Office of Professional Responsibility

ERO El Paso Camp East Montana

Inspection 2026-001-098

February 10-12, 2026

U.S. Immigration and Customs Enforcement

INSPECTION
of the
ERO EL PASO CAMP EAST MONTANA
El Paso, Texas

TABLE OF CONTENTS

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	Senior Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
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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 an inspection of the ERO El Paso Camp East Montana (EECEM) in El Paso, Texas, from February 10 to 12, 2026..[1] The facility opened in July 2025, and at the time of ODO's inspection, was owned and operated by Acquisition Logistics LLC..[2] The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at EECEM in July 2025 under the oversight of ERO's Field Office Director in El Paso (ERO El Paso). The facility is a dedicated ICE detention facility and operates under National Detention Standards (NDS) 2025.

ERO has assistant field office directors, supervisory deportation and detention officers, and deportation officers assigned full-time to the facility. They are on-site daily, 24 hours per day, 7 days per week. A facility administrator handles daily facility operations and manages [redacted] support personnel. Disaster Management Group provides food services and Loyal Source Government Services provides medical care. The facility did not have a commissary provider, nor any external accreditations.

Capacity and Population Statistics	Quantity
ICE Bed Capacity.[3]	[redacted]
Average ICE Population.[4]	[redacted]
Adult Male Population (as of February 10, 2026)	[redacted]
Adult Female Population (as of February 10, 2026)	[redacted]

This was ODO's first inspection of EECEM.

[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] On March 11, 2026, ICE notified Acquisition Logistics LLC of its intent to end their contract for convenience effective March 26, 2026. ICE then awarded a new contract to Amentum to take over operations at EECEM on March 12, 2026.
[3] Data Source: ERO Custody Management Division Authorized Facility List as of February 5, 2026.
[4] *Ibid.*

INSPECTION PROCESS

ODO conducts the following annual and biennial oversight inspections of ICE detention facilities to assess and rate each facility's compliance with their contractually obligated detention standards as noted in the Facility Overview section above.

- Dedicated facility: ODO conducts annual on-site inspections of dedicated inter-governmental service agreement (IGSA) facilities, contract detention facilities (CDF), family residential centers, and service processing centers.

- Non-dedicated IGSA facility:
  - For facilities with an average daily population (ADP) of 50 or more, ODO conducts biennial on-site inspections.
  - For facilities with an ADP of 50 or less,
    - If the facility has not previously had a rated ODO inspection, then ODO conducts an initial on-site inspection, and
    - If the facility has had an ODO inspection, then the facility completes a biennial ODO-assisted self-inspection process (OASIP).

- U.S. Marshal Service (USMS): USMS CDF and intergovernmental agreement facilities complete biennial OASIPs.

In FY 2025, ODO implemented OASIPs, which replaced the annual Special Review inspections ODO conducted at most low ADP and/or short-term use facilities. This new inspection framework is more reflective of the actual operation demand for facilities with a low ADP and/or short-term use. OASIP inspections focus on facility compliance with detention standard requirements that directly affect detainee life, health, safety, and/or well-being. Facilities have 30 calendar days to complete the OASIP inspection and ODO staff will go on-site for 1 day towards the end of the 30-day inspection window to observe facility conditions, interview ICE detainees, and spot-check the facility's reported findings.[5]

ODO defines a "deficiency" as any violation of detention standards, policies, or operational procedures, as applicable. ODO highlights instances when the facility resolves deficiencies prior to the completion of the ODO inspection as corrective actions. Where applicable, these corrective actions are annotated with a "C" in the *Inspection Findings* section of the report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. ODO shares a summary of these findings with ERO management officials. Thereafter, ODO provides ICE leadership with a final report to: (i) assist ERO in developing and initiating a uniform corrective action plan (UCAP); and (ii) provide senior executives with an independent assessment of facility operations. ODO's findings inform ICE executive management in its decision-making to better allocate resources across the agency's entire detention inventory.

