

Office of Professional Responsibility

Otero County Processing Center Inspection 2025-004-029

November 5-7, 2024



U.S. Immigration
and Customs
Enforcement



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
Unannounced Compliance Inspection
2025-004-029**

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

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


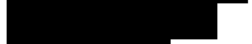
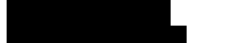
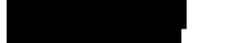
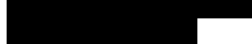
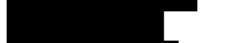
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UNANNOUNCED COMPLIANCE INSPECTION
of the
OTERO COUNTY PROCESSING CENTER
Chaparral, New Mexico

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COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	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 an unannounced compliance inspection of the Otero County Processing Center (OCPC) in Chaparral, New Mexico, from November 5 to 7, 2024.¹ 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 2008 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).

[REDACTED] A warden handles 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 November 2021, the National Commission on Correctional Health Care February 2022, and DHS PREA in December 2023.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of November 5, 2024)	[REDACTED]
Adult Female Population (as of November 5, 2024)	[REDACTED]

During its last rated inspection in Fiscal Year (FY) 2024, ODO found 6 deficiencies in the following areas: Environmental Health & Safety (3); Facility Security and Control (2); and Food Service (1).

¹ This facility holds 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 Custody Management Division Authorized Facility List as of November 4, 2024.

³ *Ibid.*

UNANNOUNCED COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.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.

In FY 2022, ODO began conducting special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees. Additionally, ODO began conducting 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; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO’s informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility’s contractually required ICE NDS or in accordance with the ICE NDS listed in the current ERO Custody Management Division Authorized Facility List for facilities that are not contractually obligated to an ICE NDS, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Significant Self-harm and Suicide Prevention and Intervention, Hunger Strikes, Food Service, Environmental Health and Safety, Special Management Units (SMU) or Hold Rooms (if the facility does not have an SMU), Use of Force and Restraints/Use of Physical Control Measures, and Sexual Abuse and Assault Prevention and Intervention.

Upon completion of each special review or unannounced 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 uniform corrective action plans (UCAPs); 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 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)	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
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Tool Control	0
Use of Force and Restraints	0
Sub-Total	0
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	0
Sub-Total	0
Part 5 - Activities	
Recreation	0

⁵ For greater detail on ODO’s findings, see the *Unannounced Compliance Inspection Findings* section of this report.

⁶ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

⁷ During an unannounced inspection, ODO will review a facility’s compliance with at least 10 individual standards; however, unannounced full inspections will include a review of the same standards as announced full inspections.

Visitation	1
Sub-Total	1
Part 6 - Justice	
Detainee Handbook	0
Grievance System	0
Legal Rights Group Presentations	0
Sub-Total	0
Part 7 - Administration and Management	
Interviews and Tours	0
Staff Training	0
Sub-Total	0
Total Deficiencies	1

DETAINEE RELATIONS

ODO interviewed 49 detainees who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below

Food Service: Ten out of 49 detainees stated the food contained too many carbohydrates or portions were too small.

- Action Taken: ODO interviewed the food service manager, reviewed the facility food service policies, and observed the food service program from November 5 to 7, 2024. ODO found a registered dietitian completed a nutritional analysis of the meals served at the facility, certified the meals met the U.S. recommended daily allowances, and documented the analysis in a nutritional adequacy statement on May 25, 2024. Additionally, ODO observed meal services during the inspection and found the facility served meal portions as indicated on the approved food service menu.

UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

ACTIVITIES

VISITATION (V)

ODO reviewed the facility's legal visitation log and found the log did not include an up-to-date G-28 record on file (**Deficiency V-99**⁸).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action. The facility staff updated the electronic log process, adding a field to

⁸ "Staff shall maintain a separate log to record all legal visitors, including those denied access to the detainee. Log entries shall include the following information: ...

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

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

capture up-to-date G-28 information for the detainee (C-1).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 28 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 27 of those standards. ODO found one deficiency in the remaining standard. Since OCPC’s last rated compliance inspection in November 2023, the facility’s overall compliance has trended upward. OCPC went from 3 deficient standards and 6 deficiencies in November 2023 to 1 deficient standard and 1 deficiency in this most recent compliance inspection. OCPC completed its UCAP for its last rated inspection in November 2023, which likely resolved the previous deficiencies cited by ODO. Because the facility took corrective action for the one deficiency ODO identified during this inspection, ODO does not require a UCAP for this inspection. ODO recommends ERO El Paso continue to work with the facility to ensure the facility maintains their high-level of compliance with the PBNDS 2011 (Revised 2016).

Compliance Inspection Results Compared	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2025 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	29	28
Deficient Standards	3	1
Overall Number of Deficiencies	6	1
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	1	1
Facility Rating	Good	Superior



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