



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

**Office of Detention Oversight
Follow-Up Compliance Inspection
2023-002-097**

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

**Otero County Processing Center
Chaparral, New Mexico**

May 9-11, 2023

**FOLLOW-UP COMPLIANCE INSPECTION
of the
OTERO COUNTY PROCESSING CENTER
Chaparral, New Mexico**

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Assistant Team Lead	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 follow-up inspection of the Otero County Processing Center (OCPC) in Chaparral, New Mexico, from May 9 to 11, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of OCPC from November 1 to 3, 2022. The facility opened in 2008 and is owned by Otero County and operated by the 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 in El Paso (ERO El Paso). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned a supervisory deportation and detention officer, deportation officers, and a detention services manager (DSM) full-time to the facility. ERO staff conduct weekly scheduled visits on Thursdays, from 10 a.m. to 1 p.m., and unscheduled visits throughout the week. An OCPC warden oversees daily facility operations and manages [REDACTED] 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	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of May 9, 2023)	[REDACTED]
Adult Female Population (as of May 9, 2023)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2023, ODO found 17 deficiencies in the following areas: Contraband (1); Custody Classification System (1); Disability Identification, Assessment, and Accommodation (1); Hold Rooms in Detention Facilities (3); Key and Lock Control (5); Transportation (by Land) (4); and Visitation (2).

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 May 9, 2023.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Terminal Illness, Advance Directives and Death, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniform corrective action plan (UCAP), and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

**FINDINGS BY PERFORMANCE-BASED NATIONAL
DETENTION STANDARDS 2011 (REVISED 2016)
MAJOR CATEGORIES**

PBNS 2011 (Revised 2016) Standards Inspected^{4,5}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Transportation (by Land)	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Contraband	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Key and Lock Control	0
Special Management Units	0
Use of Force and Restraints	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	1
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	1
Part 5 - Activities	
Visitation	0
Sub-Total	0
Total Deficiencies	1

⁴ For greater detail on ODO’s findings, see the *Follow-up Compliance Inspection Findings* section of this report.

⁵ 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.

DETAINEE RELATIONS

ODO interviewed 31 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. One detainee expressed thoughts of self-harm and ODO immediately referred him to facility medical staff for evaluation.

Medical Care: One detainee stated he had thought about harming himself.

- Action Taken: On May 9, 2023, ODO concluded the interview and requested facility staff escort him to facility medical staff for evaluation. On the same day, the facility medical staff placed the detainee on suicide watch. On May 10, 2023, an OCPC psychiatrist evaluated the detainee, educated him on techniques to reduce stress, and recommended he return to medical staff as needed. The detainee stated to the psychiatrist that he did not actually have thoughts of harming himself, but no longer wanted to be detained. On May 23, 2023, ODO followed-up with the facility and confirmed the detainee had not returned to sick call since May 10, 2023, nor did he submit any sick call requests.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

CARE

MEDICAL CARE (MC)

ODO reviewed ■ detainee medical records and found in ■ out of ■ records, no comprehensive health assessment, including a physical examination and mental health screening, within 14 days of the detainee's arrival. Specifically, medical staff completed one detainee's health assessment 15 days after the detainee's arrival (**Deficiency MC-137⁶**). **This is a priority component.**

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 17 of those standards. ODO found one deficiency in the remaining standard. Since OCPC's last full inspection in November 2022, the facility has trended upward. The facility went from 7 deficient standards and 17 deficiencies in November 2022 to 1 deficient standard and 1 deficiency during this most recent inspection. The facility's improved performance and no repeat deficiencies were likely the result of ERO El Paso staff and a DSM providing daily oversight of the facility and from completing a uniform corrective action plan for ODO's last inspection of OCPC in November 2022. ODO recommends ERO El Paso continue working with the facility to resolve the remaining deficiency in accordance with

⁶ "Each facility's health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival unless more immediate attention is required due to an acute or identifiable chronic condition." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(M).

contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNS 2011) (Revised 2016)	FY 2023 Follow-Up Inspection (PBNS 2011) (Revised 2016)
Standards Reviewed	25	18
Deficient Standards	7	1
Overall Number of Deficiencies	17	1
Priority Component Deficiencies	0	1
Repeat Deficiencies	0	0
Areas Of Concern	1	0
Corrective Actions	0	0
Facility Rating	Superior	N/A