[5] When ODO conducts on-site inspections for non-OASIP facilities, the facility is notified 4 weeks before the inspection and ODO is on-site for 2-3 business days conducting the inspection.

FINDINGS BY NATIONAL DETENTION STANDARDS 2025 MAJOR CATEGORIES

NDS 2025 Standards Inspected.[6]	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	0
Sub-Total	**0**
Part 2 - Security	
Admission and Release	0
Custody Classification System	1
Facility Security and Control	11
Funds and Personal Property	1
Post Orders	0
Searches of Detainees	0
Use of Force and Restraints	22
Special Management Units	0
Staff-Detainee Communication	2
Sexual Abuse and Assault Prevention and Intervention	2
Sub-Total	**39**
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	5
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	**5**
Part 5 - Activities	
Correspondence and Other Mail	0
Religious Practices	0
Telephone Access	1
Voluntary Work Program	0
Sub-Total	**1**
Part 6 - Justice	
Grievance System	4
Law Libraries and Legal Materials	0
Sub-Total	**4**
Part 7 - Administration and Management	
Detention Files	0
Detainee Transfers	0
Sub-Total	**0**
Total Deficiencies	**49**

[6] For greater detail on ODO's findings, see the *Inspection Findings* section of this report.

DETAINEE RELATIONS

ODO interviewed 49 detainees, who each voluntarily agreed to participate. None of the detainees ODO interviewed made allegations of discrimination, mistreatment, or abuse.[7] Most detainees reported satisfaction with facility services except for the concern listed below.

Food Service: Several detainees stated the food portions were too small.

- Action Taken: ODO interviewed the food service manager, reviewed the facility's food service policies, and observed the food service program from February 10 to 12, 2026. ODO found a registered dietitian completed a nutritional analysis of the meals served at the facility, documented the analysis in a nutritional adequacy statement, and certified that the average daily caloric provision of the menu meets the United States Department of Agriculture's recommended daily allowance.

INSPECTION FINDINGS

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed [redacted] detainee files and found in [redacted] out of [redacted] files, the initial classification process and initial housing assignments were not completed within 12 hours of the detainees' admission to the facility; rather, they were completed 14 hours to 25 days after being admitted to the facility **(Deficiency CCS-4[8])**.

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed logbooks and memoranda for checks of detainees in the medical unit and found staff did not accurately document required checks to prevent significant self-harm and suicide **(Deficiency FSC-2[9])**.

ODO requested the facility's comprehensive security staffing analysis, but the facility did not provide the analysis. ODO cannot determine compliance when a facility does not provide ODO with evidence; therefore, ODO could not determine:

[7] ODO randomly selects detainees from the facility's daily roster to interview, aiming to ensure a representative sample by considering factors such as gender and nationality.
[8] "The initial classification process and initial housing assignment should be completed within 12 hours of admission to the facility." *See* ICE NDS 2025, Standard, Custody Classification System, Section (II)(A)(2).
[9] "Each facility shall ensure it maintains sufficient supervision of detainees, including through appropriate staffing levels and, where applicable, video monitoring, to protect detainees against sexual abuse and assault and other forms of violence or harassment, and to prevent significant self-harm and suicide." *See* ICE NDS 2025, Standard, Facility Security and Control, Section (II)(A).

- Whether security staffing levels were sufficient to maintain facility security and prevent or minimize events that pose a risk of harm to persons and property **(Deficiency FSC-3[10])**;
- Whether security staffing levels met the facility's detainee supervision needs **(Deficiency FSC-4[11])**; and
- Whether the facility reviewed and updated the security staffing analysis at least annually **(Deficiency FSC-5[12])**.

ODO interviewed facility staff and reviewed available closed-circuit television (CCTV) footage and found that one detainee escaped when the facility did not have security staff assigned to conduct perimeter fence checks **(Deficiency FSC-8[13])**.

