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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
2023-001-114**

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

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

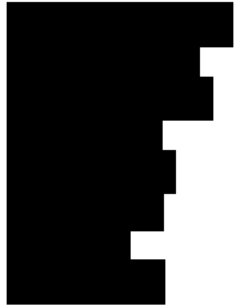
March 28-30, 2023

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	8
SAFETY.....	8
ENVIRONMENTAL HEALTH AND SAFETY	8
CARE	10
FOOD SERVICE	10
MEDICAL CARE.....	10
ACTIVITIES	11
RECREATION	11
CONCLUSION	11

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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 El Paso Service Processing Center (EPSPC) in El Paso, Texas, from March 28 to 30, 2023.¹ 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 in El Paso (ERO El Paso). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has deportation officers and a detention service manager assigned full-time to the facility and they are on-site daily, Monday through Friday, from 8:00 am to 4:30 pm. An Assistant Field Office Director 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 2019 and the National Commission on Correctional Health Care in November 2019. 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	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of March 28, 2023)	[REDACTED]
Adult Female Population (as of March 28, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2022, ODO found five deficiencies in the following areas: Environmental Health and Safety (1); Personal Hygiene (2); and Trips for Non-Medical Emergencies (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 March 27, 2023.

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. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.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	6
Transportation (by Land)	0
Sub-Total	6
Part 2 - Security	
Admission and Release	0
Custody and Classification System	0
Contraband	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Key and Lock Control	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Tool Control	0
Use of Force and Restraints	0
Sub-Total	0
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	5
Medical Care	2
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	7
Part 5 - Activities	

⁵ For greater detail on ODO's findings, see the *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.

Correspondence and Other Mail	0
Recreation	2
Visitation	0
Sub-Total	2
Part 6 - Justice	
Detainee Handbook	0
Sub-Total	0
Part 7 - Administration and Management	
Staff Training	0
Sub-Total	0
Total Deficiencies	15

DETAINEE RELATIONS

ODO interviewed 35 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.

Food Service: One detainee stated he needs a special diet for hypertension and diabetes and the facility has not provided him with the requested diet.

- Action Taken: ODO spoke with medical and food service staff, reviewed the detainee's detention and medical files, and confirmed facility medical staff diagnosed him with diabetes and hypertension but no need for a specialized diet. However, at the detainee's request, the staff placed him on a heart healthy diet.

Medical Care: One detainee stated the facility provides only pain medication for her breast cysts and no additional treatment.

- Action Taken: ODO interviewed the facility medical staff, reviewed the detainee's medical file, and confirmed the detainee's history of breast pain. During a scheduled exam on December 28, 2022, a monogram revealed calcification deposits in her breasts, but they appeared to be benign. An ultrasound confirmed multiple cysts, thought by the staff to also be benign, during a medical exam on January 16, 2023. On January 18, 2023, facility medical staff discussed the ultrasound results with the detainee, and recommended to pursue follow-up options and to sign a release of information to receive copies of medical records upon release. On February 25, 2023, a facility doctor informed the detainee the MRI results were normal, noted her breast pain as under control, prescribed naproxen and acetaminophen tablets, and advised the detainee to follow up with facility medical staff as needed.

Medical Care: One detainee stated he received his medication for high blood pressure on March 4, 2023, but no medication for his cholesterol.

- Action Taken: ODO interviewed medical staff, reviewed the detainee’s medical record, and found a facility provider examined the detainee on March 4, 2023, found his blood pressure to be normal, and prescribed rosuvastatin calcium tablets for his cholesterol. ODO confirmed the detainee did not receive any prescribed medication for high blood pressure. On March 18, 2023, a facility provider reviewed the lab results with the detainee and decreased his cholesterol medication dosage from 20 mg to 10 mg. The provider also informed the detainee his blood pressure was normal and needed no additional medication. The detainee received his new prescription at the 10 mg dosage.

Staff-Detainee Communication: One detainee stated he was unable to complete the asylum application because he did not speak nor read English.

