

# Office of Detention Oversight Follow-Up Compliance Inspection

## Enforcement and Removal Operations ERO El Paso Field Office

West Texas Detention Facility Sierra Blanca, Texas

May 3-6, 2021

#### FOLLOW-UP COMPLIANCE INSPECTION of the WEST TEXAS DETENTION FACILITY

### Sierra Blanca, Texas

#### **TABLE OF CONTENTS**

FACILITY OVERVIEW	4
FOLLOW-UP COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES	
WIAJUR CATEGORIES	0
DETAINEE RELATIONS	7
FOLLOW-UP COMPLIANCE INSPECTION FINDINGS	7
DETAINEE SERVICES	7
Admission and Release	7
SECURITY AND CONTROL	7
Environmental Health and Safety	7
HEALTH SERVICES	8
Medical Care	8
CONCLUSION	8

#### FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead ODO

Management and Program Analyst ODO

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 compliance inspection of the West Texas Detention Facility (WTDF) in Sierra Blanca, Texas, from May 3 to 6, 2021. The facility opened in 2004, is owned by Hudspeth County, and is operated by LaSalle Correctional Management. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at WTDF in 2007 under the oversight of ERO's Field Office Director (FOD) in El Paso (ERO El Paso). The facility operates under the National Detention Standards (NDS) 2000.<sup>2</sup>

ERO has assigned deportation officers to the facility. A warden handles daily facility operations and is supported by personnel. LaSalle Correctional Management provides food services and commissary services, and Preferred Hospital Leasing Van Horn, Inc. provides medical care at the facility. In February 2019, WTDF was audited for the Department of Justice (DOJ) Prison Rape Elimination Act (PREA) and was DOJ PREA certified. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>3</sup>	450
Average ICE Detainee Population <sup>4</sup>	05
Male Detainee Population (as of May 3, 2021)	0
Female Detainee Population (as of May 3, 2021)	0

During its last inspection, in Fiscal Year (FY) 2021, ODO found 16 deficiencies in the following areas: Custody Classification System (3); Environmental Health and Safety (2); Funds and Personal Property (3); Food Service (1); Medical Care (1); Sexual Abuse and Assault Prevention and Intervention (1); Significant Self-Harm and Suicide Prevention and Intervention (4); and Staff-Detainee Communication (1).

<sup>&</sup>lt;sup>1</sup> This facility holds male detainees with low, medium-low, medium-high, and high-security classification levels for periods longer than 72 hours.

<sup>&</sup>lt;sup>2</sup> ODO inspected WTDF in December 2020 in accordance with the NDS 2019; however, on March 31, 2021, ERO's Custody Management directed ODO to inspect WTDF against the NDS 2000.

<sup>&</sup>lt;sup>3</sup> Data Source: ERO Facility List Report as of May 3, 2021.

<sup>&</sup>lt;sup>5</sup> WTDF's FY 2020 average daily population was 36 detainees, which met ODO's requirement of an average daily population of 10 or more detainees. Additionally, the facility has an active contract to house ICE detainees, which is why ODO inspected the facility.

#### 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, Hunger Strikes, 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, 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.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

### FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected <sup>6</sup>	Deficiencies
Part 1 – Detainee Services	•
Admission and Release	2
Detainee Classification System	0
Food Service	0
Funds and Personal Property	0
Staff-Detainee Communication	0
Sub-Total	2
Part 2 – Security and Control	
Emergency Plans	0
Environmental Health and Safety	7
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	0
Sub-Total	7
Part 3 – Health Services	
Hunger Strikes	0
Medical Care	1
Suicide Prevention and Intervention	0
Sub-Total	1
NDS 2019 Standard Inspected	
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	10

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

#### **DETAINEE RELATIONS**

WTDF housed no ICE detainees during the entirety of the ODO inspection. As such, no detainees were available for ODO to interview during the week of the inspection.

#### FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

#### **DETAINEE SERVICES**

#### ADMISSION AND RELEASE (AR)

ODO reviewed WTDF's orientation procedures and found nothing to indicate ERO El Paso approved the facility's orientation procedures (**Deficiency AR-54**<sup>7</sup>).

Corrective Action: Prior to the completion of the inspection, ERO El Paso initiated corrective action by approving WTDF's release procedures on May 5, 2021, and followed-up with an email on the same day to inform WTDF staff regarding approval of the procedure (C-1).

