



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

**Office of Detention Oversight
Compliance Inspection**

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

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

July 27-30, 2020

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 compliance inspection of the Torrance County Detention Facility (TCDF) in Estancia, New Mexico, from July 27 to 30, 2020.¹ The facility opened in 2019 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 (FOD) in El Paso (ERO El Paso). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned a part time detention services manager to the facility. TCDF's warden handles daily facility operations and is supported by [REDACTED] personnel. Trinity Food Service provides food services, CoreCivic provides medical care and commissary services at the facility. At the time of inspection, the facility held no accreditations from outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	892
Average ICE Detainee Population ³	235
Male Detainee Population (as of 7/27/2020)	127
Female Detainee Population (as of 7/27/2020)	N/A

This inspection serves as TCDF's first ODO inspection.

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

² Data Source: ERO Facility List Report as of July 27, 2020.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, 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.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which 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.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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

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

PBNDs 2011 (Revised 2016) Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	1
Custody Classification System	0
Funds and Personal Property	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	2
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	3
Part 4 – Care	
Food Service	0
Medical Care	3
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	3
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	6

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

DETAINEE RELATIONS

ODO interviewed 12 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 concerns listed below. ODO attempted to conduct detainee interviews via video teleconference; however, the facility was not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

Food Service: Several detainees stated the food was cold, flavorless, and the portions were too small.

- Action Taken: ODO was unable to sample the meal as it was a virtual contingency inspection; however, the facility provided a picture of a detainee lunch with a thermometer in the tray as it was being served which the temperature was within the PBNDS sanitary guidelines.

Medical Care: One detainee stated sick call requests take weeks to be seen by medical staff.

- Action Taken: ODO reviewed the detainee's medical file and found he was seen by medical staff within 24-48 hours of submitting a sick call request.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed 12 detainee files and found six out of 12 detention files did not contain a signed Order to Detain (Form I-203) (**Deficiency AR-1**⁶).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed 12 detainee files and found two out of 12 detainee files contained incomplete administrative segregation (AS) orders (**Deficiency SMU-1**⁷).

ODO reviewed 12 detainee detention files and found two out of 12 detainees placed in the special management unit did not receive status reviews within 72-hours of placement, and one detainee did not receive a 7-day status review (**Deficiency SMU-2**⁸).

Corrective Action: The facility initiated corrective action during the review. On July 28, 2020, the facility administrator and chief of security issued a written directive to all security supervisors regarding written AS orders and subsequent status reviews in accordance with the standard (**C-1**).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed seven UOF&R files and determined after-action review teams conducted thorough and timely reviews; however, after action review forms do not contain dates of the reviews, making it difficult to determine if reviews were completed within required timeframes. ODO notes this as an **Area of Concern**.

Adequate documentation to include the written test, [REDACTED] and instructor written confirmation, were available for ODO to confirm a shift supervisor who administered [REDACTED] during a calculated use of force was trained and certified; however, ODO noted the official training record for the employee does not reflect [REDACTED] certification. ODO also notes this as an **Area of Concern**.

Audiovisual recording devices (camcorders) used at the facility do not display date and time

⁶ “An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee.” See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(E).

⁷ “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, Standard, Special Management Units, Section (V)(A)(2).

⁸ “A supervisor shall conduct a review within 72 hours of the detainee’s placement in administrative segregation to determine whether segregation is still warranted...A supervisor shall conduct an identical review after the detainee has spent seven days in administrative segregation...” See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(A)(3)(a-b).

stamps on the recordings. ODO notes this as **Area of Concern** as well.

CARE

MEDICAL CARE (MC)

ODO reviewed 15 medical records and found one out of 15 medical records did not contain documentation the clinical medical authority reviewed a comprehensive health assessment completed by a nurse practitioner in order to assess priority for treatment. (**Deficiency MC-1⁹**).

ODO reviewed 15 medical records and found one out of 15 medical records did not contain a signed informed consent form for antidepressants prescribed to the detainee (**Deficiency MC-2¹⁰**).

ODO reviewed 15 medical records and found one out of 15 medical records contained documentation the detainee was evaluated by a registered nurse, who prescribed a medication that was not covered in the nursing protocols, nor did she receive an order from a provider (**Deficiency MC-3¹¹**).

TCDF's health services department management of COVID-19 was noted as a **Best Practice**. Specifically, the facility's development of the strong infectious disease public health program for the management of COVID-19, to include screening; surveillance; education; prevention; isolation and/or quarantine; hospitalization if needed; and reporting to the local/state health department.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 15 of those standards. ODO found 6 deficiencies in the remaining three standards. ODO commends facility staff for their responsiveness during this inspection and notes there was one instance where staff initiated immediate corrective action during the inspection.

ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

⁹ "...The CMA shall be responsible for review of all comprehensive health assessments to assess the priority for treatment." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(M).

¹⁰ "...Consent forms and refusals shall be documented and placed in the detainee's medical file." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(D).

¹¹ "...Health care personnel perform duties within their scope of practice for which they are credentialed by training, licensure, certification, job descriptions, and/or written standing or direct orders by personnel authorized by law to give such orders." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(D).

Compliance Inspection Results Compared	FY 2020 (PBNS 2011)
Standards Reviewed	18
Deficient Standards	3
Overall Number of Deficiencies	6
Repeat Deficiencies	N/A
Corrective Actions	1