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Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight Division

Washington, DC 20536-5501

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**Office of Detention Oversight  
Compliance Inspection**

**Enforcement and Removal Operations**

**ERO El Paso Field Office**

**El Paso Service Processing Center**

**El Paso, TX**

**March 15–17, 2016**

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

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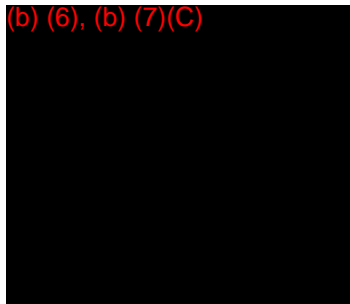
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**INSPECTION TEAM MEMBERS**



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## EXECUTIVE SUMMARY

The Office of Detention Oversight (ODO) conducted a compliance inspection of the El Paso Service Processing Center (EPSPC) in El Paso, Texas, from March 15 to 17, 2016.<sup>1</sup> EPSPC opened in 1967 and is owned by U.S. Immigrations and Customs Enforcement (ICE) and operated by Global Precision Systems (GPS). The Office of Enforcement and Removal Operations (ERO) began housing detainees at EPSPC in 1967 pursuant to an Intergovernmental Service Agreement (IGSA), under the oversight of ERO’s Field Office Director (FOD) in El Paso.

ERO staff members are assigned to the facility. A Detention Services Manager is assigned to the facility. An Assistant Field Office Director (AFOD) is responsible for oversight of daily facility operations and is supported by (b) personnel. ICE Health Services Corps (IHSC) provides medical service and GPS provides food service. The facility holds accreditations with the American Correctional Association and the National Commission on Correctional Health Care.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	840
Average ICE Detainee Population <sup>3</sup>	808
Male Detainee Population (as of 03/15/2016)	599
Female Detainee Population (as of 03/15/2016)	205

### OVERALL FINDINGS

In March 2012, ODO conducted an inspection of the EPSPC under the Performance-Based National Detention Standards (PBNDS) 2008. ODO reviewed the facility’s compliance with 15 standards and found the facility compliant with nine standards. ODO found 12 deficiencies in the remaining six standards.

Inspection Results Compared	FY 2012 (PBNDS 2008)	FY2016 (PBNDS 2011)
Standards Reviewed	15	17
Deficient Standards	6	8
Overall Number of Deficiencies	12	15
Deficient Priority Components	0	3
Corrective Actions Initiated	0	13

In FY2016, ODO conducted its inspection of the EPSPC under the Performance- Based National Detention Standards (PBNDS) 2011. ODO reviewed the facility’s compliance with 17 standards and found the facility compliant with nine standards. ODO found 15 deficiencies in the remaining eight standards, three of which were priority components and one repeat deficiency. A deficiency was identified in the Key and Lock Control standard.<sup>4</sup> Finally, ODO identified 13 instances in which the facility initiated corrective action in an effort to correct some of the deficiencies ODO identified during the course of the inspection.<sup>5</sup>

<sup>1</sup> Male and Female detainees with low, medium low, medium high and high security classification levels are detained at the facility for longer than 72 hours.

<sup>2</sup> Data Source: ERO Facility List Report as of March 8, 2016.

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

<sup>4</sup> The Key and Lock Control standard was not reviewed in its entirety. The deficiency was observed during the review of the Food Service standard.

<sup>5</sup> Corrective actions, where immediately implemented, best practices and ODO recommendations, as applicable, have been identified in the Inspection Findings section and annotated with a “C”, “BP” or “R”, respectively.

## FINDINGS BY PBNDS 2011 MAJOR CATEGORIES

PBNDS 2011 STANDARDS INSPECTED <sup>6</sup>	DEFICIENCIES
<b>Part 1 – Safety</b>	
1.2 - Environmental Health and Safety	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 2 – Security</b>	
2.1 - Admission and Release	0
2.2 - Custody Classification System	2
2.5 - Funds and Personal Property	0
2.7 - Key and Lock Control	1
2.11 - Sexual Abuse and Assault Prevention and Intervention	4
2.12 - Special Management Units	0
2.13 - Staff-Detainee Communication	1
2.15 - Use of Force and Restraints	0
<b>Sub-Total</b>	<b>8</b>
<b>Part 4 – Care</b>	
4.1 - Food Service	4
4.2 - Hunger Strikes	0
4.3 - Medical Care	0
4.4 - Medical Care (Women)	0
4.6 - Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>4</b>
<b>Part 5 – Activities</b>	
5.6 - Telephone Access	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 6 – Justice</b>	
6.1 - Detainee Handbook	1
6.2 - Grievance System	0
6.3 - Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>1</b>
<b>Total Deficiencies</b>	<b>15</b>

<sup>6</sup> For greater detail on ODO's findings, see the *Inspection Findings* section of this report.