ODO reviewed WTDF release procedures and found nothing to indicate ERO El Paso approved the facility's release procedures (**Deficiency AR-73**<sup>8</sup>).

Corrective Action: Prior to the completion of the inspection, ERO El Paso initiated corrective action by approving WTDF's release procedures on May 5, 2021, and followed up with an email on the same day to inform WTDF staff regarding approval of the procedure (C-2).

#### **Security and Control**

#### **ENVIROMENTAL HEALTH AND SAFETY (EHS)**

ODO interviewed WTDF staff, reviewed the maintenance department chemical inventory, and found the inventory records were not maintained separately for each substance. Specifically, WTDF listed all maintenance department chemicals on a single document (**Deficiency EHS-3**<sup>9</sup>).

ODO interviewed WTDF staff, reviewed the maintenance department chemical inventory, and found a listing of all chemicals on a single document, not filed alphabetically by substance with dates and quantities (**Deficiency EHS-4** <sup>10</sup>).

ODO interviewed WTDF staff, reviewed 20 fire drill reports, and found no mention of evacuating

<sup>&</sup>lt;sup>7</sup> "In IGSAs the INS office of jurisdiction shall approve all orientation procedures." *See* ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

<sup>&</sup>lt;sup>8</sup> "INS will approve the IGSA release procedures." *See* ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

<sup>&</sup>lt;sup>9</sup> "Inventory records will be maintained separately for each substance, with entries for each logged on a separate card (or equivalent)." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

<sup>&</sup>lt;sup>10</sup> "That is, the account keeping will not be chronological, but filed alphabetically, by substance (dates, quantities, etc.)." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

detainees from the fire drill site (Deficiency EHS-67<sup>11</sup>).

ODO interviewed WTDF staff, reviewed 20 evacuation fire drill reports, and found the staff neither (**Deficiency** EHS-70 <sup>12</sup>).

ODO interviewed WTDF staff, reviewed photos of the WTDF barber shop, and found no covered metal containers for trash (**Deficiency EHS-92** <sup>13</sup>).

ODO interviewed WTDF staff, reviewed photos of the WTDF barbershop, and found no disinfectant solution container for immersing the clipper blades after use on each detainee (**Deficiency EHS-97** <sup>14</sup>). Consequently, no clean disinfectant solution was available to replace the expended solution (**Deficiency EHS-98** <sup>15</sup>).

#### **HEALTH SERVICES**

#### MEDICAL CARE (MC)

ODO reviewed three detainee medical records and found a registered nurse performed two out of the three initial dental screenings instead of a physician, physician's assistant, or nurse practitioner (**Deficiency MC-51** <sup>16</sup>).

#### CONCLUSION

During this inspection, ODO assessed WTDF's compliance with 13 standards under NDS 2000, 1 standard under NDS 2019, and found the facility in compliance with 11 of those standards. ODO found 10 deficiencies in the remaining 3 standards. ODO commends WTDF staff for its responsiveness during this inspection and notes there were two instances where staff initiated immediate corrective action during the inspection. ODO recommends ERO work with WTDF to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<sup>&</sup>lt;sup>11</sup> "Detainees will be evacuated during fire drills, except in areas where security would be jeopardized or in medical areas where patient health could be jeopardized or, in individual cases when evacuation of patients is logistically not feasible." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(b).

<sup>.&</sup>quot; See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

<sup>&</sup>lt;sup>13</sup> "Each shop will be provided with appropriate cabinets, covered metal containers for waste, disinfectants, dispensable headrest covers, laundered towels and haircloths." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(2).

<sup>&</sup>lt;sup>14</sup> "After cleaning, the clipper blades will be immersed in the disinfectant solution and agitated for a period of not less than 15 seconds before use on any other detainee." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(4)(b).

<sup>&</sup>lt;sup>15</sup> "The solution will be replaced as often as necessary." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(4)(b).

<sup>&</sup>lt;sup>16</sup> "If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant or nurse practitioner." *See* ICE NDS 2000, Standard, Medical Care, Section (III)(E).

Compliance Inspection Results Compared	First FY 2021 (NDS 2019)	Second FY 2021 (NDS 2000/NDS 2019)
Standards Reviewed	18	14
Deficient Standards	8	3
Overall Number of Deficiencies	16	10
Repeat Deficiencies	0	0
Areas of Concern	2	0
Corrective Actions	0	2