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# Office of Professional Responsibility

## El Paso Service Processing Center Compliance Inspection 2025-001-092

February 11-13, 2025



U.S. Immigration and Customs Enforcement

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#### COMPLIANCE INSPECTION of the EL PASO SERVICE PROCESSING CENTER El Paso, Texas

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#### **COMPLIANCE INSPECTION TEAM MEMBERS**



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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 a compliance inspection of the El Paso Service Processing Center (EPSPC) in El Paso, Texas, from February 11 to 13, 2025.<sup>1</sup> The facility opened in 1966 and is owned by ICE/Office Enforcement and Removal Operations (ERO) and operated by Paragon Professional Services. ERO began housing detainees at EPSPC in 1966 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).

The AFOD handles daily facility operations

and manages support personnel. Paragon Professional Services provides food services, United States Public Health Service provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in January 2023 and National Commission on Correctional Health Care in March 2024. In June 2022, EPSPC 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. <sup>2</sup>	
Average ICE Population <sup>3</sup>	
Adult Male Population (as of February 11, 2025)	
Adult Female Population (as of February 11, 2025)	

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 10 deficiencies in the following areas: Environmental Health and Safety (1); Food Service (1); Medical Care (3); Significant Self-harm and Suicide Prevention and Intervention (3); and Use of Force and Restraints (2).

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

<sup>&</sup>lt;sup>2</sup> Data Source: ERO Custody Management Division Authorized Facility List as of February 10, 2025.

<sup>&</sup>lt;sup>3</sup> Ibid.

#### **COMPLIANCE INSPECTION PROCESS**

ODO conducts oversight inspections of ICE detention facilities with an average daily population 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.<sup>4</sup>

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.

Upon completion of each 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 their decision-making to better allocate resources across the agency's entire detention inventory.

<sup>&</sup>lt;sup>4</sup> 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. <sup>5,6</sup>	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	1
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	1
Part 5 - Activities	•
Recreation	0
Visitation	0
Sub-Total	0

<sup>&</sup>lt;sup>5</sup> For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

<sup>&</sup>lt;sup>6</sup> 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.

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

#### **DETAINEE RELATIONS**

ODO interviewed 23 detainees, who each voluntarily agreed to participate. ODO requested an interview with two additional detainees; however, the detainees declined ODO's request for an interview. One detainee reported allegations of abuse. No other detainees made any allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concern listed below.

*Use of Force and Restraints:* One detainee stated he was assaulted by staff after making complaints about the air conditioning temperature in the housing unit and requesting an officer's name.

• <u>Action Taken</u>: ODO reviewed facility video footage, the investigation report, the incident report, and the unit disciplinary committee report confirming a use of force incident (UOF) involving the detainee with staff on January 22, 2025. Facility documentation reported the detainee became verbally combative and refused to follow the staff's orders to return to his bed. Staff tried to escort the detainee to his bed when he became resistant and fell to the ground. Staff tried to gain control of the detainee to apply hand restraints; however, the detainee to the medical unit for an evaluation and then to segregation. Facility video footage showed no physical injuries to the face as alleged by the detainee. ODO reviewed all UOF requirements pertaining to this UOF incident and found the facility complied with all requirements. ODO confirmed release of the detainee to the El Paso Sheriff's Office on February 11, 2025.

#### **COMPLIANCE INSPECTION FINDINGS**

#### **CARE**

#### FOOD SERVICE (FS)

ODO inspected EPSPC's FS department, interviewed the FS manager, and found the staff routinely cleaned the walls and floors; however, ODO observed a heavy accumulation of dust, dirt, and grime buildup on the kitchen ceiling (Deficiency FS-314.<sup>7</sup>). This is a repeat deficiency.

#### 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 one standard. Since EPSPC's last rated inspection in January 2024, the facility's compliance with PBNDS 2011 (Revised 2016) has trended upward. EPSPC went from 5 deficient standards and 10 deficiencies in January 2024 to 1 deficient standard and 1 deficiency during this most recent rated inspection. ODO received EPSPC's completed uniform corrective action plan for its last rated inspection in January 2024, which likely resolved most of the previous deficiencies ODO cited; however, the corrective action in FS did not resolve that deficiency. ODO recommends ERO El Paso continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2025 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	26	28
Deficient Standards	5	1
Overall Number of Deficiencies	10	1
Priority Component Deficiencies	0	0
Repeat Deficiencies	1	1
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Good	Good

<sup>&</sup>lt;sup>7</sup> "Walls, floors and ceilings in all areas must be cleaned routinely." *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(5)(c).



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