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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
2024-001-282

Enforcement and Removal Operations
ERO El Paso Field Office

El Paso Service Processing Center
El Paso, Texas

February 13-15, 2024

COMPLIANCE INSPECTION
of the
EL PASO SERVICE PROCESSING CENTER
El Paso, Texas

TABLE OF CONTENTS

FACILITY OVERVIEW 4

COMPLIANCE INSPECTION PROCESS 5

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES..6

DETAINEE RELATIONS 7

COMPLIANCE INSPECTION FINDINGS 7

SAFETY 7
ENVIRONMENTAL HEALTH AND SAFETY 7

SECURITY 7
USE OF FORCE AND RESTRAINTS 7

CARE 8
FOOD SERVICE 8
MEDICAL CARE...8
SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION 8

CONCLUSION 9

COMPLIANCE INSPECTION TEAM MEMBERS

Name	Title	Organization
	Team Lead	ODO
	Senior Inspections and Compliance Specialist	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 compliance inspection of the El Paso Service Processing Center (EPSPC) in El Paso, Texas, from February 13 to 15, 2024.[1] The facility opened in 1966 and is owned by ICE and operated by Paragon Professional Services. 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 in El Paso (ERO El Paso). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

The AFOD handles daily facility operations and manages support personnel. Paragon Professional Services provides food services, United States Public Health Service provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in September 2020 and the American Correctional Association in January 2023. In December 2019, 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]	
Average ICE Population[3]	
Adult Male Population (as of February 13, 2024)	
Adult Female Population (as of February 13, 2024)	

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 Custody Management Division Authorized Facility List as of February 12, 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	1
Sub-Total	**1**
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Population Counts	0
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	2
Sub-Total	**2**
Part 4 - Care	
Food Service	1
Hunger Strikes	0
Medical Care	3
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	3
Sub-Total	**7**
Part 5 - Activities	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Religious Practices	0
Telephone Access	0
Sub-Total	**0**
Part 6 - Justice	
Grievance System	0
Law Libraries and Legal Material	0

[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.

Sub-Total	**0**
Part 7 - Administration and Management	
Detention Files	0
Detainee Transfers	0
Sub-Total	**0**
Total Deficiencies	**10**

DETAINEE RELATIONS

ODO interviewed 34 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO toured the facility, reviewed weekly emergency power generator and quarterly load test inspection reports, and found the facility last conducted a quarterly load test of emergency power generators on May 22, 2023 **(Deficiency EHS-27[7])**. **This is a repeat deficiency**.

SECURITY

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed 10 UOF files and found in 8 out of 10 files, the facility's after-action review team (AART) did not include the facility administrator **(Deficiency UOFR-154[8])**.

ODO reviewed 10 UOF files and found in 4 out of 10 files, the AART convened between 6 and 12 days following the incident to conduct the after-action review **(Deficiency UOFR-155[9])**.

[7] "Power generators are to be inspected weekly and load-tested quarterly at a minimum, or in accordance with the manufacturer's recommendations and instruction manual." *See* ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(A)(6).
[8] "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).
[9] "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).

CARE

FOOD SERVICE (FS)

ODO interviewed the food service administrator (FSA), reviewed the FS department's refrigeration/freezer temperature logs and found the FSA had not established a site-specific schedule nor conducted temperature checks of 2 food storage freezers located outside the FS department since the installation date of October 19, 2023, **Deficiency FS-421[10])**.

MEDICAL CARE (MC)

ODO reviewed ██ detainee medical records and found in █ out of ██ records, no documented informed consent for the provision of health care services **(Deficiency MC-238[11])**.

ODO reviewed ███ medical records of detainees receiving psychotropic medications and found in ██ out of ███ records, no informed consent signed by the detainee **(Deficiency MC-241[12])**.

ODO reviewed the peer reviews of ██ independently licensed medical professional and found in █ out of ██ reviews, no annual peer reviews. Specifically, the peer review of a nurse practitioner was 1 year and 9 months overdue; the peer review of a dentist was 21 days overdue; and the peer review of a physician was 23 days overdue **(Deficiency MC-292[13])**.

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

ODO interviewed the health services administrator, reviewed the facility's SSHSPI policy and protocols and the records of four detainees who attempted suicide during the inspection period, and found the following deficiencies:

- No multidisciplinary suicide prevention committee comprising of representatives from custody, mental health, and medical staff **(Deficiency SSHSPI-3[14])**;
- No quarterly meetings conducted to provide input regarding all aspects of the facility's suicide prevention and intervention program, including suicide prevention policies and staff training **(Deficiency SSHSPI-4[15])**; and

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[10] "Refrigeration/freezer equipment (walk-in units): site-specific schedule, established by the FSA." *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(13)(c).
[11] "Upon admission at the facility, documented informed consent shall be obtained for the provision of health care services." *See* ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(AA)(1).
[12] "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication's side effects, shall be obtained." *See* ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(AA)(4).
[13] "Reviews shall be conducted at least annually." *See* ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(EE)(3).
[14] "The multidisciplinary suicide prevention committee shall, at a minimum, comprise representatives from custody, mental health, and medical staff." *See* ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V).
[15] "The committee shall meet on at least a quarterly basis to provide input regarding all aspects of the facility's suicide

- No multidisciplinary suicide prevention committee convening following four suicide attempts to review and, if necessary, assist in the implementation of corrective actions **(Deficiency SSHSPI-5[16])**.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 26 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 21 of those standards. ODO found 10 deficiencies in the remaining 5 standards. Since EPSPC's last full inspection in March 2023, the facility's compliance with the ICE PBNDS 2011 (Revised 2016) has trended upward. EPSPC went from 4 deficient standards and 15 deficiencies in March 2023 to 5 deficient standards and 10 deficiencies during this most recent full inspection, with 1 deficiency being a repeat deficiency for no quarterly testing of generators. The facility's improved performance was likely a result of completing a uniform corrective action plan for their last full inspection in March 2023; however, the corrective action in EHS was insufficient to prevent a repeat of this deficiency. ODO recommends ERO El Paso continue to work with the facility to resolve the 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	25	26
Deficient Standards	4	5
Overall Number of Deficiencies	15	10
Priority Component Deficiencies	1	0
Repeat Deficiencies	0	1
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Good[17]

prevention and intervention program, including suicide prevention policies and staff training." *See* ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V).

[16] "The committee shall convene following any suicide attempt to review and, if necessary, assist in the implementation of corrective actions." *See* ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V).

[17] 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.