



**U.S. Department of Homeland Security**  
U.S. Immigration and Customs Enforcement  
Office of Professional Responsibility  
Inspections and Detention Oversight Division  
Washington, DC 20536-5501

---

Office of Detention Oversight  
Contingency Compliance Inspection

Enforcement and Removal Operations  
ERO EL Paso Field Office

El Paso Service Processing Center  
El Paso, Texas

June 1-4, 2020

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

**TABLE OF CONTENTS**

<b>FACILITY OVERVIEW .....</b>	<b>4</b>
<b>COMPLIANCE INSPECTION PROCESS .....</b>	<b>5</b>
<b>FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES.....</b>	<b>6</b>
<b>DETAINEE RELATIONS .....</b>	<b>7</b>
<b>COMPLIANCE INSPECTION FINDINGS .....</b>	<b>9</b>
<b>SECURITY .....</b>	<b>9</b>
Admission and Release .....	9
Funds and Personal Property .....	9
Staff-Detainee Communication .....	9
Use of Force and Restraints .....	9
<b>CONCLUSION .....</b>	<b>10</b>



## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
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 contingency compliance inspection of the El Paso Service Processing Center (ESPC) in El Paso, Texas, from June 1-4, 2020.<sup>1</sup> The facility opened in 1996 and is owned and operated by the ICE Office of Enforcement and Removal Operations (ERO). ICE ERO began housing detainees at ESPC in 1996 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).

ERO has assigned Deportation Officers (DOs) and a Detention Services Manager (DSM) to the facility. An Officer in Charge handles daily facility operations and is supported by █ personnel. Global Precision Systems, LLC provides food services, ICE Health Service Corps (IHSC) provides medical care, and Dooley Services provides commissary services at the facility. The facility is accredited by the American Correctional Association – January 2019, and the National Commission on Correctional Health Care – November 2019.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	840
Average ICE Detainee Population <sup>3</sup>	712
Male Detainee Population (as of 6/1/2020)	282
Female Detainee Population (as of 6/1/2020)	119

During its last inspection, in FY 2019, ODO found 10 deficiencies in the following areas: Admission and Release (1); Custody Classification System (2); Funds and Personal Property (1); Use of Force and Restraints (2); Food Service (1); Medical Care (1); Disability Identification, Assessment, and Accommodation (1); and Law Libraries and Legal Material (1).

---

<sup>1</sup> This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods longer than 72 hours.

<sup>2</sup> Data Source: ERO Facility List Report as of May 18, 2020.

<sup>3</sup> *Ibid.*

## 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 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.<sup>4</sup>

ODO identifies violations of 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 in which 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.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

---

<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES

PBNDs 2011 Standards Inspected <sup>5</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 – Security</b>	
Admission and Release	1
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	1
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	1
Use of Force and Restraints	2
<b>Sub-Total</b>	<b>5</b>
<b>Part 4 – Care</b>	
Food Service	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 5 – Activities</b>	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Grievance Systems	0
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>5</b>

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

## DETAINEE RELATIONS

ODO interviewed 14 detainees via telephone, 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.

*Significant Self-harm and Suicide Prevention and Intervention:* One detainee stated she had anxiety issues, mood swings, and wanted to be in a cell by herself because she was afraid, she might hurt someone. She also stated she asked facility staff to move her to segregation; however, the facility has not responded to the request.

- **Action Taken:** During this contingency inspection, the facility responded with the following: The detainee was evaluated by Behavioral Health Provider (BHP) on June 01, 2020. The BHP referred her to the Psychiatric Mental Health Nurse Practitioner for medication administration and was scheduled for June 3, 2020, appointment. During her evaluation with the BHP, she denied all thoughts of harming herself or others.

*Food Service:* Four female detainees stated their lunch and dinner meals were bad, the meals were the same for the past two months, and the facility served mash potatoes and rice daily. Also, the green beans were over-cooked, the turkey was very dry, and the meat/meatloaf had a funny smell.

