

Office of Professional Responsibility

Cibola County Correctional Center Inspection 2024-002-432

August 27-29, 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
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Office of Detention Oversight
Unannounced Follow-Up Compliance
Inspection
2024-005-432

Enforcement and Removal Operations
ERO El Paso Field Office

Cibola County Correctional Center
Milan, New Mexico

August 27-29, 2024

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION
of the
CIBOLA COUNTY CORRECTIONAL CENTER
Milan, New Mexico

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UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Acting Team Lead	ODO
[REDACTED]	Senior Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for longer than 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all over 72-hour ICE detention facilities with an ADP of 10 or more detainees that ODO conducted a full inspection of earlier in the FY.⁴

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which may 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 (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.

In FY 2022, ODO began conducting unannounced inspections of ICE detention facilities, ensuring each facility subject to biannual inspections receives an unannounced inspection at least once every 3 years. 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 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
Sub-Total	0
Part 2 – Security	
Admission and Release	0
Custody Classification System	1
Facility Security and Control	0
Funds and Personal Property	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	1
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Significant Self-harm and Suicide Prevention and Intervention	1
Sub-Total	1
Part 5 – Activities	
Recreation	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	2

⁵ For greater detail on ODO’s findings, see the *Unannounced Follow-Up 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.

DETAINEE RELATIONS

ODO interviewed 27 detainees, who each voluntarily agreed to participate. ODO attempted to interview three additional detainees; however, all three detainees declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services except for the concerns listed below.

Medical Care: One detainee stated he was suffering from a hernia and abdominal pain. ODO ended the interview and requested medical staff to evaluate the detainee.

- Action Taken: On August 27, 2024, medical staff evaluated the detainee for abdominal pain and a possible hernia. The detainee reported experiencing no fever, chills, nausea, nor other symptoms. Medical issued the detainee a hernia belt and pain medication to be taken daily. Medical also referred the detainee for further evaluation by a specialist and scheduled his appointment for September 3, 2024. ODO confirmed a specialist examined the detainee at the scheduled appointment and informed him surgery may be an option in the near future if the current treatment plan does not resolve the detainee's diagnosis.

Medical Care: One detainee stated he verbally requested medical care and has yet to be examined by medical staff for a lump on his back.

- Action Taken: On August 28, 2024, facility medical staff examined the detainee during sick call, prescribed antibiotic medication for a red rash in the middle of his back, and scheduled him for a follow-up appointment in which ODO confirmed took place on September 7, 2024.

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO interviewed facility classification staff, reviewed CCCC policy and 3 detainee files requiring reclassification, and found in 3 out of 3 files, no reclassification assessment completed 60 to 90 days after the initial classification (**Deficiency CCS-51⁸**).

CARE

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHPI)

⁸ "The first reclassification assessment shall be completed 60 to 90 days after the date of the initial classification." See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(H)(1).

ODO interviewed facility medical staff, reviewed the medical records of 6 detainees on constant monitoring (one-on-one) suicide watch during the inspection period, and found in 6 out of 6 suicide watches, welfare checks by clinical staff varied from over 8 hours and 21 minutes to as long as 56 hours and 43 minutes between each check (**Deficiency SSHSPI-35⁹**).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 17 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 15 of those standards. ODO found two deficiencies in the remaining two standards. Since CCCC’s last full inspection in February 2024, the facility’s compliance with PBNDS 2011 (Revised 2016) has trended upward. CCCC went from 6 deficient standards and 6 deficiencies in February 2024 to 2 deficient standard and 2 deficiencies during this most recent inspection. CCCC completed its UCAP for its last inspection in April 2024, which likely resolved the previous deficiencies ODO cited. ODO recommends ERO El Paso continue to work with the facility to ensure compliance with the PBNDS 2011 (Revised 2016).

Compliance Inspection Results Compared	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2024 Follow-Up Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	28	17
Deficient Standards	6	2
Overall Number of Deficiencies	6	2
Priority Component Deficiencies	1	0
Repeat Deficiencies	1	0
Areas Of Concern	0	0
Corrective Actions	1	0
Facility Rating	Good	N/A

⁹ “All suicidal detainees placed in an isolated confinement setting will receive continuous one-to-one monitoring, welfare checks at least every 8 hours conducted by clinical staff, and daily mental health treatment by a qualified clinician.” See ICE PBNDS 2011, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).



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