



**U.S. Department of Homeland Security**  
U.S. Immigration and Customs Enforcement  
Office of Professional Responsibility  
ICE Inspections  
Washington, DC 20536-5501

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**Office of Detention Oversight  
Compliance Inspection  
2024-001-001**

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

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

**October 17-19, 2023**

**Amended report as of December 27, 2023**

This report has been amended due to an error in which an incorrect deficiency was reported. The original report indicated SDC-26 as a deficiency; however, SDC-27 should have been cited as the deficiency in the final report. ODO amended report changing SDC-26 to SDC-27, changed the reference in footnote 8 from (V)(C) to (V)(D), and updated the table of contents to reflect correct page numbers after this update. No other changes were made to this report.

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

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## COMPLIANCE INSPECTION TEAM MEMBERS

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[REDACTED]	Senior 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 a compliance inspection of the Torrance County Detention Facility (TCDF) in Estancia, New Mexico, from October 17 to 19, 2023.<sup>1</sup> 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 <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of October 19, 2023)	[REDACTED]
Adult Female Population (as of October 19, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 11 deficiencies in the following areas: Environmental Health and Safety (1); Grievance System (1); Hold Rooms in Detention Facilities (1); Key and Lock Control (2); Medical Care (2); Significant Self-harm and Suicide Prevention and Intervention (2); Special Management Units (1); and Transportation (by Land) (1).

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

<sup>2</sup> Data Source: ERO Custody Management Division Authorized Facility List as of October 19, 2023.

<sup>3</sup> *Ibid.*

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 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.<sup>4</sup>

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.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

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

<b>PBNDS 2011 (Revised 2016) Standards Inspected<sup>5,6</sup></b>	<b>Deficiencies</b>
<b>Part 1 - Safety</b>	
Emergency Plans	0
Environmental Health and Safety	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Population Counts	0
Post Orders	0
Search of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff Detainee Communication	1
Use of Force	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Religious Practices	0
Telephone Access	6
Voluntary Work Program	0
<b>Sub-Total</b>	<b>6</b>

<sup>5</sup> For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

<sup>6</sup> Beginning in FY 2024, ODO instituted a process of rotating every other year. As a result, some standards may not be present in all inspections.

<b>Part 6 - Justice</b>	
Grievance System	0
Law Libraries and Legal Materials	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 7 - Administration and Management</b>	
Detention Files	0
Detainee Transfers	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>9</b>

## DETAINEE RELATIONS

ODO interviewed 35 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with the facility services except for the concerns listed below.

*Medical Care:* One detainee stated he broke 2 toes 27 days ago during recreation and delayed receiving medical care. The detainee also stated medical staff took X-rays of his toes on October 10, 2023, and prescribed him pills and a cream. He stated medical staff last examined him on October 14, 2023, and his toes remain twisted and cause pain.

- Action Taken: ODO interviewed the facility medical staff, reviewed the detainee's medical records, and found medical staff completed X-rays of his toes on October 18, 2023. Against the advice of the medical staff, the detainee consistently removed the buddy tape that kept his toes immobilized. Medical staff last examined the detainee on October 11, 2023. At ODO's request, the facility medical staff met with the detainee and emphasized to him the need to keep his toes taped together to allow for healing, and he acknowledged understanding.

*Recreation:* Two detainees stated some facility guards have not allowed them recreation time since they started working the morning shift (8 a.m. to 2 p.m.) in the kitchen on September 26, 2023. Both detainees stated the entire group did not receive recreation time on October 16, 2023, and they only received recreation twice in the week prior.

- Action Taken: ODO interviewed the facility compliance manager, reviewed the facility's recreation and voluntary work policies, and found facility staff provided a recreation schedule to the detainees. The facility work policy states a detainee has the option of attending recreation instead of work since the work program is voluntary. At ODO's request facility staff reiterated the options available to the detainees, and they acknowledged understanding.

*Staff-Detainee Communication:* One detainee stated 2 other detainees verbally abused him and other detainees assigned to dorm 7 and those 2 detainees tried to start a fight on October 15, 2023. He also stated the detainees in dorm 7 had concern for their safety and 20 detainees filed a complaint to the facility on October 17, 2023, asking the facility to remove the 2 detainees from



the facility.

- Action Taken: ODO notified facility staff of the detainee complaint. The facility retrieved a note signed by 10 detainees on October 18, 2023, requesting removal of the 2 detainees from unit 7B. On the same day, a unit management team interviewed the two alleged detainees and confirmed their rude and confrontational behavior, and facility staff moved both detainees to unit 8B. Dorm 7 detainees have reported no further incidents of physical aggression and stated they no longer fear for their lives. On October 18, 2023, facility staff conducted a town hall with all detainees to discuss acceptable behavior and housing unit rules.

## COMPLIANCE INSPECTION FINDINGS

### SAFETY

#### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO toured all detainee housing units and found soap scum in units 5, 6, 7, and 8; debris in 35 out of 70 showers; and broken or missing floor tiles in 11 out of 70 showers (**Deficiency EHS-11<sup>7</sup>**).

