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Office of Detention Oversight
Unannounced Compliance Inspection
Enforcement and Removal Operations
ERO El Paso Field Office

Otero County Processing Center
Chaparral, New Mexico

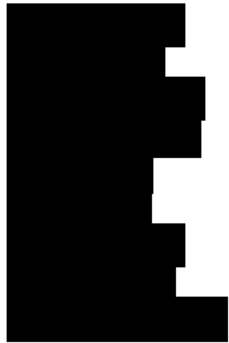
November 1-3, 2022

UNANNOUNCED COMPLIANCE INSPECTION
of the
OTERO COUNTY PROCESSING CENTER
Chaparral, New Mexico

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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 an unannounced compliance inspection of the Otero County Processing Center (OCPC) in Chaparral, New Mexico, from November 1 to 3, 2022.¹ The facility opened in 2008 and is owned by Otero County and operated by Management and Training Corporation (MTC). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at OCPC in 2001 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 and a detention services manager to the facility. An OCPC warden handles daily facility operations and manages █████ support personnel. MTC provides food services and medical care, and Keefe Commissary 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 February 2019. In February 2022, OCPC 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 November 1, 2022)	█████
Adult Female Population (as of November 1, 2022)	█████

During its last inspection, in Fiscal Year (FY) 2022, ODO found eight deficiencies in the following areas: Custody Classification System (2); Funds and Personal Property (1); Hunger Strikes (1); Medical Care (1); and Significant Self-harm and Suicide Prevention and Intervention (3).

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 November 1, 2022.

³ *Ibid.*

UNANNOUNCED COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) greater than 10, 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.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.

Beginning fiscal year (FY) 2022, ODO will conduct focused reviews of under 72-hour ICE detention facilities with an ADP of one or more detainees and over 72-hour ICE detention facilities with an ADP of one to nine detainees. Additionally, ODO will conduct unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating. ODO will conduct a complete review of several core standards, in accordance with the facility’s new contractually required ICE National Detention Standards, which include but are not limited to Admission and Release, Behavior Management (FRS only), Classification, and Funds and Personal Property, Emergency Plans, Environmental Health and Safety, Educational Policy (FRS only), Food Service, Hunger Strikes, Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Special Management Units, Suicide Prevention, Use of Force and Restraints/Use of Physical Control Measures and Restraints.

Upon completion of each unannounced compliance 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 its 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 ^{5,6,7}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Transportation (by Land)	4
Sub-Total	4
Part 2 - Security	
Admission and Release	0
Custody Classification System	1
Contraband	1
Funds and Personal Property	0
Hold Rooms in Detention Facilities	3
Key and Lock Control	5
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Tool Control	0
Use of Force and Restraints	0
Sub-Total	10
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	0
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	1
Sub-Total	1
Part 5 - Activities	
Correspondence and Other Mail	0
Recreation	0

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

⁷ Special reviews and unannounced inspections are both focused reviews, and ODO will review a facility's compliance with at least 10 individual standards during each special review or unannounced inspection.

Visitation	2
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	17

DETAINEE RELATIONS

ODO interviewed 33 detainees, who each voluntarily agreed to participate. One detainee made an allegation of mistreatment. Most detainees reported satisfaction with facility services except for the concerns listed below.

Medical Care: One male detainee stated the facility provided too much pasta and rice in his diabetic meal plan.

- Action Taken: ODO reviewed the detainee's medical profile, conferred with the MTC health service administrator (HSA), and verified a balanced diabetic meal plan with the food service manager, the facility dietitian, and medical staff. The facility dietitian approves all diabetic meal plans and has informed the detainee of diabetic protocols since his arrival at OCPC. This detainee takes prescribed oral hypoglycemic medications and receives a hemoglobin A1C laboratory review every 90 days. Additionally, medical will check the detainee's daily glucose levels if he appears symptomatic. The detainee has a follow-up medical appointment scheduled for December 6, 2022.

Medical Care: One female detainee stated she had a bad experience with OCPC medical services and believes she received some type of psychiatric medication without consent.

- Action Taken: ODO interviewed OCPC medical staff, reviewed the detainee's medical file, and confirmed OCPC admitted the detainee on September 21, 2022, with no recorded disclosure of chronic asthma. ODO also found no record of any medical grievances submitted to ERO El Paso. On September 21, 2022, the detainee later submitted a sick call request for upper respiratory issues, but medical found no need for further treatment after examining her. On September 27, 2022, the detainee submitted a sick call request concerning right ear pain and chronic asthma. A provider examined the detainee on the same day, ordered lab work, and scheduled a follow-up examination for September 30, 2022. During the detainee's follow-up examination on September 30, 2022, medical reviewed lab results with the detainee and found no need for an asthmatic inhaler. Facility medical staff advised the detainee to follow-up with the medical provider and file a report with ERO El Paso if she felt she received inadequate medical care. Additionally, ODO found no record of the medical provider

administering a psychiatric medication prescription to the detainee during her detention; however, when ODO tried to contact the detainee about her concern of the issuance of psychiatric medications, ODO found ICE released the detainee from custody on December 10, 2022.