## INSPECTION PROCESS

Every fiscal year, the Office of Detention Oversight (ODO), a unit within U.S. Immigration and Customs Enforcement's (ICE) Office of Professional Responsibility (OPR), conducts compliance inspections at detention facilities in which detainees are accommodated for periods in excess of 72 hours and with an average daily population greater than ten to determine compliance with the ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable.

During the compliance inspection, ODO reviews each facility's compliance with those detention standards that directly affect detainee health, safety, and/or well-being.<sup>7</sup> Any violation of written policy specifically linked to ICE detention standards, ICE policies, or operational procedures that ODO identifies is noted as a deficiency. ODO also highlights any deficiencies found involving those standards that ICE has designated under either the PBNDS 2008 or 2011, to be "priority components."<sup>8</sup> Priority components have been selected from across a range of detention standards based on critical importance, given their impact on facility security and/or the health and safety, legal rights, and quality of life of detainees in ICE custody.

Immediately following an inspection, ODO hosts a closeout briefing in person with both facility and ERO field office management to discuss their preliminary findings, which are summarized and provided to ERO in a preliminary findings report. Thereafter, ODO provides ERO with a final compliance inspection report to: (i) assist ERO in working with the facility to develop a corrective action plan to resolve identified deficiencies; and (ii) provide senior ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. The reports enable senior agency leadership to make decisions on the most appropriate actions for individual detention facilities nationwide.

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<sup>7</sup> ODO reviews the facility's compliance with selected standards in their entirety.

<sup>8</sup> Priority components have not been identified for the NDS.

## DETAINEE RELATIONS

ODO interviewed 36 detainees, each of whom volunteered to participate. None of the detainees made allegations of mistreatment or discrimination. The majority of detainees reported being satisfied with facility services, with the exception of the complaints below:

- *Detainee Handbook:* Three detainees alleged they had not received the ICE National Detainee Handbook and/or the facility handbook.
  - Action Taken: Facility staff notified ODO the detainees received the ICE National Detainee Handbook and facility handbook during admission. ODO reviewed the detainees' files, which revealed they signed for the ICE National Detainee Handbook and facility handbook during the admission process.
  
- *Detainee Handbook:* Two detainees alleged they do not fully understand English or Spanish (via) interpreters. One detainee, from Senegal, spoke Wolof and the other detainee spoke Hungarian. The detainees alleged they do not understand the facility handbook, orientation video or postings.
  - Action Taken: ODO reviewed the detainees' files, which revealed the detainees were issued and signed for the National Detainee Handbook and facility handbook in English. Facility staff notified ODO, they were unaware the detainees did not speak English. Prior to the end of the inspection, through the use of interpreters, ERO provided the detainees the information on the aforementioned items in a language they could understand. ERO notified ODO that to prevent reoccurrence, when a detainee whose native language is not English but claims to understand the information in English, they will have the detainee handwrite on the checklist that they do not need a translator.
  
- *Medical Care:* One detainee complained he submitted a medical request for shoulder pain resulting from a shoulder injury which was incurred prior to detention and that he had not been properly treated. The detainee alleged he needed surgery to repair his shoulder.
  - Action Taken: Upon notice of this complaint, ODO reviewed the detainee's medical record and discovered that he was transported to a local hospital from the Point of Entry and subsequently discharged. Shortly after arrival to EPSPC in October of 2015, he was admitted to the medical housing unit where he stayed until he was moved to general population approximately one month later. The detainee had several follow-up appointments between late October of 2015 and March of 2016. In late March, he attended a pre-operative appointment, and as a result, was scheduled for outpatient surgery in April. The detainee was not informed of the date of his surgery for security reasons.

