



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
Compliance Inspection**

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

**Torrance County Detention Facility
Estancia, New Mexico**

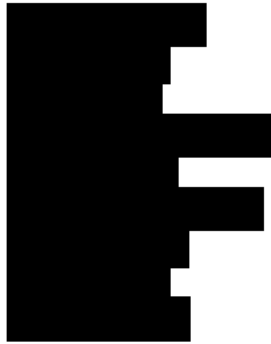
October 25-27, 2022

COMPLIANCE INSPECTION
of the
TORRANCE COUNTY DETENTION FACILITY
Estancia, New Mexico

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COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	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 a compliance inspection of the Torrance County Detention Facility (TCDF) in Estancia, New Mexico, from October 25 to 27, 2022.¹ The facility opened in 1990 and is owned and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at TCDF in 2019 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 (2013 Errata).

ERO has assigned deportation officers to the facility. A TCDF warden handles daily facility operations and manages [REDACTED] support personnel. Trinity Services provides food services, and CoreCivic provides medical care and commissary services at the facility. The facility was accredited by the American Correctional Association in 2021 and the National Commission on Correctional Healthcare in 2022. In January 2021, TCDF 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 ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of October 25, 2022)	[REDACTED]
Adult Female Population (as of October 25, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2022, ODO found six deficiencies in the following areas: Correspondence and Other Mail (1); Detention Files (1); Food Service (1); and Medical Care (3).

¹ This facility holds male detainees with low security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List as of October 25, 2022.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.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.

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.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (2013 ERRATA) MAJOR CATEGORIES

PBNDs 2011 (2013 Errata) Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Transportation (by Land)	1
Sub-Total	1
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Contraband	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	2
Key and Lock Control	1
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Tool Control	0
Use of Force and Restraints	0
Sub-Total	3
Part 3 - Order	
Disciplinary System	1
Sub-Total	1
Part 4 - Care	
Food Service	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	3
Terminal Illness, Advance Directives and Death	0
Sub-Total	3
Part 5 - Activities	
Correspondence and Other Mail	1
Recreation	0
Visitation	0
Sub-Total	1

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

⁶ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

Part 6 - Justice	
Detainee Handbook	0
Sub-Total	0
Part 7 - Administration and Management	
Staff Training	0
Sub-Total	0
Other Standards Reviewed	
PBND 2011 (Revised 2016) Disability Identification, Assessment, and Accommodation	0
Sub-Total	0
Total Deficiencies	9

DETAINEE RELATIONS

ODO interviewed 19 detainees, who each voluntarily agreed to participate. One detainee declined ODO's request for an interview, and another detainee made an allegation of mistreatment. Most detainees reported satisfaction with the facility services except for the concerns listed below. During ODO's inspection, TCDF housed 20 ICE detainees.

Medical Care: One detainee stated the food served at TCDF has caused him to develop hemorrhoids, gastritis, and high levels of cholesterol and triglycerides and he intends to discontinue his prescribed medication out of fear of its harm to his stomach. He also stated his request for a medical diet to help with his ailments.

- Action Taken: ODO interviewed the health services administrator (HSA) and confirmed on May 9, 2022, a registered nurse (RN) diagnosed and prescribed Preparation H hemorrhoidal ointment to treat his hemorrhoids and Colace tablets (100 mg), once per day for 4 days, to settle his upset stomach. ODO also confirmed the RN prescribed medication for cholesterol, acid reflux, and depression and explained the medications to him several times. ODO found no formal grievances nor verbal complaints from the detainee concerning the food. On October 26, 2022, ODO confirmed the detainee accepted the HSA's offer of a medical diet containing no spices. At ODO's request, medical staff explained the medication to the detainee, and he acknowledged understanding everything explained to him.

Medical Care: One detainee stated he has received no dental care after submitting a request to visit a dentist a month ago.

- Action Taken: ODO interviewed the HSA and found the detainee submitted a sick call request on September 27, 2022, and a nurse evaluated the detainee for cavities on September 28, 2022, and informed him of a pending dental appointment. ODO verified a dentist examined the detainee on October 26, 2022, and November 1, 2022.

Medical Care: One detainee stated he still feels pain after a month of taking prescription pain medication for a fractured right rib and his depression medication makes him feel faint.