- Action Taken: At ODO’s request, ERO El Paso and facility staff assisted the detainee in completing the asylum application via a Haitian Creole translator on March 29, 2023.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the safety manager, toured all areas of the facility, to include 14 housing units, and observed discolored and stained grout, caulk, and soap scum in four out of seven showers and five out of five sinks in Unit 7D; five out of six sinks and three out of six toilets in Unit 8C; five out of six sinks in Unit 8B; three out of six sinks and three out of eight toilets in Unit 8A; and one out of five sinks in Barracks 6 (**Deficiency EHS-11**⁷).

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 on the emergency power generators on June 28, 2022 (**Deficiency EHS-27**⁸).

⁷ “The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness. When possible, the use of non-toxic cleaning supplies is recommended.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(A)(3).

⁸ “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).

ODO toured the facility, reviewed quarterly emergency power generator, load-test inspection reports, and found no quarterly testing of the generator and no follow-up repairs or replacements. Specifically, the maintenance supervisor informed ODO, facility staff did not regularly check the safety systems/devices and documented the last inspection on June 28, 2022 (**Deficiency EHS-29⁹**).

ODO toured all areas of the facility, and found facility staff did not maintain a current inventory of the hazardous substances (flammable, toxic, or caustic) used and stored in every area. Specifically, ODO found in 10 out of 28 flammable chemical inventories, inaccurate inventory counts. After reviewing the chemical inventory forms, ODO found: evaporation foam-no rinse had an inventory value of 11 cans while the actual inventory listed 2 cans; Leak Detector had an inventory value of 2 cans and an actual inventory of zero cans; Thread Lock had an inventory value of 2 bottles and an actual inventory of 3 bottles; White Lithium Grease had an inventory value of 3 cans and an actual inventory of 2 cans; WD-40 Multi-Use Lubricant had an inventory value of 1 can and an actual inventory of 2 cans; Houdini 4-Way Lock had an inventory value of 6 cans and an actual inventory of zero cans; Tel-X Plus had an inventory value of 12 cans and an actual inventory of 13 cans; Foam Can had an inventory value of 3 cans and an actual inventory of zero cans; Zoom All Purpose had an inventory value of 7 bottles and an actual inventory of 6 bottles; and Valvoline 10W-30 motor oil had an inventory value of 5 bottles and an actual inventory of 3 bottles (**Deficiency EHS-39¹⁰**).

ODO toured the facility, inspected the chemical accountability files in the flammable chemical storage building, and found no cards filed alphabetically by substance in the second of the three storage rooms (**Deficiency EHS-41¹¹**).

ODO toured the facility and inspected the chemical accountability files in the flammable chemical storage building and found no relevant data, to include purchase dates and quantities and quantities on hand in the chemical accountability file entries, for all chemicals in the second of the three storage rooms (**Deficiency EHS-42¹²**).

⁹ “Other emergency equipment and systems shall be tested quarterly, and all necessary follow-up repairs or replacement shall be performed as soon as feasible.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(A)(6).

¹⁰ “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).

¹¹ “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).

¹² “The entries shall contain relevant data, including purchase dates and quantities, use dates and quantities and quantities on hand.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(B)(3).

CARE

FOOD SERVICE (FS)

ODO toured the facility FS areas and observed carbon and food build-up, stains, and debris on the following FS equipment: six out of six food carts; three out of three roasting pans; and two out of two sauté pans (**Deficiency FS-340**¹³).

ODO toured the facility FS areas and found the following deficiencies:

- ODO observed 33, 4-inch-deep hotel pans stacked wet on a drying rack that did not allow for air-drying (**Deficiency FS-374**¹⁴);
- Two out of two meat slicers did not have anti-restart devices installed (**Deficiency FS-402**¹⁵); and
- No current, semiannual inspection of the fire suppression system by a qualified contractor. Specifically, the contractor recorded the last inspection in July 2022 (**Deficiency FS-407**¹⁶).

ODO inspected the control room's annunciator panel, and found an improperly connected audible alarm of the fire-suppression system to the control room's annunciator panel. Specifically, an error message flashed on the control room's annunciator panel, indicating an inoperable or malfunctioning fire-suppression system (**Deficiency FS-408**¹⁷);

MEDICAL CARE (MC)

ODO observed staff conducting an initial medical intake screening interview of a detainee in the health services department and medical staff conducted the screening in a room with the door wide

¹³ "Upkeep of equipment surfaces shall contribute to cleanliness and sanitation." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(7)(c)(2).