ODO interviewed facility staff, reviewed available CCTV footage and found that facility staff did not conduct housing unit searches in accordance with facility procedures after the escape of one detainee from the facility **(Deficiency FSC-12[14])**.

ODO observed detainee counts for eight housing units, including from within the housing units and from the control center, and found in seven out of eight counts, staff did not conduct counts in accordance with facility procedures **(Deficiency FSC-20[15])**.

ODO observed detainee counts for eight housing units including from within the housing units and from the control center, and found in seven out of eight counts, staff did not conduct counts as necessary to ensure around-the-clock accountability for all detainees **(Deficiency FSC-21[16])**.

ODO toured the facility and reviewed the facility's tool control policy and found staff did not comply with established tool control requirements. Specifically, ODO observed tools and equipment unsecured and unaccounted for throughout the facility **(Deficiency FSC-22[17])**. **This is a priority component**.

[10] "Security staffing shall be sufficient to maintain facility security and prevent or minimize events that pose a risk of harm to persons and property." *See* ICE NDS 2025, Standard, Facility Security and Control, Section (II)(A).
[11] "The facility shall develop and document comprehensive detainee supervision guidelines, as well as a comprehensive staffing analysis and staffing plan, to determine and meet the facility's detainee supervision needs; these shall be reviewed and updated at least annually." *See* ICE NDS 2025, Standard, Facility Security and Control, Section (II)(A).
[12] *Ibid*
[13] "Each facility shall establish a comprehensive security inspection system that addresses every area of the facility, including the perimeter fence line and other areas noted below in this standard." *See* ICE NDS 2025, Standard, Facility Security and Control, Section (II)(B).
[14] "Every facility will establish written policy and procedures for housing unit and personal area searches." *See* ICE NDS 2025, Standard, Facility Security and Control, Section (II)(B)(2).
[15] "Every facility shall implement an effective system for counting detainees." *See* ICE NDS 2025, Standard, Facility Security and Control, Section (II)(E).
[16] "Formal and informal counts will be conducted as necessary to ensure around-the-clock accountability for all detainees." *See* ICE NDS 2025, Standard, Facility Security and Control, Section (II)(E).
[17] "Every facility will establish a tool-control policy with which all employees shall comply." *See* ICE NDS 2025, Standard, Facility Security and Control, Section (II)(F).

ODO toured the tool room and armory, reviewed accountability documents, and found the facility did not maintain an accurate inventory of ammunition nor conduct regular inspections of all tools in the tool room **(Deficiency FSC-23)**[18]. **This is a priority component**.

ODO toured the tool room and armory and found the facility did not maintain readily available inventories for those areas **(Deficiency FSC-24)**[19].

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed facility policy, interviewed facility staff, and toured the housing units and found detainees did not have designated space, such as lockers or other securable areas, for storing their authorized personal property **(Deficiency FPP-12)**[20].

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed [redacted] UOFR files and found:

- In [redacted] files, the facility did not forward UOFR documentation to ICE/ERO for review **(Deficiency UOFR-11)**[21];
- In [redacted] files, there was no documentation indicating that staff sought assistance from mental health or other medical personnel immediately after gaining physical control of the detainees **(Deficiency UOFR-48)**[22];
- In [redacted] files, medical personnel did not document the detainees' examinations or treatment of injuries following the UOFR **(Deficiency UOFR-51)**[23];
- In [redacted] files, staff did not document that medical services were provided following the UOFR **(Deficiency UOFR-52)**[24];
- In [redacted] files, the facility did not forward UOFR documentation to ICE/ERO for review **(Deficiency UOFR-75)**[25];