- *Medical Care:* One detainee complained his vision was poor and he needed eyeglasses. The detainee stated he submitted a medical request, was evaluated, and that medical staff determined he needed eyeglasses, but he never received them.
  - Action Taken: ODO reviewed the detainee's medical file which documented the detainee received an eye exam in February of 2016, and that his vision did not meet the criteria to qualify for eyeglasses. The detainee was informed of the facility's determination not to provide him eyeglasses.

# INSPECTION FINDINGS

## SAFETY

### ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

A review of monthly fire drill reports confirmed fire drills were conducted on each shift. Fire evacuation plans in English and Spanish were strategically placed throughout the facility; however, areas of safe refuge were not identified (**Deficiency EH&S-2<sup>9</sup>**).

*Corrective Action:* Prior to the completion of the inspection, the areas of safe refuge were identified on the diagrams and the updated diagrams were posted throughout the facility (**C-1**).

## SECURITY

### CUSTODY CLASSIFICATION SYSTEM (CCS)

While there was no commingling in the housing units, ODO observed low custody detainees were seated next to high custody and medium high custody detainees in the waiting areas of the health services unit, and commingling in the hallways and pill line (**Deficiency CCS-1<sup>10</sup>**). ODO staff checked wristbands to confirm the security level of those seated next to each other, and facility staff immediately separated detainees according to custody levels.

*Corrective Action:* The facility initiated corrective action during the inspection by providing documentation indicating the hours for medical encounters were being extended, and additional space would be available to allow staff to separate detainees depending on security level to prevent commingling in the health services unit (**C-2**).

Classification levels must be reviewed every 60 to 90 days following initial classification and every 90 to 120 days thereafter. A review of a representative sample of 40 detainee files found in one case, the reclassification assessment was completed, although after the time required by the standards. Specifically, 168 days elapsed between initial and reclassification assessments (**Deficiency CCS-2<sup>11</sup>**). GPS assumed responsibility for classification duties on December 1, 2015 and immediately reviewed all detainees overdue, at that time, for a reclassification.

*Corrective Action:* Prior to completion of the inspection, a reclassification assessment was conducted on the detainee who was overdue for a reclassification assessment (**C-3**).

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<sup>9</sup> “Areas of Safe Refuge” shall be identified and explained on diagrams.” See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(C)(5).

<sup>10</sup> “Low custody detainees may not be comingled with high custody detainees.” See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(F)(1). **This is a priority component.**

<sup>11</sup> “Subsequent reclassification assessments shall be completed at 90- to 120-day intervals.” See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(H)(2).



## KEY AND LOCK CONTROL (K&LC)

The kitchen has a vegetable and meat preparation room where knives are used by staff. Observation confirmed knives were tethered when in use, accounted for and secured by staff. Detainees use the room to wash fruits and vegetables. The door to this room is equipped with a “snap” lock, which can only be un-secured and opened from the outside once the locking mechanism engages the door frame (**Deficiency K&LC-1**<sup>12</sup>). This type of lock presents a safety concern because staff or detainees entering the room are locked in with no means of egress in the event of an emergency.

*Corrective Action:* Prior to completion of the inspection the facility ordered an approved locking device (mortise) to replace the snap lock. The approved locking device was installed on March 21, 2016 (**C-4**).

## SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

The policy addresses the majority of the elements required by the standard, to include the facility’s zero tolerance policy for all forms of sexual abuse or assault. It also provides procedures for disciplining sexual conduct between detainees and staff, volunteers, or contract personnel but it does not notify individuals that the consequences of violating the agency’s sexual abuse policies can include termination (**Deficiency SAAPI-1**<sup>13</sup>).

*Corrective Action:* The facility initiated corrective action during the inspection by updating the policy on SAAPI and adding language to reflect that violation of agency sexual abuse policies can include termination (**C-5**).

The policy indicates that the Field Office Director shall ensure the facility outlines the medical staff’s responsibility to report allegations or suspicions of sexual assault to facility staff, but the policy does not actually outline the responsibilities (**Deficiency SAAPI-2**<sup>14</sup>).