¹⁴ "Air-dry all equipment and utensils after sanitizing, by means of drain boards, mobile dish tables and/or carts." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(7)(g)(3)(d)(ii).

¹⁵ "Meat saws, slicers and grinders shall be equipped with anti-restart devices." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(12)(c)(4).

¹⁶ "An approved, fixed fire-suppression system shall be installed in ventilation hoods over all grills, deep fryers, and open flame devices. A qualified contractor shall inspect the system every six months. The fire-suppression system shall be equipped with a locally audible alarm and connected to the control room's annunciator panel." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(12)(f).

¹⁷ "An approved, fixed fire-suppression system shall be installed in ventilation hoods over all grills, deep fryers and open flame devices. A qualified contractor shall inspect the system every six months. The fire-suppression system shall be equipped with a locally audible alarm and connected to the control room's annunciator panel." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(12)(f).

open and the detainee within view of facility staff and other detainees (**Deficiency MC-117¹⁸**).

ODO reviewed 25 medical files of detainees involuntarily given psychotropic medication and found in 2 out of 25 files, staff did not comply with established guidelines and applicable laws and did not administer the medication pursuant to the specific, written, and detailed authorization of a physician. Specifically, ODO found in one file, the registered nurse (RN) documented orders for the administration of psychotropic medications from a physician but failed to indicate the name of the physician, nor did the physician co-sign the file. In the second file, the RN listed the name of the physician who ordered the medication, but the physician did not review nor co-sign the file (**Deficiency MC-164¹⁹**). **This is a priority component.**

ACTIVITIES

RECREATION (R)

ODO interviewed facility staff, reviewed the facility detainee handbook and recreation schedules, and found detainees do not have access at least 4 hours a day, 7 days a week to outdoor recreation. The facility currently provides at least 2 hours a day (**Deficiency R-6²⁰**).

ODO interviewed the facility staff and found no wireless headsets for television viewing, with access to appropriate language stations or choices (**Deficiency R-31²¹**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 25 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 21 of those standards. ODO found 15 deficiencies in the remaining 4 standards. Since ESPC's last full inspection in October 2021, the facility has trended down. ESPC went from 3 deficient standards and 5 deficiencies in October 2021 to 4 deficient standards and 15 deficiencies during the most recent inspection, which includes a priority component deficiency for the proper administration of psychotropic medications. ODO did not review the Recreation standard during the October 2021 inspection as it was not an FY

¹⁸ "Initial screenings shall be conducted in settings that respect detainees' privacy and include observation and interview questions related to the detainee's potential suicide risk and mental health. For further information, see standard '4.6 Significant Self-harm and Suicide Prevention and Intervention.'" See ICE PBNDS 2011, Standard, Medical Care, Section (Revised 2016) (V)(J).

¹⁹ "Initial screenings shall be conducted in settings that respect detainees' privacy and include observation and interview questions related to the detainee's potential suicide risk and mental health. For further information, see standard '4.6 Significant Self-harm and Suicide Prevention and Intervention.'" See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(O)(6).

²⁰ "Detainees in the general population shall have access at least four hours a day, seven days a week to outdoor recreation, weather and scheduling permitted." See ICE PBNDS 2011 (Revised 2016), Standard, Recreation, Section (V)(B).

²¹ "Detainees shall be provided FM wireless headsets for television viewing, with access to appropriate language stations or choices." See ICE PBNDS 2011(Revised 2016), Standard, Recreation, Section (V)(D)(11).

2022 core standard, and this standard accounted for 2 out of the 15 deficiencies. ERO El Paso provided ODO with the uniform corrective action plan (UCAP) for ODO’s last full inspection of ESPC on April 21, 2022, and with no repeat deficiencies cited, the UCAP was effective. ODO recommends ERO continue to work with the facility to resolve the remaining deficiencies in accordance with the contractual obligations.

Compliance Inspection Results Compared	FY 2022 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	25	25
Deficient Standards	3	4
Overall Number of Deficiencies	5	15
Priority Component Deficiencies	1	1
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Superior