



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

**Office of Detention Oversight
Compliance Inspection**

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

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

October 19-21, 2021

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

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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 compliance inspection of the El Paso Service Processing Center (EPSPC) in El Paso, Texas, from October 19 to 21, 2021.¹ The facility opened in 1966 and is owned and operated by the ICE Office of Enforcement and Removal Operations (ERO). ICE 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 assigned deportation officers and a detention services manager to the facility. An officer in charge handles daily facility operations and manages [REDACTED] support personnel. Global Precision Systems, LLC provides food services, ICE Health Service Corps provides medical care, and Dooley Services provides commissary services at the facility. The facility was accredited by the American Correctional Association and the National Commission on Correctional Health Care in 2019. In December 2019, EPSPC was audited by 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 September 27, 2021) | [REDACTED] |
| Adult Female Population (as of September 27, 2021) | [REDACTED] |

During its last inspection, in Fiscal Year (FY) 2021, ODO found four deficiencies in the following areas: Environmental Health and Safety (1); Hunger Strikes (1); Medical Care (1); and Significant Self-Harm and Suicide Prevention and Intervention (1).

¹ This facility holds both 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 September 27, 2021.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, 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 (PBNDS) 2011 MAJOR CATEGORIES

| PBNDS 2011 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 |
| Searches of Detainees | 0 |
| Sexual Abuse and Assault Prevention and Intervention | 0 |
| Special Management Units | 0 |
| Use of Force and Restraints | 0 |
| Custody Classification System | 0 |
| Facility Security and Control | 0 |
| Funds and Personal Property | 0 |
| Post Orders | 0 |
| Sub-Total | 0 |
| Part 4 - Care | |
| Food Service | 0 |
| Hunger Strikes | 0 |
| Medical Care | 0 |
| Medical Care (Women) | 0 |
| Personal Hygiene | 2 |
| Significant Self-harm and Suicide Prevention and Intervention | 0 |
| Sub-Total | 2 |
| Part 5 - Activities | |
| Correspondence and Other Mail | 0 |
| Trips for Non-Medical Emergencies | 2 |
| Marriage Requests | 0 |
| Voluntary Work Program | 0 |
| Sub-Total | 2 |
| Part 6 - Justice | |
| Grievance System | 0 |
| Legal Rights Group Presentations | 0 |
| Sub-Total | 0 |
| Part 7 - Administration and Management | |

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.

| | |
|---------------------------|----------|
| Detention Files | 0 |
| Detainee Transfers | 0 |
| Sub-Total | 0 |
| Total Deficiencies | 5 |

DETAINEE RELATIONS

ODO interviewed 21 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, nor abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

Admission and Release: Two detainees stated they did not receive the site-specific detainee handbook upon admission to the facility.

- Action Taken: ODO reviewed the detention files of each detainee and found signed acknowledgements from each detainee, which indicated their receipt of the site-specific detainee handbook. On October 20, 2021, at the request of ODO, EPSPC reissued to the detainees the site-specific detainee handbook in the language of their choice.

Food Service: Five detainees stated the facility's food portion sizes for all meals were too small.

- Action Taken: ODO interviewed the food service administrator, reviewed the 35-day regular menu, and found a registered dietician approved the menu for nutritional value and portion sizes. ODO also observed the serving of a lunch meal during the week of the inspection and confirmed the facility's food service staff served portions as specified by the approved menu.

Medical Care: One detainee stated he has yet to see a doctor after submitting a medical request over a month ago due to a herniated disc and the need for a better mattress.

- Action Taken: ODO interviewed the health services administrator (HSA) and reviewed the detainee's medical record, which noted the detainee's report of herniation of the L2 and L3 vertebrae during his initial physical assessment. Medical staff also examined the detainee on several other occasions for other medical issues, but ODO found no mention by the detainee of pain related to the herniation nor a request for a mattress. On October 22, 2021, ODO confirmed the nurse practitioner (NP) scheduled the detainee an appointment with the provider for x-rays, a thorough evaluation, and a treatment plan, if needed.

Medical Care: One detainee stated there has not been any improvement with his toenail fungus on both feet after two visits with the facility's medical staff.

- Action Taken: ODO interviewed the HSA, reviewed the detainee's medical record, and found medical staff examined the detainee twice during sick call for back pain and noted no mention by the detainee of toenail fungus. On October 20, 2021, the NP

examined the detainee for toenail fungus and informed him the fungus treatment would take 8-to-12-weeks to complete. At that time, the detainee stated he would delay treatment until he knew the results of his court appearance and transfer request to another facility. The NP advised the detainee to follow-up at sick call as needed.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the health and safety officer and found the facility's maintenance (safety) staff did not conduct monthly inspections. Specifically, the staff conducted its last inspection in July 2021 (**Deficiency EHS-102⁷**). **This is a repeat deficiency.**

CARE

PERSONAL HYGIENE (PH)

ODO interviewed EPSPC's project manager and found the facility does not periodically measure nor document water temperature in the daily log (**Deficiency PH-40⁸**).

ODO inspected the laundry facility and found the facility did not post washing and drying policies and procedures in the washing area (**Deficiency PH-63⁹**).

ACTIVITIES

TRIPS FOR NON-MEDICAL EMERGENCIES (TNME)

ODO reviewed EPSPC's policies and procedures, interviewed the supervisory deportation and detention officer (SDDO), and found the responsible transporting officer did not report unexpected developments directly to the Control Center as required by the standard. Instead, the responsible transporting officer reported the unexpected developments directly to highest-ranking supervisor (**Deficiency TNME-22¹⁰**).

ODO reviewed the EPSPC's policy and procedures, interviewed the SDDO, and found the Control Center staff did not relay the information to the highest-ranking supervisor on duty, who would issue instructions for completion of the trip. Instead, the responsible transporting officer relayed

⁷ "Facility maintenance (safety) staff shall conduct monthly inspections." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(2)(b).

⁸ "Inspections of housing units shall periodically measure and document water temperature in the daily log." See ICE PBNDS 2011 (Revised 2016), Standard, Personal Hygiene, Section (V)(E).

⁹ "Any washing and drying policies and procedures shall be posted in the washing area and shall be included in the detainee handbook." See ICE PBNDS 2011 (Revised 2016), Standard, Personal Hygiene, Section (V)(H).

¹⁰ "The responsible transporting officer shall report unexpected developments to the Control Center at the originating facility." See ICE PBNDS 2011 (Revised 2016), Standard, Trips for Non-Medical Emergencies, Section (V)(F)(5).

the information directly to the highest-ranking supervisor on duty (**Deficiency TNME-23¹¹**).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 25 standards under PBNDS 2011 and found the facility in compliance with 22 of those standards. ODO found five deficiencies in the remaining three standards. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ERO provided ODO with the uniform corrective action plan for ODO’s last inspection of ESPC on June 7, 2021.

| Compliance Inspection Results Compared | FY 2021 (PBNDS 2011) (Revised 2016) | FY 2022 (PBNDS 2011) (Revised 2016) |
|---|--|--|
| Standards Reviewed | 13 | 25 |
| Deficient Standards | 4 | 3 |
| Overall Number of Deficiencies | 4 | 5 |
| Repeat Deficiencies | 0 | 1 |
| Areas Of Concern | 1 | 0 |
| Corrective Actions | 0 | 0 |
| Facility Rating | N/A | Superior |

¹¹ “The Control Center staff shall relay the information to the highest-ranking supervisor on duty, who shall issue instructions for completion of the trip.” See ICE PBNDS 2011 (Revised 2016), Standard, Trips for Non-Medical Emergencies, Section (V)(F)(5).