*Corrective Action:* The facility initiated corrective action during the inspection by updating the policy on SAAPI and adding language which outlines the medical staff’s responsibility to report allegations or suspicions of sexual assault to facility staff (**C-6**).

The PREA Coordinator was able to explain the internal administrative investigative process, but the policy did not address procedures for coordinating internal administrative investigations with

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<sup>12</sup> “Locks not authorized for use in detainee- accessible areas include, but are not limited to: snap-, key-in-knob, thumb- turn, push-button, rim-latch, barrel or slide bolt and removable-core-type locks (including padlocks).” See ICE PBNDS 2011, Standard, Key and Lock Control, Section (V)(C)(4)(b).

<sup>13</sup> “The facility administrator shall review and approve the local policy and procedures and shall ensure that the facility: specifies disciplinary sanctions for staff, up to and including termination when staff has violated agency sexual abuse policies....” See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(A)(12).

<sup>14</sup> “The facility administrator shall review and approve the local policy and procedures and shall ensure that the facility: specifies medical staff’s responsibility to report allegations or suspicions of sexual assault to appropriate facility staff....” See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(A)(4).

the assigned criminal investigative entity to ensure non-interference with criminal investigations (**Deficiency SA-API-3<sup>15</sup>**).

*Corrective Action:* The facility initiated corrective action during the inspection by updating the policy on SA-API and adding language to identify procedures for coordination of internal administrative investigations with the assigned criminal investigative entity to ensure non-interference with criminal investigations (**C-7**).

ODO's review of the detainee handbook found it provides the required information on reporting sexual abuse or sexual assault, but during the detainee interviews, one detainee from Senegal, was identified as speaking Wolof and another detainee, Hungarian. The detainees alleged they were unable to fully understand English or Spanish, in which the orientation video, notifications and facility handbooks are provided. The interviews with the detainees and ERO staff revealed the information was not provided in a language or manner the detainees' understood (**Deficiency SA-API-4<sup>16</sup>**). Other deficiencies related to information not being provided in a language or manner the detainees' understand are reported under Staff-Detainee Communication (page 9) and Detainee Handbook (page 11).

*Corrective Action:* The facility initiated corrective action during the inspection by having translators, who speak Wolof and Hungarian, interpret the orientation video, ICE National Detainee Handbook, facility handbook and notifications located throughout the facility. ERO notified ODO that to prevent reoccurrence, when a detainee whose native language is not English but claims to understand the information in English, they will have the detainee handwrite on the checklist that they do not need a translator (**C-8**).

#### **STAFF-DETAINEE COMMUNICATION (SDC)**

ERO staff conducts weekly scheduled and unscheduled visits at facility. The days and times for scheduled visits are posted in all housing units. A review of the facility handbook reveals it contains the required information – including but not limited to the procedures to submit written questions, requests, or concerns to ERO staff, as well as the availability of assistance to prepare such requests, but it is not provided to all detainees in a language or manner they understand (**Deficiency SDC-1<sup>17</sup>**).

*Corrective Action:* The facility initiated corrective action during the inspection by having translators interpret the ICE National Detainee Handbook and facility handbook for two detainees that do not fully understand English or Spanish. ERO notified ODO that to prevent reoccurrence, when a detainee whose native language is not English but claims to

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<sup>15</sup> “The facility administrator shall review and approve the local policy and procedures and shall ensure that the facility: specifies procedures for coordination of internal administrative investigations with the assigned criminal investigative entity to ensure non-interference with criminal investigations....” See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(A)(7).

<sup>16</sup> “Detainee notification, orientation and instruction must be in a language or manner that the detainee understands.” See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(F). **This is a priority component.**

<sup>17</sup> “As required by standard “6.1 Detainee Handbook,” each facility’s handbook (or supplement) shall advise detainees in a language or manner that they understand of the procedures to submit written questions, requests, or concerns to ICE/ERO staff, as well as the availability of assistance to prepare such requests.” See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(B)(3).

understand the information in English, they will have the detainee handwrite on the checklist that they do not need a translator (C-9).

## **CARE**

### **FOOD SERVICE (FS)**

Religious Diet Authorization forms identifying detainees approved for religious diets are generated by the chaplain and issued to the food service department. Detainees are issued special diet identification cards; however, the cards do not include the food service administrator's (FSA) signature or the diet expiration date (**Deficiency FS-1<sup>18</sup>**).

