UP COMPLIANCE INSPECTION
of the
EL PASO SERVICE PROCESSING CENTER
El Paso, Texas**

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS

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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 follow-up compliance inspection of the El Paso Service Processing Center (EPSPC) in El Paso, Texas, from August 8 to 10, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of EPSPC from March 28 to 30, 2023. The facility opened in 1966 and is owned and operated by ERO El Paso. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at EPSPC in 1966 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] An officer in charge handles daily facility operations and manages [REDACTED] support personnel. Global Precision Systems provides food services, United States Public Health Service provides medical care, and Dooley Services provides commissary services at the facility. The facility was accredited by the American Correctional Association in January 2023 and the National Commission on Correctional Health Care in September 2020. In November 2022, EPSPC 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 8, 2023)	[REDACTED]
Adult Female Population (as of August 8, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 15 deficiencies in the following areas: Environmental Health and Safety (6); Food Service (5); Medical Care (2); and Recreation (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 Facility List as of August 7, 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, Hunger Strikes, 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

PBNDs 2011 (Revised 2016) Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	5
Sub-Total	5
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Special Management Units	0
Staff-Detainee Communication	4
Use of Force and Restraints	0
Sub-Total	4
Part 4 - Care	
Food Service	2
Medical Care	1
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Sub-Total	3
Part 5 - Activities	
Recreation	0
Telephone Access	0
Sub-Total	0
Part 6 - Justice	
Grievance System	4
Sub-Total	4
Total Deficiencies	16

⁵ For greater detail on ODO's findings, see the *Follow-Up 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 RELATIONS

ODO interviewed 30 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 concern listed below.

Admission and Release: One detainee expressed concern about the accuracy of a property form provided to him by the facility because it included a photo of another detainee.

- Action Taken: ODO interviewed facility staff, reviewed the detainee’s detention file, and found a property form provided to the detainee upon his admission to the facility on June 8, 2023, included a photo of another detainee. ERO El Paso indicated awareness of the discrepancy on August 7, 2023, and had already uploaded the correct photo of the detainee and took the necessary steps to verify the detainee’s fingerprints and criminal charges. After a review of the detainee’s file, ERO El Paso determined the criminal charges did not pertain to the detainee and justified the detainee’s reclassification from a high to a low security level. On August 10, 2023, the facility reclassified the detainee to a low security level and transferred him to a low/medium-low housing unit.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO toured the facility, reviewed chemical inventory forms, and found inaccurate inventory counts in two out of three hazardous substance inventories. Specifically, containers of 3M Contact Adhesive had an inventory value of two containers and an actual inventory of three containers; Loctite 5113 had an inventory value of zero and an actual inventory of one container; DAP Flexible Floor Patch had an inventory value of zero and an actual inventory of one container; Pennzoil motor oil had an inventory value of zero and an actual inventory of six containers; and gasoline had an inventory value of zero and an actual inventory of 5 gallons (**Deficiency EHS-39⁷**). **This is a repeat deficiency.**

ODO toured three hazardous substance storage areas and found in three out of three areas, no separate inventory records for each substance (**Deficiency EHS-40⁸**).

⁷ “Every area shall maintain a current inventory of the hazardous substances (e.g., flammable, toxic or caustic) used and stored there.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(B)(3).

⁸ “Every area shall maintain a current inventory of the hazardous substances (e.g., flammable, toxic or caustic) used and stored there. Inventory records shall be maintained separately for each substance.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(B)(3).

ODO toured three hazardous substance storage areas and found no alphabetical filing of substances on separate cards (**Deficiency EHS-41⁹**). **This is a repeat deficiency.**

ODO reviewed facility records for 10 fire drill logs and found in 10 out of 10 logs, no timed, emergency-key drills (**Deficiency EHS-111¹⁰**).

ODO interviewed the safety manager, observed 37 posted evacuation plan diagrams, and found in 1 out of 37 diagrams, no identification nor explanation of “Areas of Safe Refuge” on the diagram (**Deficiency EHS-115¹¹**).

SECURITY

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed five detainee detention files for which the detainees had documented requests in the detainee request log and found in two out of five files, no filing of completed detainee requests in the detainees’ detention files (**Deficiency SDC-21¹²**).

ODO interviewed an ERO El Paso assistant field office director (AFOD) and deportation officers, reviewed 16 telephone serviceability forms for the weekly testing of detainee telephones, and found in 6 out of 16 forms, the officer completing the form listed three different dates of completion. As such, ODO could not confirm test dates of the phones nor whether testing occurred weekly, in accordance with standard “5.6 - Telephone Access” (**Deficiency SDC-24¹³**).

ODO toured five detainee housing units and found in five out of five units, no current revision of the DHS Office of Inspector General Hotline poster (**Deficiency SDC-27¹⁴**).

ODO interviewed two deportation officers and found they do not verify the presence of posters at designated locations nor ensure replacement of any missing or destroyed posters during staff-detainee communication visits (**Deficiency SDC-31¹⁵**).

⁹ “Inventory records shall be maintained separately for each substance. Entries for each shall be logged on a separate card (or equivalent) and filed alphabetically by substance.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(B)(3).