Medical Care: One male detainee stated he needs a medical diet for his hyperlipidemia and has not received one.

- Action Taken: ODO interviewed the OCPC food service manager (FSM), reviewed the detainee's medical file, and found the detainee is on the special diet list as well as the facility's food service department has special diet trays marked for delivery to the detainee's housing unit. On November 2, 2022, at the request of ODO, the FSM informed the detainee he has been receiving his special diet tray as prescribed.

Medical Care: One female detainee stated her dissatisfaction with the level of medical care at the facility in treating her chronic medical issues.

- Action Taken: ODO interviewed the HSA, reviewed the detainee's medical file, and found the detainee's chronic care diabetic plan, which included a medical diet and 90-day hemoglobin A1C testing. On September 9, 2022, facility medical staff evaluated the detainee after receiving a sick call request concerning diabetic chronic care. HSA completed lab work and scheduled a follow-up appointment for September 20, 2022. On September 20, 2022, medical staff reviewed lab results with the detainee, this lab test shows degree of control for patients' glucose. On September 28, 2022, a facility nurse examined the detainee after receiving a sick call request concerning facial numbness, but the detainee explained she had only chapped lips and dry facial skin. The nurse checked the detainee's vital signs and provided no other treatment except to recommend lip balm at the commissary. On October 21, 2022, medical referred the detainee for education and evaluation after she refused her medications at the pill line. On the same day, a midlevel practitioner evaluated the detainee, and the detainee stated the numbness on the right side of her face had stopped. The HSA scheduled the detainee for a chronic care follow-up appointment on November 23, 2022.

Personal Hygiene: One female detainee stated her concern over facility staff making opposite sex announcements in either English or Spanish when entering the housing units and she speaks only Turkish.

- Action Taken: ODO interviewed OCPC staff members and found they use "Pocket-Talks" to translate phrases into Turkish. Additionally, on November 1, 2022, OCPC chief of security (COS) conducted facility-wide staff training and focused on the importance of opposite gender staff giving a preparatory announcement before entering housing units. On November 7, 2022, the OCPC COS conducted announcement training with all supervisors during the monthly supervisor's meeting.

Staff-Detainee Communication: Two detainees stated facility staff verbally abused and acted unprofessionally towards Muslim detainees. Additionally, one of the detainees stated a facility officer told her not to cry or make any derogatory comments about the facility during her interview with ODO.

- Action Taken: ODO notified the facility and ERO El Paso leadership of the detainee's statements. ERO El Paso notified the Joint Intake Center (JIC) of the allegations on November 3, 2022, and ODO was copied on the notification.

UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

SAFETY

TRANSPORTATION (BY LAND) (TBL)

ODO reviewed the OCPC TBL program, inspected four fleet vehicles, interviewed facility staff, and found the following deficiencies:

- The OCPC administrator has overall responsibility for all aspects of vehicle operations instead of the FOD (**Deficiency TBL-15⁸**);
- One out of four OCPC fleet vehicles did not have completely secured doors. Specifically, ODO found the sliding door of the handicap transportation van, V12, unsecured (**Deficiency TBL-47⁹**);
- The facility had no established dress code for transportation details which may require the wearing of street or business attire (**Deficiency TBL-52¹⁰**);
- The facility had no established dress code prohibiting the wearing of jumpsuits (**Deficiency TBL-53¹¹**);

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed [REDACTED] detainee detention classification files, interviewed facility staff, and found in [REDACTED] out of [REDACTED] files, the facility did not complete the initial classification process and initial housing assignment within 12 hours of detainee admission to the facility. Specifically, the facility placed each detainee upon arrival in a COVID quarantine unit, pending medical clearance. Once the

⁸ “The Field Office Director has overall responsibility for all aspects of vehicle operations.” See ICE PBNDS 2011 (Revised 2016), Standard, Transportation (by Land), Section (V)(C).

⁹ “Officers shall secure a vehicle before leaving it unattended, including removing keys from the ignition immediately upon parking the vehicle.” See ICE PBNDS 2011 (Revised 2016), Standard, Transportation (by Land), Section (V)(D)(5).

¹⁰ “Certain transportation details may require wearing of street or business attire; in these cases, the facility administrator shall establish a dress code for such occasions.” See ICE PBNDS 2011 (Revised 2016), Standard, Transportation (by Land), Section (V)(E)(1).

¹¹ “The dress code shall prohibit the wearing of jumpsuits.” See ICE PBNDS 2011 (Revised 2016), Standard, Transportation (by Land), Section (V)(E)(1).

detainees cleared the quarantine unit, the facility completed the initial classification and housed the detainees accordingly. ODO found the facility completed the initial classification between 8-10 days after the detainees' arrival to the facility (**Deficiency CCS-27**¹²).

CONTRABAND (CON)

ODO reviewed the OCPC site-specific detainee handbook and found no application of the standard "2.5: Funds and Personal Property," as it relates to contraband. Specifically, the site-specific detainee handbook does not notify detainees what contraband is in (**Deficiency CON-57**¹³).