[18] "The facility administrator shall designate the person responsible for developing and implementing tool-control procedures, along with an inventory and an inspection system to ensure accountability." *See* ICE NDS 2025, Standard, Facility Security and Control, Section (II)(F).
[19] "The facility administrator shall designate the person responsible for developing and implementing tool-control procedures, along with an inventory and an inspection system to ensure accountability. These inventories shall be kept current and readily available." *See* ICE NDS 2025, Standard, Facility Security and Control, Section (II)(F).
[20] "Each housing area will designate an area for storing detainees' personal property." *See* ICE NDS 2025, Standard, Funds and Personal Property, Section (II)(B)(3).
[21] "ICE requires that all of use of force incidents be documented, and the documentation forwarded to ICE/ERO for review." *See* ICE NDS 2025, Standard, Use of Force and Restraints, Section (II)(B).
[22] "In immediate use-of-force situations, staff shall seek the assistance of mental health or other medical personnel immediately upon gaining physical control of the detainee." *See* ICE NDS 2025, Standard, Use of Force and Restraints, Section (II)(G)(1).
[23] "After any use of force or application of restraints, medical personnel shall examine the detainee, immediately treating any injuries." *See* ICE NDS 2025, Standard, Use of Force and Restraints, Section (II)(G)(3).
[24] "The medical services provided shall be documented." *See* ICE NDS 2025, Standard, Use of Force and Restraints, Section (II)(G)(3).
[25] "ICE/ERO requires that all use of force incidents involving detainees be documented and the documentation forwarded to ICE/ERO for review." *See* ICE NDS 2025, Standard, Use of Force and Restraints, Section (II)(J).

- In [redacted] files, all personnel who used force or observed the UOFR did not document their actions or observations in a written report before leaving their shift **(Deficiency UOFR-78_[26])**;
- In [redacted] files, supervisors who were present during UOFR did not document their observations or any orders they gave directing the UOFR in written reports **(Deficiency UOFR-79_[27])**;
- In [redacted] files, facility staff did not prepare UOFR reports **(Deficiency UOFR-80_[28])**;
- In [redacted] files, personnel who witnessed the UOFR did not complete memorandums for the record and attach them to the reports **(Deficiency UOFR-81_[29])**;
- In [redacted] files, the facility administrator or designee did not review completed reports and memorandums for sufficiency and corrective action **(Deficiency UOFR-82_[30])**;
- In [redacted] files, staff did not immediately obtain and record the UOFR with a video camera, nor document that a delay in obtaining a camera would have constituted a serious hazard, major disturbance, or serious property damage **(Deficiency UOFR-84_[31])**;
- In [redacted] files, staff did not catalogue and preserve video, audio, and other recordings of the UOFR incidents as required **(Deficiency UOFR-88_[32])**;
- In [redacted] files, facility review teams did not complete and submit their reports to the facility administrator within 5 working days of the UOFR or the detainee's release from restraints **(Deficiency UOFR-90_[33])**;
- In [redacted] files, the facility administrator did not review and sign the after-action report acknowledging whether the UOFR were appropriate or inappropriate **(Deficiency UOFR-91_[34])**;
- In [redacted] files, the after-action review team did not determine or document whether the incidents required further investigation or referral to law enforcement **(Deficiency UOFR-92_[35])**;

