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U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
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**Office of Detention Oversight
Follow-Up Compliance Inspection
2023-002-082**

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

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

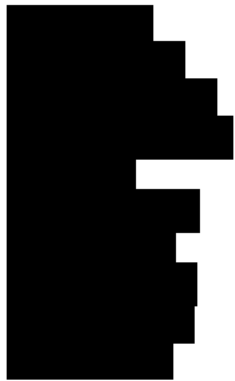
May 2-4, 2023

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

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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 follow-up inspection of the Torrance County Detention Facility (TCDF) in Estancia, New Mexico, from May 2 to 4, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of TCDF from October 25 to 27, 2022. 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 and a detention service compliance officer to the facility, and they are on-site, Monday through Thursday, from 9 a.m. to 5 p.m. A 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 Justice (DOJ) Prison Rape Elimination Act (PREA) and was DOJ PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of May 2, 2023)	[REDACTED]
Adult Female Population (as of May 2, 2023)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2023, ODO found nine deficiencies in the following areas: Correspondence and Other Mail (1); Disciplinary System (1); Hold Rooms in Detention Facilities (2); Key and Lock Control (1); Significant Self-harm and Suicide Prevention and Intervention (3); and Transportation (by Land) (1).

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

² Data Source: ERO Facility List as of May 1, 2023.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, and where detainees are housed for longer than 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected 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 include but are not limited to Medical Care, 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.

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

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

⁴ For greater detail on ODO’s findings, see the *Follow-up Inspection Findings* section of this report.

⁵ 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.

⁶ The deficiency ODO identified in the Grievance System standard was identified during a detainee interview, ODO did not review the Grievance System standard in its entirety.

Law Libraries and Legal Materials	0
Legal Rights Group Presentations	0
Sub-Total	1
Total Deficiencies	11

DETAINEE RELATIONS

ODO interviewed 34 detainees, who each voluntarily agreed to participate. One of the detainees made an allegation of verbal abuse, which is documented below. Most detainees reported satisfaction with facility services except for the concern listed below.

Grievance System: One detainee stated he suffered verbal abuse from one of the facility staff.

- Action Taken: ODO spoke with the facility’s grievance coordinator, reviewed the grievance log, and found the detainee submitted a grievance on April 29, 2023, stating a female guard used offensive language towards him. The facility received the grievance on May 1, 2023, and initiated an investigation that day. The facility concluded the investigation on May 4, 2023, after reviewing closed circuit television videotape and interviewing witnesses. The facility determined the detainee’s grievance was substantiated. The guard in question was on temporary duty to TCDF from another CoreCivic facility and TCDF transferred the guard back to her permanently assigned facility and notified that facility of the incident. Additionally, ODO found the facility did not forward the grievance to ERO El Paso nor to ICE’s Office of Professional Responsibility’s (OPR) Joint Intake Center (JIC) and cited this as a deficiency in the *Grievance System* section of this report.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO toured the facility barbershop and found a significant accumulation of hair on the barber clippers and other barbering tools ODO found stored in a toolbox (**Deficiency EHS-212**⁷).

TRANSPORTATION (BY LAND) (TBL)

ODO reviewed the facility transportation program and found the facility did not develop nor post written guidelines for tracing or locating an overdue vehicle (**Deficiency TBL-56**⁸). **This is a repeat deficiency.**

⁷ “After each detainee visit, all hair care tools that came in contact with the detainee shall be cleaned and effectively disinfected.” See ICE PBNDS 2011 (2013 Errata), Standard, Environmental Health and Safety, Section (V)(E)(3).

⁸ “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).

SECURITY

HOLD ROOMS IN DETENTION FACILITIES (HRDF)

ODO reviewed 36 hold room watch logs and found in 2 out of 83 watch log entries, 1 monitoring interval recorded at 25 minutes and another at 24 minutes (**Deficiency HRDF-53⁹**). **This is a repeat deficiency.**

KEY AND LOCK CONTROL (KLC)

ODO reviewed two key control officer training records and found in both records, no training for emergency use of end-saw equipment (**Deficiency KLC-21¹⁰**).

ODO interviewed the facility key control officer and found the facility did not change the combination for each safe at least once every 12 months. Specifically, the combination for each safe has never been changed (**Deficiency KLC-46¹¹**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed segregation orders for two detainees assigned to SMU and found both segregation orders did not indicate the date nor time of the release (**Deficiency SMU-36¹²**).

