July 29, 2021

TO:                                
Assistant Director Custody Management

FROM:                              
Lead Compliance Inspector 
The Nakamoto Group, Inc.

SUBJECT: Annual Inspection of the Torrance County Detention Facility

The Nakamoto Group, Inc. performed an annual inspection for compliance with the ICE Performance-Based National Detention Standards (PBNDS 2011) of the Torrance County Detention Facility in Estancia, New Mexico during the period of July 27-29, 2021. This is an IGSA.

The annual inspection was performed under the guidance of Lead Compliance Inspector. Team members were:

<table>
<thead>
<tr>
<th>Subject Matter Field</th>
<th>Team Member</th>
</tr>
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<tbody>
<tr>
<td>Detainee Rights</td>
<td></td>
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<tr>
<td>Security</td>
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<tr>
<td>Medical Care</td>
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<td>Medical Care</td>
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<td>Safety</td>
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**Type of Inspection**

This is a scheduled annual inspection, which is performed to determine overall compliance with the ICE PBNDS 2011 for Over 72 hour facilities. The facility received a rating of Meets Standards during the October 2020 inspection.

**Inspection Summary**

The Torrance County Detention Facility is currently accredited by:

- The American Correctional Association (ACA) – No
- The National Commission on Correctional Health Care (NCCHC) – No
- The Joint Commission (TJC) - No
- Prison Rape Elimination Act (PREA) - No

**Standards Compliance**

The following information is a summary of the standards that were reviewed and overall compliance that was determined as a result of the 2020 and 2021 compliance annual inspections:
<table>
<thead>
<tr>
<th>2020 Annual Inspection</th>
<th>2021 Annual Inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meets Standards</td>
<td>41</td>
</tr>
<tr>
<td>Does Not Meet Standards</td>
<td>0</td>
</tr>
<tr>
<td>Repeat Finding</td>
<td>0</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>1</td>
</tr>
<tr>
<td>Meets Standards</td>
<td>38</td>
</tr>
<tr>
<td>Does Not Meet Standards</td>
<td>1</td>
</tr>
<tr>
<td>Repeat Finding</td>
<td>0</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>4</td>
</tr>
</tbody>
</table>

The inspection team identified twenty-two (22) deficient components in the following eight (8) standards:

- Environmental Health and Safety - 3
- Staff-Detainee Communication – 1
- Food Service – 12, two of which are Priority components
- Significant Self-Harm and Suicide Prevention - 1
- Telephone Access – 1
- Visitation – 2, both of which are Priority components
- Grievance System – 1, which is a Priority component
- Staff Training – 1, which is a repeat deficiency

**Facility Snapshot/Description**

The Torrance County Detention Center is a medium-security, multi-jurisdictional facility, owned and operated by CoreCivic. The facility is located in Estancia, New Mexico approximately fifty miles southeast of Albuquerque, New Mexico. The facility, which was constructed in 1990, [redacted]. The facility houses adult male detainees of all classification levels for ICE and the U.S. Marshals Service and male and female detainees for Torrance County. [redacted]. Detainees are classified by ICE before their arrival. ICE detainees are not housed with non-ICE detainees. [redacted] Detainee telephone services and tablets are provided by Talton Communications, Inc. Food service is provided by Trinity Services Group. All other services are provided by CoreCivic. Detainees are not charged co-pay fees for medical, dental, or mental health services.

The facility encompasses a total of sixteen acres within the secure perimeter and an additional 624 acres surrounding the facility. There are two sixteen-foot-high chain link fences with two feet buried, that surround the perimeter, with an additional eight-foot-high interior fence in the recreation areas, and an electric stun fence. There is a triple roll of razor wire at the top of the inner perimeter fence. Central control maintains operational control over all exterior and interior security doors and gates. Camera monitors, which are monitored from central control, provide secondary visual observation to all zones and points of egress. The entire facility is equipped with sprinkler systems and electronically controlled and monitored security and safety systems.

There are five housing units divided into sub-sections for a total of eight separate living areas that are configured into cell and dormitory designs. Five of the living areas are further divided into four sub-sections containing either 38 or 40 beds each. Two dormitory living areas contain 75 beds each. Each living area has a common dayroom that is equipped with fixed table/chair units for detainees to eat their meals, play games, and gather for conversation. Electronic tablets are available for all detainees to send and receive emails, make telephone calls, play games, read books, participate in video visits, send re-
quests directly to facility staff and ICE/ERO personnel, and file grievances. Tablets include LexisNexis, the local handbook, and all posted announcements and bulletins.

Housing unit control centers provide direct supervision of unit living areas. Each cell contains direct communication to the unit control center via intercoms. The facility has a special management/restrictive housing unit. There were no ICE detainees housed in the unit during this inspection period.

The facility has a gymnasium and two outdoor yard areas. Outdoor recreational activities are available, including handball, basketball courts, and soccer. The gymnasium area has handball, basketball, universal weights, and volleyball. Housing units have board games, movies, and televisions.