[26] "All personnel who either use force or observe the use of force shall document their actions and observations in a written report before leaving shift." *See* ICE NDS 2025, Standard, Use of Force and Restraints, Section (II)(J).
[27] "Supervisors who are present during a force incident shall document in a written report their observations and any orders given directing the use of force." *See* ICE NDS 2025, Standard, Use of Force and Restraints, Section (II)(J).
[28] "Facility staff shall prepare a use of force report for each use of force incident." *See* ICE NDS 2025, Standard, Use of Force and Restraints, Section (II)(J)(1).
[29] "Each staff member who witnesses the use of force shall complete a memorandum for the record, to be attached to the use of force report." *See* ICE NDS 2025, Standard, Use of Force and Restraints, Section (II)(J)(1).
[30] "The facility administrator or designee will review all completed reports and memoranda for sufficiency and corrective action as necessary." *See* ICE NDS 2025, Standard, Use of Force and Restraints, Section (II)(J)(1).
[31] "Staff shall immediately obtain and record with a video camera any use-of-force incident, unless such a delay in bringing the situation under control would constitute a serious hazard to the detainee, staff, or others, or would result in a major disturbance or serious property damage." *See* ICE NDS 2025, Standard, Use of Force and Restraints, Section (II)(J)(3).
[32] "Video, audio, and other recordings shall be catalogued and preserved until no longer needed, but for no less than 30 months after their last documented use." *See* ICE NDS 2025, Standard, Use of Force and Restraints, Section (II)(J)(4).
[33] "The facility review team shall complete and submit its report to the facility administrator within five working days of the incident or the detainee's release from restraints." *See* ICE NDS 2025, Standard, Use of Force and Restraints, Section (II)(J)(5).
[34] "The facility administrator shall review and sign the report, acknowledging its finding that the use of force was appropriate or inappropriate." *See* ICE NDS 2025, Standard, Use of Force and Restraints, Section (II)(J)(5).
[35] "The review team shall determine whether the incident requires further investigation or referral to law enforcement." *See* ICE NDS 2025, Standard, Use of Force and Restraints, Section (II)(J)(5).

- In [redacted] files, the facility did not forward copies of after-action reports to the local ICE/ERO office within 7 days of completion **(Deficiency UOFR-93)**[36];
- In [redacted] files, after-action review team did not document in the report that they reviewed all relevant materials to assess staff compliance with policy and standards **(Deficiency UOFR-96)**[37];
- In [redacted] files, the after-action review team did not review recordings to confirm the wear of protective gear inside the cells or areas until the conclusion of the operation **(Deficiency UOFR-98)**[38];
- In [redacted] files, the after-action review team did not review recordings to examine the appropriate use of chemical agents in accordance with written procedures **(Deficiency UOFR-99)**[39];
- In [redacted] files, the after-action review team did not review recordings to examine whether a medical professional promptly examined the detainee and reported the findings on the recordings **(Deficiency UOFR-100)**[40];
- In [redacted] files, the after-action review team did not review video recordings for continuous coverage from the time recording began until the incident concluded **(Deficiency UOFR-101)**[41]; and
- In [redacted] files, the after-action review team did not review video recordings to investigate any breaks or apparently missing sequences in the recordings **(Deficiency UOFR-102)**[42].

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[36] "The facility shall forward a copy of the After-Action Report to the local ICE/ERO Field Office Director within seven days of completion." *See* ICE NDS 2025, Standard, Use of Force and Restraints, Section (II)(J)(5).

[37] "The After-Action Review shall examine all relevant materials for facility staff's compliance with facility policy and these standards." *See* ICE NDS 2025, Standard, Use of Force and Restraints, Section (II)(K)(1).

[38] "The After-Action Review shall examine all relevant materials for facility staff's compliance with facility policy and these standards. For calculated use of force incidents, and incidents where video is available, recordings will be reviewed to examine, among other things: …

b. Protective gear worn inside cell/area until end of operation." *See* ICE NDS 2025, Standard, Use of Force and Restraints, Section (II)(K)(1)(b).

[39] "The After-Action Review shall examine all relevant materials for facility staff's compliance with facility policy and these standards. For calculated use of force incidents, and incidents where video is available, recordings will be reviewed to examine, among other things: …

c. Appropriate use of chemical agents, Oleoresin Capsicum (OC) spray, mace, etc., in accordance with written procedures." *See* ICE NDS 2025, Standard, Use of Force and Restraints, Section (II)(K)(1)(c).

[40] "The After-Action Review shall examine all relevant materials for facility staff's compliance with facility policy and these standards. For calculated use of force incidents, and incidents where video is available, recordings will be reviewed to examine, among other things: …

d. A medical professional promptly examines the detainee, with the findings reported on the recording." *See* ICE NDS 2025, Standard, Use of Force and Restraints, Section (II)(K)(1)(d).

