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Unannounced Follow-Up Compliance
Inspection
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Enforcement and Removal Operations
ERO El Paso Field Office

Torrance County Detention Facility
Estancia, New Mexico

February 27-29, 2024

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION
of the
TORRANCE COUNTY DETENTION FACILITY
Estancia, New Mexico

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UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Senior Inspections and Compliance Specialist	ODO
Senior Inspections and Compliance Specialist	ODO
Section Chief	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted an unannounced follow-up compliance inspection of the Torrance County Detention Facility (TCDF) in Estancia, New Mexico, from February 27 to 29, 2024.^{1,2} This inspection focused on the standards found deficient during ODO’s last inspection of TCDF from October 17 to 19, 2023. 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 (Revised 2016).

[REDACTED] 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 does not hold any accreditations from any outside entities. 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: ³	[REDACTED]
Average ICE Population: ⁴	[REDACTED]
Adult Male Population (as of February 27, 2024)	[REDACTED]
Adult Female Population (as of February 27, 2024)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2024, ODO found 9 deficiencies in the following areas: Environmental Health and Safety (1); Significant Self-harm and Suicide Prevention and Intervention (1); Staff-Detainee Communication (1); and Telephone Access (6).

¹ This facility holds male detainees with low, medium-low, medium-high, and high security classification levels for periods greater than 72 hours.

² Following ODO’s inspection of TCDF in October 2023, the facility had several significant complaints regarding sanitary and living conditions, which prompted ODO to conduct the follow-up inspection of TCDF sooner than originally scheduled and also as an unannounced inspection.

³ Data Source: ERO Custody Management Division Authorized Facility List as of February 26, 2024.

⁴ *Ibid.*

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.

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.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDs 2011 (Revised 2016) Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	3
Sub-Total	3
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	3
Post Orders. ⁷	1
Special Management Units	1
Staff-Detainee Communication	2
Use of Force and Restraints	0
Sub-Total	7
Part 4 - Care	
Food Service	1
Hunger Strikes	0
Medical Care	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	1
Part 5 - Activities	
Recreation	0
Telephone Access	1
Sub-Total	1
Part 6 - Justice	
Grievance System	1
Sub-Total	1
Total Deficiencies	13

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 The Post Orders standard was not part of the initial scope of this follow-up inspection. The deficiency cited under Post Orders standard was identified during the inspection, the Post Orders standard was not reviewed in its entirety.

DETAINEE RELATIONS

ODO interviewed 23 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concern listed below.

Medical Care: One detainee stated he had stomach issues and the medication provided by the facility was not effective in resolving his issue.

- Action Taken: ODO spoke with the health services administrator and found the detainee arrived on February 3, 2024, and did not report any issues related to his stomach at his initial screening. During his physical examination on February 14, 2024, the detainee reported indigestion issues to a nurse practitioner (NP) but denied any history of peptic ulcer disease. The NP prescribed famotidine (20 mg), twice daily, told him to avoid any offending foods, and to follow-up with medical staff as needed. On February 25, 2024, the NP examined the detainee during sick call for complaints of abdominal pain and diarrhea. The NP issued Pepto-Bismol chewable tablets, twice a day, or as needed. After reviewing the detainee's medical record, ODO found he took 2 doses of the famotidine on February 25, 1 dose on February 26, and took none on February 27, 2024. ODO met with the detainee, recommended he take chewable tablets that medical staff prescribed and to submit a new sick call request if needed. The detainee acknowledged understanding.

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO inspected 5 designated eyewash stations and found 1 eyewash station located in the maintenance department provided no hands-free, 15-minute, continuous-flushing capability. Additionally, one out of two safety department chemical storage cages had no eyewash station (**Deficiency EHS-38⁸**).

ODO toured the facility, inspected hazardous substance storage areas, and found the following hazardous substances had incorrect running inventories: Total-C professional drain treatment with 470 ounces documented and 432 ounces currently on-hand; NYCO ice machine cleaner with 266 ounces documented and no current on-hand quantity; SparClean delimer with 400 ounces documented and 479 ounces currently on hand; and Foamy condenser coil cleaner with 203 ounces

⁸ "Eyewash stations that meet OSHA standards shall be installed in designated areas throughout the facility, and all employees and detainees in those areas shall be instructed in their use." *See* ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(B)(2)(b).

documented and no current on-hand quantity (**Deficiency EHS-39⁹**).

ODO toured the facility, inspected hazardous storage areas, reviewed inventories, and found no alphabetical filing of hazardous inventory cards in the chemical accountability files for the warehouse, laundry room, maintenance shop, health services, and food service sections (**Deficiency EHS-41¹⁰**).

SECURITY

FACILITY SECURITY AND CONTROL (FSC)

ODO interviewed the chief of security (COS), toured the housing units, and found an unqualified staff member staffing the 6-control center for housing units 6A and 6B (**Deficiency FSC-4¹¹**).

ODO reviewed post order COR-PO 16 “Housing Unit,” the housing unit logbooks, and found facility staff did not consistently record information regarding routine unit operations and emergency incidents for 6-control center, 7-control center, and 8-control center (**Deficiency FSC-73¹²**).

ODO interviewed kitchen staff, reviewed search logs, and found kitchen staff did not log searches of the kitchen in the food service department logbook (**Deficiency FSC-127¹³**).