¹⁰ “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).

¹¹ “‘Areas of Safe Refuge’ shall be identified and explained on diagrams.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(5).

¹² “During staff-detainee communication visits, ICE/ERO staff shall verify the presence of posters at designated locations and shall ensure that any missing or destroyed posters are replaced as soon as possible.” See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B)(2).

¹³ “Field Office Directors shall ensure that all phones for detainee use are tested at least weekly in accordance with standard ‘5.6 Telephone Access.’ See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(C).

¹⁴ “DHS/OIG periodically revises a “DHS OIG Hotline” poster which is to be posted in facilities that house ICE/ERO detainees.” See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(D).

¹⁵ “During staff-detainee communication visits, ICE/ERO staff shall verify the presence of posters at designated

CARE

FOOD SERVICE (FS)

ODO interviewed the food service manager, observed items used in the preparation of kosher meals, and found no “pareve” nor “parve” label on the bread purchased for kosher trays (**Deficiency FS-199**¹⁶).

ODO interviewed the food service manager, reviewed cooler and freezer temperature logs, and found staff did not store perishables at 35-40 Fahrenheit (F) degrees to prevent spoilage or other bacterial action nor maintain frozen foods at or below zero F degrees. Specifically, ODO found 44 out of 1512 cooler temperature log entries between 42 F degrees and 63 F degrees, and 300 out of 756 freezer temperature log entries between 1 F degree and 48 F degrees (**Deficiency FS-438**¹⁷).

MEDICAL CARE (MC)

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, no detainee signed informed consent form prior to medical staff administering medication for non-emergency treatment (**Deficiency MC-67**¹⁸).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility-specific detainee handbook and found the grievance section did not notify detainees of the procedures for contacting ERO El Paso to appeal a decision (**Deficiency GS-16**¹⁹).

ODO observed five detainee grievances marked as informal grievances and found in three out of five grievances, facility staff did not document the results in the detainees’ detention files (**Deficiency GS-24**²⁰).

locations and shall ensure that any missing or destroyed posters are replaced as soon as possible.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(D)(4).

¹⁶ “Only bread and margarine labeled “pareve” or “parve” shall be purchased for the kosher tray.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(G)(5).

¹⁷ “The following procedures apply when receiving or storing food: ...

5. 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).

¹⁸ “Informed consent shall be obtained prior to providing treatment (absent medical emergencies).” *See* ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(D).

¹⁹ “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: ...

6. The procedures for contacting ICE/ERO to appeal a decision.”

See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(B)(6).

²⁰ “If an informal grievance is resolved, the employee need not provide the detainee written confirmation of the outcome but shall document the result for the record in the detainee’s detention file and in any logs or data systems

ODO observed five resolved detainee informal grievances and found in three out of five resolved grievances, the individual who resolved the grievance at the informal level did not document the circumstances and resolution in the detainees' detention files (**Deficiency GS-27**²¹).

Corrective Action: Prior to the completion of the inspection on August 10, 2023, the facility initiated corrective action by updating EPSPC's grievance procedures and followed up with an email to staff to scan all completed grievance forms and physically hand them to designated staff to file in detainee detention files (**C-1**).

ODO reviewed the facility-specific detainee handbook and found the facility does not refrain from imposing a time limit on when a detainee may submit a formal grievance. Instead, the handbook notifies detainees they may file a formal grievance no later than 5 days after the event or after the unsuccessful conclusion of an informal grievance (**Deficiency GS-41**²²).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 13 of those standards. ODO found 16 deficiencies in the remaining 5 standards. Since EPSPC's last full inspection in March 2023, the facility's overall compliance with the ICE PBNDS 2011 (Revised 2016) has remained consistent. EPSPC went from 4 deficient standards and 15 deficiencies in March 2023 to 5 deficient standards and 16 deficiencies during this follow-up compliance inspection, which includes 2 repeat deficiencies. The Grievance System and the Staff-Detainee Communication standards accounted for 7 out of 16 deficiencies during this most recent inspection, with 3 out of 7 deficiencies stemming from the facility's file maintenance. ODO did not inspect either of these two standards during the previous full inspection. ODO received the UCAP for ODO's last inspection of EPSPC in March 2023; however, the facility's corrective actions for the EHS deficiencies regarding the inventory of hazardous substances appears to be insufficient to prevent recurrence of those deficiencies. ODO noted one instance where the facility initiated immediate corrective action during this follow-up inspection. ODO recommends ERO continue to work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

the facility has established to track such actions." See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(C)(1).

²¹ "If the grievance is resolved at this informal level, the individual who resolved the issue shall document the circumstances and resolution in the detainee's detention file and in the facility's grievance log." See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(C)(1).

²² "The facility may not impose a time limit on when a detainee may submit a formal grievance." See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(C)(3).

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2023 Follow-Up Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	25	18
Deficient Standards	4	5
Overall Number of Deficiencies	15	16
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	2
Areas Of Concern	0	0
Corrective Actions	0	1
Facility Rating	Superior	N/A