[41] "The After-Action Review shall examine all relevant materials for facility staff's compliance with facility policy and these standards. For calculated use of force incidents, and incidents where video is available, recordings will be reviewed to examine, among other things: …

e. Continuous coverage from the time the camera starts recording until the incident is over. The review will investigate any breaks or sequences apparently missing from the recording." *See* ICE NDS 2025, Standard, Use of Force and Restraints, Section (II)(K)(1)(e).

[42] "The After-Action Review shall examine all relevant materials for facility staff's compliance with facility policy and these standards. For calculated use of force incidents, and incidents where video is available, recordings will be reviewed to examine, among other things: …

e. The review will investigate any breaks or sequences apparently missing from the recording." *See* ICE NDS 2025, Standard, Use of Force and Restraints, Section (II)(K)(1)(e).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed housing unit logbooks and determined the facility did not consistently document ICE visits **(Deficiency SDC-8[43])**.

ODO observed that the ICE drop-boxes in the housing unit hallways were too small to fully hold written ICE request forms, resulting in the forms protruding from the boxes **(Deficiency SDC-24[44])**.

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's SAAPI policy and found no documentation that ICE/ERO approved the SAAPI policy and procedures **(Deficiency SAAPI-13[45])**.

ODO reviewed facility practices and interviewed the Prison Rape Elimination Act Coordinator and found the facility has not implemented a coordinated, multidisciplinary team approach to responding to sexual abuse and assault, such as a sexual abuse and assault response team that includes, at a minimum, medical, mental health, security, investigative, and relevant outside representatives **(Deficiency SAAPI-90[46])**.

CARE

MEDICAL CARE (MC)

ODO reviewed logbooks for the medical area and interviewed ERO El Paso staff and found:

- One detainee with symptoms suggestive of pulmonary tuberculosis disease (TB) was not housed in an airborne infection isolation room with negative pressure ventilation **(Deficiency MC-20[47]);**

[43] "Each facility shall develop a method to document ICE visits." *See* ICE NDS 2025, Standard, Staff-Detainee Communication, Section (II)(B)(4).
[44] "ICE/ERO may provide a secure drop box for detainees to correspond directly with ICE/ERO management. Only ICE/ERO personnel shall have access to the drop-box." *See* ICE NDS 2025, Standard, Staff-Detainee Communication, Section (II)(C)(4).
[45] "The facility's written policy and procedures must be reviewed and approved by ICE/ERO." *See* ICE NDS 2025, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).
[46] "Facilities should use a coordinated, multidisciplinary team approach to responding to sexual abuse and assault, such as a sexual abuse and assault response team (SART), which, in accordance with community practices, includes a medical practitioner, a mental health practitioner, a security staff member and an investigator from the assigned investigative entity, as well as representatives from outside entities that provide relevant services and expertise." *See* ICE NDS 2025, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(J).
[47] "Detainees with symptoms suggestive of pulmonary TB disease and/or with suspected or confirmed TB disease based on historical, clinical and/or laboratory findings will be housed in an airborne infection isolation room with negative pressure ventilation and promptly evaluated for TB disease." *See* ICE NDS 2025, Standard, Medical Care, Section (II)(D)(1).

- One detainee with symptoms suggestive of pulmonary TB was not housed in an airborne infection isolation room until determined by a health care professional to be noncontagious **(Deficiency MC-21_[48])**;
- One detainee with symptoms suggestive of pulmonary TB disease was not evaluated for human immunodeficiency virus **(Deficiency MC-22_[49])**;
- ICE/ERO was not notified of one detainee with symptoms suggestive of pulmonary TB disease **(Deficiency MC-67_[50])**. **This is a priority component**; and
- One detainee with symptoms suggestive of pulmonary TB disease was not evaluated for human immunodeficiency virus **(Deficiency MC-83_[51])**.