POST ORDERS (PO)

ODO reviewed PO COR-PO 16, the housing unit logbooks, and found in 2 out of 26 housing units, facility staff did not consistently record information regarding routine unit operations and emergency incidents for 6-control center, 7-control center, and 8-control center (**Deficiency PO-8¹⁴**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed [REDACTED] administrative segregation files and found in [REDACTED] out of [REDACTED] files, facility staff did not obtain a written completed-and-approved order by the facility administrator or designee before

⁹ “Every area shall maintain a current inventory of the hazardous substances (e.g., flammable, toxic or caustic) used and stored there.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(B)(3).

¹⁰ “Entries for each shall be logged on a separate card (or equivalent) and filed alphabetically by substance.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(B)(3).

¹¹ “Essential posts and positions shall be filled with qualified personnel.” See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(A).

¹² “For each housing unit, the facility administrator shall establish written post orders with step-by-step procedures, in accordance with standard ‘2.9 Post Orders.’ Those post orders shall require that housing officers maintain a housing unit log for recording information regarding routine unit operations, as well as unusual and emergency incidents.” See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(D)(1).

¹³ “Staff shall document these searches in a logbook maintained by the shift supervisor.” See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(F)(5).

¹⁴ “Supervisors shall ensure that officers understand the post orders, regardless of whether the assignment is temporary, permanent, or due to an emergency.” See ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(B).

placing detainees in administrative segregation (**Deficiency SMU-31**¹⁵).

ODO inspected 20 cells in the SMU and found 17 out of 20 cells contain porcelain sinks and 7 out of 20 cells contain porcelain toilets. Porcelain sinks and/or toilets pose a safety risk due to their vulnerability to damage and a detainee's use of broken pieces to harm self or others. ODO cites the use of porcelain sinks and toilets in the SMU as an **Area of Concern**.

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed █ detainee detention files and found in █ out of █ files, the grievance officer did not place a completed detainee request in the detainee's detention file (**Deficiency SDC-21**¹⁶).

ODO reviewed facility liaison checks and found ERO El Paso did not perform weekly telephone tests for the weeks of October 29-November 4, 2023, January 14-20, 2024, and February 11-17, 2024 (**Deficiency SDC-24**¹⁷).

CARE

FOOD SERVICE (FS)

ODO reviewed the facility's fire-suppression system inspection record and found no documented inspection of the system by a qualified contractor since August 7, 2023 (**Deficiency FS-407**¹⁸).

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO observed 16 housing units and found in 2 out of 16 units, facility staff did not post the current pro bono legal service providers list (**Deficiency TA-37**¹⁹). **This is a repeat deficiency.**

Corrective Action: Prior to the completion of the inspection, the facility staff posted updated pro bono legal services lists (**C-1**).

¹⁵ "A written order shall be completed and approved by the facility administrator or designee before a detainee is placed in administrative segregation, except when exigent circumstances make such documentation impracticable. In such cases, an order shall be prepared as soon as possible." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(A)(2).

¹⁶ "A copy of each completed detainee request shall be filed in the detainee's detention file and be retained there for three years at minimum." See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B)(2).

¹⁷ "Field Office Directors shall ensure that all phones for detainee use are tested at least weekly in accordance with standard '5.6 Telephone Access.'" See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(C).

¹⁸ "An approved, fixed fire-suppression system shall be installed in ventilation hoods over all grills, deep fryers and open flame devices. A qualified contractor shall inspect the system every six months. The fire-suppression system shall be equipped with a locally audible alarm and connected." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(12)(f).

¹⁹ "Updated lists need to be posted in the detainee housing units." See ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(E).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed █ detainee detention files and found in █ out of █ files, the grievance officer did not place copies of the completed grievance dispositions in the respective detention files (**Deficiency GS-83**²⁰).

CONCLUSION

During this unannounced follow-up inspection, ODO assessed the facility's compliance with 17 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 9 of those standards. ODO found 13 deficiencies in the remaining 8 standards. Since TCDF's last full compliance inspection in October 2023, the facility's overall compliance has trended down. TCDF went from 4 deficient standards and 9 deficiencies in October 2023 to 8 deficient standards and 13 deficiencies during the most recent follow-up compliance inspection, which includes a repeat deficiency for outdated phone lists posted in the housing units. ODO received a completed UCAP for the full- inspection in October 2023, which resolved most deficiencies previously cited; however, was insufficient to prevent reoccurrence of the deficiency in TA. ODO recommends ERO El Paso continue to work with the facility to resolve the deficiencies that remain in accordance with contractual obligations.

ODO conducted this unannounced follow-up inspection earlier than originally scheduled due to detainee complaints regarding the facility's plumbing and overall sanitary conditions. ODO spoke with facility staff and detainees, reviewed facility records and disciplinary reports for the two detainees who made the complaints, and observed the facility's cleanliness and sanitary conditions. ODO determined the detainees' complaints were unfounded and their disciplinary records showed they were at fault for flushing debris down their toilets, causing an overflow of toilet water (water only, no waste) onto the housing unit floor. The facility contracted a plumber to clear the toilets, which resolved the problem. ERO transferred both detainees out of TCDF to another facility and TCDF has had no plumbing problems since the detainees left. Additionally, ODO's observance of the facility's housing units found all housing units used to house detainees were clean and ODO noted no issues in the bathrooms nor showers other than the porcelain toilets and sinks mentioned in the **Area of Concern** above.

²⁰ "A copy of the grievance disposition shall be placed in the detainee's detention file and provided to the detainee within five days." See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(D).

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	4	8
Overall Number of Deficiencies	9	13
Priority Component Deficiencies	1	0
Repeat Deficiencies	1	1
Areas Of Concern	1	1
Corrective Actions	0	1
Facility Rating	Superior	N/A