- Action Taken: ODO interviewed the HSA and found a nurse practitioner (NP) examined the detainee on September 28, 2022, after receiving his sick call request, and prescribed Naproxen (500 mg) for 30 days for muscle pain. The detainee did not have a fractured rib, and the NP instructed the detainee to submit a sick call request if pain continued. ODO found no evaluation for depression nor prescribed depression medication in the detainee's medical file. During the ODO interview, the detainee denied any suicidal ideations and rejected the opportunity to speak with a psychologist. At ODO's request, on October 26, 2022, the NP reevaluated the detainee and advised him via a language line interpreter to return to sick call if his pain persisted. The detainee acknowledged the guidance.

Medical Care: One detainee stated medical staff provided no diagnosis nor prognosis for his hospitalization a month ago for anxiety and risk of heart attack.

- Action Taken: ODO interviewed the HSA, reviewed the detainee's medical file, and found on October 1, 2022, the detainee submitted a sick call request, and an NP evaluated him on October 1, 2022, for pain in his extremities, blurred vision, and dizziness. On the same day, the facility staff transported the detainee to the local hospital for further evaluation. The detainee remained hospitalized for 2 days and was discharged with normal vital signs and no evidence of respiratory distress. A local hospital staff doctor referred the detainee to a cardiologist. On October 3, 2022, TCDF medical staff followed up with the detainee and discussed the results of his hospital visit and explained his history of anxiety as instances of hyperventilation. At ODO's request, on October 27, 2022, medical staff reviewed the detainee's hospital visit with him, and he stated he understood.

Staff-Detainee Communication: One detainee stated a female officer on the nightshift called him an obscenity on October 23, 2022, and recalled only her young appearance, white hair, and blue fingernails. The detainee did not remember the officer's name, nor did he file a grievance or report the officer.

- Action Taken: ODO reviewed the facility grievance logs and confirmed the detainee did not submit a formal grievance nor a verbal complaint. ODO informed the facility warden and ERO El Paso staff of the allegation and reported it to the Joint Intake Center on October 27, 2022. The facility's investigation into the allegation began on October 27, 2022, and remains ongoing.

COMPLIANCE INSPECTION FINDINGS

SAFETY

TRANSPORTATION BY LAND (TBL)

ODO reviewed the facility TBL program and found the facility did not develop nor post written guidelines for tracing or locating an overdue vehicle (**Deficiency TBL-56⁷**).

SECURITY

HOLD ROOMS IN DETENTION FACILITIES (HRDF)

ODO reviewed the facility detainee hold room watch logs and found staff did not record the ages and nationalities of the detainees in the hold rooms nor did staff consistently log the detainees' "time in" the hold rooms. Specially, ODO found in 15 out of 19 logged entries, no "time in" recorded (**Deficiency HRDF-44⁸**).

ODO reviewed the facility detainee hold room watch logs and found staff did not consistently document visually monitoring detainees at irregular intervals, at least every 15 minutes. Specifically, ODO reviewed 83 hold room watch logs and found in 1 out of 83 logs, one recorded occurrence at 25 minutes (**Deficiency HRDF-53⁹**).

KEY AND LOCK CONTROL (KLC)

ODO interviewed the chief of security, reviewed key and lock dispositions, and found the facility does not document the time of the destruction (**Deficiency KLC-44¹⁰**).

ORDER

DISCIPLINARY SYSTEM (DS)

ODO interviewed a facility disciplinary hearing officer, reviewed the facility DS policy, and found a detainee does not have the right to have an Institution Disciplinary Panel (IDP) hearing within 24 hours after the conclusion of an investigation. Specifically, the facility IDP procedure states a

⁷ "Each office shall develop and post written guidelines for tracing procedures to locate an overdue vehicle." See ICE PBNDS 2011 (2013 Errata), Standard, Transportation (by Land), Section (V)(K)(1).

⁸ "The detention log shall record each detainee's: ...

- c. Age;
- e. Nationality
- g. Time in."

See ICE PBNDS 2011 (2013 Errata), Standard, Hold Rooms in Detention Facilities, Section (V)(D)(2)(c, e, and g).