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO toured the housing units and interviewed facility staff and found housing unit officers did not conduct daily serviceability checks of tablets, promptly report out-of-order tablets for repair, nor ensure quick completion of repairs **(Deficiency TA-7_[52])**.

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed facility policy and the grievance log and interviewed the grievance coordinator and found:

- In 16 out of 91 logged grievances, the facility did not make every effort to resolve the grievances in a timely manner. Specifically, the facility responded to grievances between 6 and 14 business days **(Deficiency GS-6_[53])**;
- In 16 out of 91 logged grievances, the facility did not address grievances within 5 business days. Specifically, the facility responded to grievances between 6 and 14 business days **(Deficiency GS-15_[54])**; and

[48] "Detainees with suspected pulmonary TB disease will remain in airborne infection isolation until determined by a health care practitioner to be noncontagious in accordance with CDC guidelines." *See* ICE NDS 2025, Standard, Medical Care, Section (II)(D)(1).
[49] "All detainees with suspected or confirmed TB disease shall be evaluated for human immunodeficiency virus (HIV), and all detainees with HIV shall be evaluated for TB disease, which includes a chest X-ray." *See* ICE NDS 2025, Standard, Medical Care, Section (II)(D)(1).
[50] "The facility will notify ICE/ERO of any detainee who requires close medical supervision, including chronic and convalescent care." *See* ICE NDS 2025, Standard, Medical Care, Section (II)(M).
[51] "Any detainee with confirmed or suspected TB disease shall also be evaluated for possible HIV infection, and any detainee with HIV shall be evaluated for TB disease." *See* ICE NDS 2025, Standard, Medical Care, Section (II)(N)(3).
[52] "Appropriate facility staff shall inspect the telephones daily, promptly report out-of-order telephones to the repair service, and ensure required repairs are completed quickly." *See* ICE NDS 2025, Standard, Telephone Access, Section (II)(D).
[53] "The facility shall make every effort to resolve a detainee's complaint or grievance at the lowest level possible, in an orderly and timely manner." *See* ICE NDS 2025, Standard, Grievance System, Section (II)(A)(1).
[54] "Barring extraordinary circumstances, grievances shall be addressed within five business days." *See* ICE NDS 2025, Standard, Grievance System, Section (II)(A)(2)(a).

- In 12 out of 39 logged medical grievances, the facility did not promptly refer nor answer medical grievances. Specifically, the facility responded to medical grievances between 6 and 14 business days **(Deficiency GS-16_[55])**.

ODO reviewed the facility's grievance policy and logbook and found the facility did not follow its policy of urgent response to any grievance alleging any threat of a detainee's health, safety or wellbeing. Specifically, ODO found in 2 out of 10 logged emergency grievances, the facility responded to the emergency grievances in 6 and 8 days **(Deficiency GS-20_[56])**.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 24 standards under NDS 2025 and found the facility in compliance with 15 of those standards. ODO found 49 deficiencies in the remaining 9 standards, including 3 priority components. This was ODO's first inspection of EECEM so prior inspection data does not exist for ODO to perform a trend analysis. 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	Previous ODO Inspection	FY 2026 Full Inspection (NDS 2025)
Standards Reviewed	N/A	24
Deficient Standards	N/A	9
Overall Number of Deficiencies	N/A	49
Priority Component Deficiencies	N/A	3
Repeat Deficiencies	N/A	N/A
Areas Of Concern	N/A	0
Corrective Actions	N/A	0
Facility Rating	N/A	Acceptable/Adequate

[55] "Medical grievances shall be promptly referred to and answered by the medical department." *See* ICE NDS 2025, Standard, Grievance System, Section (II)(A)(2)(b).

[56] "When a staff member determines that a detainee is raising an issue requiring urgent attention, the facility's emergency grievance procedures apply." *See* ICE NDS 2025, Standard, Grievance System, Section (II)(B).

U.S. Immigration and Customs Enforcement

Office of Professional Responsibility