HOLD ROOMS IN DETENTION FACILITIES (HRDF)

ODO observed two OCPC hold rooms occupied by detainees, reviewed the intake hold log, observed the intake area, and found the following deficiencies:

- No detention log with information on the detainees currently in the facility hold rooms (**Deficiency HRDF-44**¹⁵);
- Intake hold logs did not contain the detainee's sex, age, date, and time of new age determination (**Deficiency HRDF-45**¹⁴); and
- No evacuation map and advance designation of the officer responsible for removing detainees from the hold room(s) in case of fire and/or building evacuation (**Deficiency HRDF-61**¹⁵).

KEY AND LOCK CONTROL (KLC)

ODO observed OCPC staff, interviewed facility staff, reviewed training records, inventory logs, and key rings, and found the following deficiencies:

- No key covers for large security keys to prevent detainees or unauthorized persons from observing and duplicating the security keys (**Deficiency KLC-11**¹⁶);
- No training for primary and secondary officers in the operation of gas/oxygen-cutting tools and end-saw equipment. Specifically, the facility security key control officers

¹² "The initial classification process and initial housing assignment shall be completed within 12 hours of admission to the facility." See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(D).

¹³ "The detainee handbook, or equivalent, shall notify detainees in a language or manner that they understand relative to; 2. The applicability of standard '2.5 Funds and Personal Property,' as it relates to contraband." See ICE PBNDS 2011 (Revised 2016), Standard, Contraband, Section (V)(E)(2).

¹⁴ "The detention log shall record each detainee's: ...

b. sex;

c. age;

i. date and time of new age determination."

See ICE PBNDS 2011 (Revised 2016), Standard, Hold Rooms in Detention Facilities, Section (V)(D)(2)(b)(c)(i).

¹⁵ "Evacuation procedures shall include posting the evacuation map and advance designation of the officer responsible for removing detainees from the hold room(s) in case of fire and/or building evacuation." See ICE PBNDS 2011 (Revised 2016), Standard, Hold Rooms in Detention Facilities, Section (V)(E)(1).

¹⁶ "Facilities shall use key covers for large security keys to prevent detainees or other unauthorized persons from observing and duplicating them." See ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(A)(9).

stated they did not receive the required training to correctly operate these tools (**Deficiency KLC-20**¹⁷);

- The OCPC secondary armory officer did not complete an approved locksmith-training program (**Deficiency KLC-25**¹⁸);
- No inventory log for unassigned padlocks (**Deficiency KLC-38**¹⁹); and
- Key rings did not have two unequally sized metal tags (**Deficiency KLC-71**²⁰).

CARE

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIAA)

ODO reviewed the OCPC DIAA program, interviewed the training coordinator, reviewed training documentation, and found no annual in-service training for six facility medical staff members (**Deficiency DIAA-68**²¹).

ACTIVITIES

VISITATION (V)

ODO reviewed the facility’s website, telephonic messaging system, postings in and around the visitor lobby, and found none of them contained any reference of an established dress code nor information for visitors (**Deficiency V-24**²²).

ODO reviewed the legal visitor’s log and found the log entries did not contain the required information. Specifically, ODO found no supervising attorney’s name, detainee’s name, and status of a detainee’s G-28 on file (**Deficiency V-99**²³).

¹⁷ “The security key control officer is trained in operation of gas/oxygen-cutting tools and end-saw equipment in case of an emergency.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(B)(1)(g).

¹⁸ “All security key control officers shall successfully complete an approved locksmith-training program.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(B)(2).

¹⁹ “Lock shop inventories shall include, at a minimum, the following:

All unassigned padlocks;” *See* ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(C)(3)(c).

²⁰ “Two metal tags of unequal size shall be attached to each key ring:

a. the larger tag shall identify the key ring with a number/letter corresponding to the hook number/letter;

b. the smaller tag shall identify the number of keys on the key ring.”

See ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(D)(3).

²¹ “Training on the facility’s Disability and Reasonable Accommodations procedures shall be provided to employees, volunteers, and contract personnel, and shall also be included in annual refresher training thereafter.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Disability Identification, Assessment, and Accommodation, Section (V)(I).

²² “If the facility establishes and maintains a dress code for visitors, it shall be made available to the public, e.g., posted on the facility’s website, telephone message and included in the detainee handbook.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Visitation, Section (V)(G).

²³ “Log entries shall include the following information: ...

e. supervising attorney’s name (if applicable);

f. detainee’s name and A-number;

g. whether the detainee currently has a G-28 on file;”

See ICE PBNDS 2011 (Revised 2016), Standard, Visitation, Section (V)(J)(14)(e-g).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 24 standards under PBNDS 2011 (Revised 2016), the DHS PREA certified facilities, and found the facility in compliance with 17 of those standards. ODO found 17 deficiencies in the remaining 7 standards. ODO recommends ERO El Paso 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 OCPC on October 14, 2022.

Compliance Inspection Results Compared	FY 2022 (PBNDS 2011) (Revised 2016)	FY 2023 (PBNDS 2011) (Revised 2016)
Standards Reviewed	18	24
Deficient Standards	5	7
Overall Number of Deficiencies	8	17
Priority Component Deficiencies	N/A	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	N/A	Superior