CARE

MEDICAL CARE (MC)

ODO reviewed [REDACTED] training records and found [REDACTED] medical staff and [REDACTED] detention staff did not complete annual refresher cardiopulmonary resuscitation and emergency first aid training. Specifically, one medical staff completed annual training February 2022 and four detention staff completed annual training between January and February 2022 (**Deficiency MC-181¹³**).

⁹ “Officers shall closely and directly supervise hold rooms through the following means: ...

b. 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 “g. is trained in operation of gas/oxygen- cutting tools and end-saw equipment in case of an emergency;” *See ICE PBNDS 2011 (2013 Errata), Standard, Key and Lock Control, Section (V)(B)(1).*

¹¹ “The combination for each safe shall be changed at least every 12 months and any time a staff member with access to a combination is assigned to another post.” *See ICE PBNDS 2011 (2013 Errata), Standard, Key and Lock Control, Section (V)(C)(3).*

¹² “When the detainee is released from the SMU, does the releasing officer indicate the date and time of release on the segregation order.” *See ICE PBNDS 2011 (2013 Errata), Standard, Special Management Units, Section (V)(A)(2)(i).*

¹³ “Each facility shall have a written emergency services plan for delivery of 24-hour emergency health care. This plan shall be prepared in consultation with the facility’s CMA or the HSA and must include the following: ...

d. all detention and medical staff shall receive cardiopulmonary resuscitation (CPR, AED), and emergency first aid training annually.”

See ICE PBNDS 2011 (2013 Errata), Standard, Medical Care, Section (V)(R)(1)(d).

ODO reviewed [REDACTED] training records and found [REDACTED] medical staff and [REDACTED] detention staff did not complete annual training on how to respond to health-related situations within 4 minutes. Specifically, one medical staff completed annual training February 2022 and four detention staff completed annual training between January and February 2022 (**Deficiency MC-182**¹⁴).

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

ODO reviewed [REDACTED] training records and found [REDACTED] detention staff did not complete annual refresher comprehensive suicide prevention training. Specifically, four detention staff completed annual training between January and February 2022 (**Deficiency SSHSPI-5**¹⁵). **This is a repeat deficiency.**

ODO reviewed 4 suicide watch logs for detainees placed on suicide watch and found in 3 out of 4 watch logs, 29 occurrences in which staff documented monitoring between 16 and 20 minutes (**Deficiency SSHSPI-29**¹⁶). **This is a repeat deficiency.**

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO interviewed the facility's grievance coordinator, reviewed one detainee grievance alleging staff misconduct, and found the facility did not forward the grievance to ERO El Paso nor to ICE's OPR JIC (**Deficiency GS-92**¹⁷).

¹⁴ "Each facility shall have a written emergency services plan for delivery of 24-hour emergency health care. This plan shall be prepared in consultation with the facility's CMA or the HSA and must include the following: ...

e. detention and health care personnel shall be trained annually to respond to health-related situations within four minutes."

See ICE PBNDS 2011 (2013 Errata), Standard, Medical Care, Section (V)(R)(1)(e).

¹⁵ "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).

¹⁶ "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).

¹⁷ "CDFs and IGSA facilities must also forward a copy of any grievances alleging staff misconduct to ICE/ERO in a timely manner with a copy going to ICE's Office of Professional Responsibility (OPR) Joint Intake Center and/or local OPR office for appropriate action." *See* ICE PBNDS 2011 (2013 Errata), Standard, Grievance System, Section (V)(F).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 22 standards under PBND 2011 (2013 Errata) and found the facility in compliance with 14 of those standards. ODO found 11 deficiencies in the remaining 8 standards. Since TCDF’s last full inspection in October 2022, the facility’s overall compliance with ICE PBND 2011 (2013 Errata) has trended down. TCDF went from 6 deficient standards and 9 deficiencies in October 2022 to 8 deficient standards and 11 deficiencies during this most recent follow-up inspection, which includes 4 repeat deficiencies for required annual training, monitoring hold room logs and suicide watch logs, and posting written guidelines. ODO has not received a completed UCAP for the full inspection in October 2022, which likely contributed to the repeat deficiencies identified in the Transportation (by Land), Hold Rooms in Detention Facilities, and Significant Self-harm and Suicide Prevention and Intervention standards. ODO recommends ERO El Paso work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBND 2011) (2013 Errata)	FY 2023 Follow-up Inspection (PBND 2011) (2013 Errata)
Standards Reviewed	25	22
Deficient Standards	6	8
Overall Number of Deficiencies	9	11
Priority Component Deficiencies	0	0
Repeat Deficiencies	1	4
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	N/A