### SECURITY

#### SPECIAL MANAGEMENT UNITS (SMU)

ODO inspected 20 cells in the SMU and observed porcelain toilets and sinks. Specifically, ODO found porcelain sinks in 17 out of 20 cells and porcelain toilets in 7 out of 20 cells. A detainee could break a porcelain sink or toilet and use the fragments for self-harm or harm to staff and/or other detainees. ODO noted this as an **Area of Concern**.

#### STAFF-DETAINEE COMMUNICATION (SDC)

ODO toured 12 detainee housing units and found in 9 out of 12 units, no posting of the current revision of the DHS Office of Inspector General Hotline placard (**Deficiency SDC-27<sup>8</sup>**).

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<sup>7</sup> “The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness. Whenever possible, the use of non-toxic cleaning supplies is recommended” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(A)(3).

<sup>8</sup> “DHS/OIG periodically revises a “DHS OIG Hotline” poster which is to be posted in facilities that house ICE/ERO detainees.” See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(D).

## CARE

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

ODO reviewed suicide watch logs for █ detainees the facility placed on suicide precautions during the inspection period and found in █ out of █ suicide watch logs, 37 documented continuous monitoring entries between 16 and 45 minutes (**Deficiency SSHSPI-34<sup>9</sup>**). **This is a repeat deficiency and a priority component.**

## ACTIVITIES

### **TELEPHONE ACCESS (TA)**

ODO toured 12 detainee housing units and found the following deficiencies:

- In 2 out of 12 units (5B and 7B), no posted consulate telephone number list (**Deficiency TA-13<sup>10</sup>**);
- In 12 out of 12 housing units, facility staff did not post procedures for obtaining an unmonitored call to a court, legal representative or for the purposes of obtaining legal representation at each monitored telephone (**Deficiency TA-20<sup>11</sup>**);
- In 12 out of 12 housing units, no posted telephone access hours (**Deficiency TA-25<sup>12</sup>**);
- In 2 out of 12 housing units (5B and 7B), no posted consulate telephone number lists (**Deficiency TA-26<sup>13</sup>**);
- In 12 out of 12 housing units, no posted telephone access hours near the telephones (**Deficiency TA-30<sup>14</sup>**); and
- Housing units 5B and 7B did not have consulate telephone lists posted, and the facility had outdated DHS Office of Inspector General (OIG) postings in housing units 7A, 7B,

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<sup>9</sup> “Does the qualified mental health professional 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 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

<sup>10</sup> “Facility staff members are responsible for ensuring on a daily basis the free telephone number list is posted.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(A)(4)(a).

<sup>11</sup> “If telephone calls are monitored, the facility shall, at each monitored telephone, place a notice that states the following: ...

b. The procedure for obtaining an unmonitored call to a court, a legal representative or for the purposes of obtaining legal representation.”

*See* ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(B)(3)(a-b).

<sup>12</sup> “Telephone access hours shall also be posted.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(C).

<sup>13</sup> “Updated telephone and consulate lists shall be posted in detainee housing units.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(C).

<sup>14</sup> “Telephone access hours shall be posted near the telephones.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(D).

7C, 8A, and 8B (Deficiency TA-37<sup>15</sup>).

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 28 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 24 of those standards. ODO found 9 deficiencies in the remaining 4 standards. Since TCDF’s last full compliance inspection in October 2022, the facility’s overall compliance has stayed consistent. TCDF went from 6 deficient standards and 9 deficiencies in October 2022 to 4 deficient standards and 9 deficiencies during the most recent full compliance inspection, which includes a priority component and repeat deficiency for suicide watch logs. ODO received a completed uniform corrective action plan (UCAP) for the compliance inspection in October 2022; however, ODO did not receive a completed UCAP for the follow-up inspection in May 2023, which likely contributed to the priority component/repeat deficiency identified in Significant Self-harm and Suicide Prevention and Intervention. ODO recommends ERO El Paso continue to work with the facility to resolve the deficiencies that remain in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2023 (PBNDS 2011) (Errata 2013)</b>	<b>FY 2024 (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	22	28
Deficient Standards	8	4
Overall Number of Deficiencies	11	9
Priority Component Deficiencies	0	1
Repeat Deficiencies	4	1
Areas Of Concern	0	1
Corrective Actions	0	0
Facility Rating	Superior	Good <sup>16</sup>

<sup>15</sup> “Even if telephone service is generally limited to collect calls, each facility shall permit detainees to make direct or free calls to the offices and individuals listed below. ... Updated lists need to be posted in the detainee housing unit. ... Full telephone access shall be granted in order for a detainee to contact the following: ...

- Consular officials;
- DHS/OIG ...” See ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(E).

<sup>16</sup> ODO revised their rating system at the end of FY 2023 and beginning in FY 2024, facilities rated as “Superior” will have no or very minimal deficiencies, and will have no repeat or priority component deficiencies.