- **Action Taken:** During this contingency inspection, the facility responded with the following: GPS will investigate a better selection of starches to be served with each meal. The vegetables served were canned items; however, GPS will check into reducing cooking times for the beans. The facility followed a menu that was certified by a Dietitian. ODO observed handwritten meals added to the menu and learned from GPS the handwritten meals were excess products the Fort Bliss military base provided to the facility.

*Environmental Health and Safety:* Six female detainees stated they believed the facility was not following guidelines for the safe custody of detainees during the COVID-19 pandemic, and on at least two occasions, placed newly arriving detainees in their housing units without first being quarantined for 14 days. The detainees indicated they had pre-existing medical conditions and were concerned for their health due to COVID-19.

- **Action Taken:** During this contingency inspection, the facility responded with the following: IHSC medical staff follows the guidelines set by IHSC and the Center for Disease and Control and Prevention (CDC) for the quarantine of detainees.

*Medical Care:* One detainee stated she has a thyroid problem, was prescribed Prolactin for it, which she needs, and medical staff told her they do not have the medication.

- **Action Taken:** During this contingency inspection, the facility responded with the following: The detainee is provided Levothyroxine, 50 mcg daily, for her thyroid problem. She was diagnosed with hyperprolactinemia and is receiving treatment for that medical condition. She saw a medical provider on May 28, 2020, for her condition at which time the medical provider explained the treatment plan to her. Facility medical staff did not prescribe Prolactin. She verbalized understanding all instructions that were given.

*Medical Care:* One male detainee stated he felt he was HIV positive and wanted to be tested, which he stated he told the medical doctor during his medical screening on May 29, 2020. He also stated medical staff informed him they would call him to the medical unit on June, 1, 2020, for testing but was never called to the medical unit.

- Action Taken: During this contingency inspection, the facility responded with the following: The detainee arrived on May 2, 2020, at which time the intake screening was done and a history of being transgender was identified. The detainee was referred to a mental health provider for further evaluation and treatment. Facility medical staff completed a physical exam on May 29, 2020, ordered bloodwork for tests, which included an HIV test, for June 2, 2020. Facility medical staff drew blood for the orderd tests on June 2, 2020 and transmitted to LabCorp for evaluation.

*Medical Care:* One male detainee stated he had kidney problems and needed his medication. The detainee also stated he experienced dizziness every day and needed medical treatment.

- Action Taken: During this contingency inspection, the facility responded with the following: The detainee was a new arrival on May 30, 2020. The Advanced Practice Practitioner (APP) completed his physical examination on the same day. The detainee reported issues of asthma and vertigo, with more than 10 years since his last reported episode. The detainee did not report any other issues during his evaluation. Facility medical staff scheduled him for a follow-up appointment in July 2020. The AFOD forwarded the detainees concerns regarding his kidneys and dizziness to the medical staff, in which medical responded with what is included in the “Action Taken” and the APP was notified.

*Detainee Grievance:* Three male detainees stated they did not know how to file a detainee request or grievance.

- Action Taken: During this contingency inspection, the facility responded with the following: The facility provided each detainee another copy of the local detainee handbook and discussed the procedures for submitting a request or grievance. ODO verified each detainee had previously received an intake form, EPC-PBND-0077 where each detainee signed for receiving the facility detainee handbook during their orientation to the facility.



# COMPLIANCE INSPECTION FINDINGS

## SECURITY

### ADMISSION AND RELEASE (A&R)

ODO reviewed the orientation video and confirmed it did not include all areas required by the standard (**Deficiency AR-1<sup>6</sup>**). Specifically, the video did not provide information for Sexual Abuse and Assault Prevention and Intervention Program treatment and counseling; nor instructions on how the detainee can file formal complaints with the Department of Homeland Security Office of the Inspector General.

### FUNDS AND PERSONAL PROPERTY (F&PP)

ODO's review of the detainee handbook found it did not notify detainees, that upon request, they shall be provided with a certified copy of any identity document (**Deficiency FPP-1<sup>7</sup>**).

*Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action by the staff provided a completed copy of the addendum to ODO for inclusion in the handbook and reported it was posted in all housing units. The electronic copy of the handbook was updated, and future copies issued to the detainees will contain the update according to the compliance manager (**C-1**).

### STAFF-DETAINEE COMMUNICATION (SDC)

The facility detainee handbook did not include the contact information and the scheduled hours and days of availability for ERO El Paso (**Deficiency SDC-1<sup>8</sup>**). ODO requested the facility to provide pictures for verification purposes; however, this information was not provided and as a result, ODO was unable to verify if the contact information was posted in the housing units.

### USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed the audio-visual recording of the calculated UOF incident and interviewed the Supervisory Detention and Deportation Officer, in which ODO found confrontation avoidance

---

<sup>6</sup> "At SPC's, CDFs, and dedicated IGSA's, the facility administrator shall produce an orientation video that covers the required topics listed below and shall screen it for every detainee.

The orientation shall include the following information: ...

8d. treatment and counseling...

12. how the detainee can file formal complaints with the DHS Office of the Inspector General (OIG)." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(F). **This is a Repeat Deficiency.**

<sup>7</sup> "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures related to personal property, including: ...

2. 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."

See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(C)(2).

<sup>8</sup> "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).

procedures were not audio-visually recorded or initiated (**Deficiency UOF&R-1**<sup>9</sup>).

ODO reviewed the audio-visual recording of the calculated UOF incident and found it did not include an introduction by the team leader, identification of team members nor a debrief of the incident (**Deficiency UOF&R-2**<sup>10</sup>).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 20 standards under PBNDS 2011 and found the facility in compliance with 16 of those standards. ODO found five deficiencies in the remaining four standards. ODO commended facility staff for their responsiveness during this contingency inspection and noted there was one instance where staff initiated immediate corrective action during the inspection.

Although there were no deficiencies in the Custody Classification System standard, ODO cited an **Area of Concern**: A review of the detainee roster found five detainees were correctly classified as medium-high and high, and were housed with high and medium-high detainees but were incorrectly listed as low or medium-low in the Immigration and Enforcement Operational Records System. ODO reviewed the detainee files and verified they were classified and housed appropriately; however, the classification level could not be corrected in the records system.

ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

---

<sup>9</sup> "Before authorizing the calculated use of force, the on-site ranking detention official, a designated health professional and others as appropriate shall assess the situation. Taking into account the detainee's history and the circumstances of the immediate situation, they shall determine the appropriateness of using force.

The conferring staff may consider in their assessment the detainee's medical/mental history, recent incident reports involving the detainee, if any, and emotional shocks or traumas that may be contributing to the detainee's state of mind (e.g., a pending criminal prosecution or sentencing, divorce, illness, death).

Interviewing staff familiar with the detainee might yield insight into the detainee's current agitation or even pinpoint the immediate cause. Such interviews may also help identify those who have established rapport with the detainee or whose personalities suggest they might be able to reason with the detainee." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I)(1). **This is a Priority Component.**

<sup>10</sup> "Calculated use-of-force incidents shall be audio visually-recorded in the following order:

a. Introduction by team leader stating facility name, location, time, date, etc., describing the incident that led to the calculated use of force, and naming the audiovisual camera operator and other staff present.

b. Faces of all team members shall briefly appear [REDACTED] one at a time, identified by name and title.

f. Debrief the incident with a full discussion/analysis/assessment of the incident." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I)(2)(a, b, f). **This is a Priority Component.**

<b>Compliance Inspection Results Compared</b>	<b>FY 2019 (PBNS 2011)</b>	<b>FY 2020 (PBNS 2011)</b>
Standards Reviewed	18	20
Deficient Standards	8	4
Overall Number of Deficiencies	10	5
Deficient Priority Components	0	2
Repeat Deficiencies	0	1
Corrective Actions	0	1