⁹ "Visual monitoring at irregular intervals at least every 15 minutes, each time recorded in the detention log, to include the time, the officer's printed name, and any unusual behavior or complaints under 'comments.'" See ICE PBNDS 2011 (2013 Errata), Standard, Hold Rooms in Detention Facilities, Section (V)(D)(5)(b).

¹⁰ "The facility shall document the type of key or lock, the number of keys or locks compromised and the date, time and method of destruction." See ICE PBNDS 2011 (2013 Errata), Standard, Key and Lock Control, Section (V)(C)(2).

detainee will have a hearing within 48 hours after the conclusion of the investigation (**Deficiency DS-91**¹¹).

CARE

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

ODO reviewed the facility suicide prevention intervention training log and found two staff members did not receive comprehensive suicide prevention training at least annually. Specifically, one staff member received the initial training in November 2020 and did not receive any annual training until October 2022. The second staff member received initial training in December 2020 and has not received any subsequent annual training (**Deficiency SSHSPI-5**¹²).

ODO reviewed [REDACTED] suicide watch logs for [REDACTED] detainees placed on suicide watch and found staff did not document continuous monitoring at least every 15 minutes or more frequently. Specifically, ODO found in [REDACTED] out of [REDACTED] detainees' suicide watch logs, 63 occurrences in which staff documented monitoring between 16 and 32 minutes (**Deficiency SSHSPI-29**¹³).

ODO reviewed two suicide watch logs for one detainee placed on suicide precaution but not in isolated confinement and found staff did not document close observations at staggered intervals, exceeding 15 minutes. Specifically, ODO found 21 occurrences in which staff documented monitoring between 16 and 31 minutes (**Deficiency SSHSPI-36**¹⁴).

ACTIVITIES

CORRESPONDENCE AND OTHER MAIL (COM)

ODO reviewed the facility-specific detainee handbook and found the handbook does not state general correspondence and other mail addressed to detainees shall be opened and inspected in the detainee's presence unless the facility administrator authorizes inspection without the detainee's

¹¹ "The detainee in IDP proceedings shall have the right to: ...

c. Having an IDP hearing within 24 hours after the conclusion of the investigation." See ICE PBNDS 2011 (Errata 2013), Standard, Disciplinary System, Section (V)(H)(2)(c).

¹² "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training, during orientation and at least annually." See ICE PBNDS 2011 (2013 Errata), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(A).

¹³ "The qualified mental health professional may place the detainee in a special isolation room designed for evaluation and treatment with continuous monitoring that must be documented every 15 minutes or more frequently if necessary." See ICE PBNDS 2011 (2013 Errata), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

¹⁴ "Detainees on suicide precautions who have not been placed in an isolated confinement setting by the qualified mental health professional will receive documented close observation at staggered intervals not to exceed 15 minutes (e.g. 5, 10, 7 minutes), checks at least every 8 hours by clinical staff, and daily mental health treatment by a qualified clinician." See ICE PBNDS 2011 (2013 Errata), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

presence for security reasons (**Deficiency COM-15¹⁵**). **This is a repeat deficiency.**

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 24 standards under PBNDS 2011 (2013 Errata) and one standard under PBNDS 2011 (Revised 2016) and found the facility in compliance with 19 of those standards. ODO found nine deficiencies in the remaining six standards. ODO recommends ERO El Paso work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ERO has not received the uniform corrective action plan for ODO’s last inspection of TCDF in May 2022.

Compliance Inspection Results Compared	FY 2022 (PBNDS 2011) (2013 Errata)	FY 2023 (PBNDS 2011) (2013 Errata) / (Revised 2016)
Standards Reviewed	24	25
Deficient Standards	4	6
Overall Number of Deficiencies	6	9
Priority Component Deficiencies	N/A	0
Repeat Deficiencies	1	1
Areas Of Concern	0	0
Corrective Actions	2	0
Facility Rating	Superior	Superior

¹⁵ “At a minimum, the notification shall specify: ...

3. That general correspondence and other mail addressed to detainees shall be opened and inspected in the detainee’s presence unless the facility administrator authorizes inspection without the detainee’s presence for security reasons.”

See ICE PBNDS 2011 (Errata 2013), Standard, Correspondence and Other Mail, Section (V)(C)(3).