ODO's inspection of sack meals for detainees being transported between scheduled meals found they did not include a fruit and a dessert item (**Deficiency FS-2<sup>19</sup>**).

*Corrective Action:* ODO observed a fruit and dessert item being added to sack meals prior to the completion of the inspection (C-10).

ODO's review of purchasing procedures for potentially dangerous items such as knives, nutmeg, and yeast revealed the policy does not include provisions for special handling (**Deficiency FS-3<sup>20</sup>**). ODO noted the electronic system used for processing purchase requests does not allow the FSA to input special handling instructions.

An interview with facility staff revealed the temperature gauge for the final rinse compartment of the dish machine became inoperable on March 8, 2016; therefore, water temperature readings were not being recorded correctly. Specifically, ODO's review of temperature logs found staff was recording water temperatures for the pre-wash phase and not the final rinse phase (**Deficiency FS-4<sup>21</sup>**).

*Corrective Action:* Prior to the completion of the inspection, the facility replaced the temperature sensor in the final rinse compartment and started recording the water temperature readings in accordance with the standard (C-11).

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<sup>18</sup> "This diet-identification card shall contain the following information: expiration date, within 90 days; and signature of the FSA." See ICE PBNDS 2011, Standard, Food Service, Section (V)(G)(1)(c) and (d).

<sup>19</sup> "In addition, each sack shall include: one piece of fresh fruit, or properly packaged canned fruit (or paper cup with lid), complete with a plastic spoon; one ration of a dessert item, like cookies, doughnuts and fruit bars...." See ICE PBNDS 2011, Standard, Food Service, Section (V)(I)(6)(c)(1) and (2).

<sup>20</sup> "All facilities shall have procedures for handling food items that pose a security threat. Mace, nutmeg, cloves, sugar and alcohol-based flavorings also require special handling and storage. The purchase order for any of these items shall specify the special-handling requirements for delivery." See ICE PBNDS 2011, Standard, Food Service, Section (V)(B)(4)(b)(1). **This is a repeat deficiency.**

<sup>21</sup> "Staff shall check refrigerator and water temperatures daily and record the results. The FSA or designee shall verify and document requirements of food and equipment temperatures." See ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(13). **This is a priority component.**

## **ACTIVITIES**

### **TELEPHONE ACCESS (TA)**

ODO observed postings in each detainee housing unit to include, telephone rules, a list of free legal services, pro bono lists, consulates lists, and OIG posters. However, ODO did not see telephone access hours posted near telephones (**Deficiency TA-1**<sup>22</sup>).

*Corrective Action:* Prior to the completion of the inspection, telephone access hours were posted near the telephones in the housing units (**C-12**).

## **JUSTICE**

### **DETAINEE HANDBOOK (DH)**

The facility provides detainees a copy of the ICE National Detainee Handbook and facility handbook upon admission to the facility. ODO reviewed a representative sample of 40 randomly selected detainee files and found all had receipts for both handbooks. However, after interviewing detainees and staff ODO determined that English handbooks were given to detainees with little to no proficiency in English or Spanish, and the facility administrator did not provide timely translation and interpretation services to the detainees covering all basic aspects of the handbooks (**Deficiency DH-1**<sup>23</sup>).

*Corrective Action:* The facility initiated corrective action during the inspection by having translators interpret the ICE National Detainee Handbook and facility handbook for two detainees that do not fully understand English or Spanish. ERO notified ODO that to prevent reoccurrence, when a detainee whose native language is not English but claims to understand the information in English, they will have the detainee handwrite on the checklist that they do not need a translator (**C-13**).

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<sup>22</sup> "Telephone access hours shall also be posted." See ICE PBNDS 2011, Standard, Telephone Access, Section (V)(C).

<sup>23</sup> "If a detainee cannot read or does not understand the language of the handbook, the facility administrator shall provide the material using audio or video tapes in a language the detainee does understand, arrange for the orientation materials to be read to the detainee, or provide a translator or interpreter within a reasonable amount of time." See ICE PBNDS 2011, Standard, Detainee Handbook, Section (V)(C).