A total of 25 detainees were interviewed by inspectors. Eleven interviews were informal and were conducted when inspectors visited the housing units. Fourteen interviews were conducted confidentially. Detainees who spoke Spanish were interviewed by a bilingual inspector. Two detainees stated they submitted sick call slips and had not been seen by medical staff. The Medical SME followed up on the complaints with medical staff. One detainee complained that he had been tested for COVID-19 twice. No other complaints were voiced. The detainees stated that the food was “okay”. The detainees stated that facility staff treated them with respect and that they felt safe at the facility. The detainees knew how to file a grievance and stated they received a facility handbook during the intake process. None of the detainees had contacted the OIG.

During the inspection, optimal compliance was found while reviewing the following standards: Special Management Unit and Telephone Access.

Areas of Concern/Significant Observations

It was noted that the current staffing level is at fifty percent of the authorized correctional/security positions. Staff is currently working mandatory overtime shifts.

Standard 4.1 Food Service - Rated Does Not Meet Standard

Policy: This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.

Finding: During the inspection, numerous instances of sanitation and safety concerns were observed with food display and service; food preparation; food protection; and safety and sanitation. Eleven components, including two Priority components, were rated as Does Not Meet Standard.

Recommendation: Safety and sanitation should be improved to ensure that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic good service operation.

Priority Components rated Does Not Meet Standard.

Standard 4.1 Food Service

Component #1- PRIORITY: The food service program shall be under the direct supervision of an experienced food service administrator (FSA) who is responsible for:

- Planning, controlling, directing, managing, and evaluating food service;
- Managing budget resources;
• Establishing standards of sanitation, safety, and security;

• Developing nutritionally adequate menus and evaluating detainee acceptance of them;

• Developing specifications for the procurement of food, equipment, and supplies; and

• Establishing a training program that ensures operational efficiency and a high-quality food service program.

Finding: During this inspection, numerous sanitation and safety concerns were observed. Specifically, issues with food display and service; food preparation; food protection; and safety and sanitation

Recommendation: The facility should provide an increased level of supervision to the food service contractor to ensure a safe, sanitary, and hygienic food service operation.

Component #39 – PRIORITY: Staff shall check refrigerator and water temperatures daily and record the results. The FSA or designee will verify and document requirements of food and equipment temperatures.

Finding: During this inspection, the dishwashing machine was found to be operating at temperatures that did not meet minimum requirements to ensure dishes were cleaned and sanitized.

Recommendation: The facility should provide an increased level of supervision to the food service contractor to ensure a safe, sanitary, and hygienic food service operation.

Standard 5.7 Visitation

Component #5 – PRIORITY: General visitation is permitted during set hours on Saturdays, Sundays, and holidays, and, to the extent practicable, the facility also establishes visiting hours on weekdays and during evening hours. The facility accommodates the scheduling needs of visitors for whom scheduled visiting hours pose a hardship. The number of visitors a detainee receives and the length of visits are limited only by reasonable constraints of space, scheduling, staff availability, safety, security, and good order.

Finding: General visitation has been suspended due to COVID-19 concerns. There is a video visitation option available on the electronic tablets available to detainees in the housing units; however, video visits are not free. Indigent detainees do not have access to general visitation. The facility has continued to provide legal visitation.

Recommendation: The facility should provide an equal opportunity for detainees to participate in general visitation without paying a fee.

Component #9 – PRIORITY: The facility’s written rules shall specify time limits for visits. Visits should be for the maximum period practicable but not less than one hour with special consideration given to family circumstances and individuals who have traveled long distances.

Finding: General visitation has been suspended due to COVID-19 concerns. There is a video visitation option available on the electronic tablets in the housing units; however, video visits are not free. Indigent detainees do not have access to general visitation. The facility has continued to provide legal visitation.
Recommendation: The facility should provide an equal opportunity for detainees to participate in general visitation without paying a fee.

Standard 6.2 Grievance System

Component #11 - PRIORITY: Each facility shall maintain a Detainee Grievance Log. The documentation shall include the date the grievance was filed, the name of the detainee that filed the grievance, the nature of the grievance, the date the decision was provided to the detainee, and the outcome of the adjudication. A copy of the grievance disposition shall be placed in the detainee’s detention file and provided to the detainee. Medical grievances are maintained in the detainee’s medical file.

Finding: During the current inspection it was determined that a copy of the grievance disposition was not placed in the detainee’s detention file, nor were medical grievances maintained in the detainee’s medical file.

Recommendation: The facility should amend policy and practice to ensure grievances are filed as required by the standard.

Recommended Rating and Justification

The Lead Compliance Inspector recommends that the facility receive a rating of Does Not Meet Standards. The facility does not comply with the ICE Performance-Based National Detention Standards (PBNDs 2011) unless unobserved practices and conditions are contrary to what was reported to the inspection team. One (1) standard was found Does Not Meet Standard and four (4) standards were Not Applicable (N/A). All remaining thirty-eight (38) standards were found to Meet Standards.

LCI Assurance Statement

The findings of compliance and non-compliance are accurately and completely documented on the G-324 Inspection Form and are supported by documentation in the inspection file. An out brief was conducted with the facility. In addition to the Nakamoto Group Inspection Team, the following participated:

- ICE Officials – [Redacted]
- Facility staff – [Redacted]

[Redacted] Lead Compliance Inspector July 29, 2021
Printed Name of LCI Date