



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

Office of Detention Oversight
Unannounced Compliance Inspection
Enforcement and Removal Operations
ERO El Paso Field Office
Torrance County Detention Facility
Estancia, New Mexico

May 3-5, 2022

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

TABLE OF CONTENTS

FACILITY OVERVIEW	4
UNANNOUNCED COMPLIANCE INSPECTION PROCESS.....	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (2013 ERRATA) MAJOR CATEGORIES.....	6
DETAINEE RELATIONS	7
UNANNOUNCED COMPLIANCE INSPECTION FINDINGS.....	8
CARE	8
Food Service	8
Medical Care.....	8
ACTIVITIES	9
Correspondence and Other Mail	9
ADMINISTRATION AND MANAGEMENT	9
Detention Files	9
CONCLUSION	9

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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 an unannounced compliance inspection of the Torrance County Detention Facility (TCDF) in Estancia, New Mexico, from May 3 to 5, 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 deportation officers (DOs) assigned to the facility. A TCDF warden handles daily facility operations and manages █████ support personnel. Trinity Food 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	█████
Average ICE Population ³	█████
Adult Male Population (as of May 5, 2022)	█████
Adult Female Population (as of May 5, 2022)	█████

During its last inspection, in Fiscal Year (FY) 2022, ODO conducted an inspection of TCDF and found 21 deficiencies in the following areas: Admission and Release (1); Correspondence and Other Mail (8); Detainee Transfers (1); Facility Security and Control (1); Funds and Personal Property (1); Medical Care (2); Post Orders (5); and Sexual Abuse and Assault Prevention and Intervention (2).

¹ This facility holds male detainees with low security classification levels for periods greater than 72 hours. Additionally, this inspection was a follow-up inspection to ODO’s inspection of TCDF on November 16-18, 2021.

² Data Source: ERO Facility List as of May 5, 2022.

³ *Ibid.*

UNANNOUNCED COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) greater than 10, 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 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.

Beginning fiscal year (FY) 2022, ODO will conduct focused reviews of under 72-hour ICE detention facilities with an average daily population (ADP) of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1-9 detainees. Additionally, ODO will conduct unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating. ODO will conduct a complete review of several core standards, in accordance with the facility’s new contractually required ICE National Detention Standards, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (FRS only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

Upon completion of each unannounced compliance 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 its 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 (PBNDS) 2011 (2013 ERRATA) MAJOR CATEGORIES

PBNDS 2011 (2013 Errata) Standards Inspected ^{5,6,7}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Use of Force and Restraints	0
Sub-Total	0
Part 4 - Care	
Food Service	1
Hunger Strikes	0
Medical Care	3
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	4
Part 5 - Activities	
Correspondence and Other Mail	1
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Voluntary Work Program	0
Sub-Total	1
Part 6 - Justice	
Legal Rights Group Presentations	0
Sub-Total	0

⁵ For greater detail on ODO's findings, see the *Unannounced 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.

⁷ Special reviews and unannounced inspections are both focused reviews, and ODO will review a facility's compliance with at least 10 individual standards during each special review or unannounced inspection.

Part 7 - Administration and Management	
Detention Files	1
Interview and Tours	0
Detainee Transfers	0
Sub-Total	1
Total Deficiencies	6

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 concerns listed below.

Medical Care: One detainee stated he had thoughts of harming himself within the last 2 days.

- Action Taken: ODO immediately notified facility and ERO staff of the detainee’s risk for self-harm and requested a mental health provider evaluate him. Medical staff placed the detainee under constant observation upon arrival, and later that day, a facility psychiatrist assessed the detainee and changed visual observation intervals from constant to every 30 minutes. On May 4, 2022, the mental health counselor evaluated the detainee, determined he was no longer at risk for self-harm, and cleared the detainee for return to general population. Following the mental health counselor’s clearance, the facility returned the detainee to general population.

Staff-Detainee Communication: One detainee stated he had not received medical care of ongoing thyroid and heart issues and ERO El Paso had not responded to his lawyer’s messages.

- Action Taken: ODO interviewed medial staff, examined medical records, and found the detainee arrived on July 22, 2022, from the Otero County Processing Center. The detainee arrived at TCDF with valid prescriptions for his diagnosed heart murmur and hypothyroidism. Facility medical staff recorded the detainee’s health concerns and met with him regularly to monitor his heart murmur and if necessary, adjust his medication. ODO interviewed ERO El Paso DOs and the SDDO and found no record of messages from the detainee’s lawyer. ODO interviewed the detainee in greater depth and found no evidence of a lawyer involved in his case.

UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

CARE

FOOD SERVICE (FS)

ODO interviewed the safety manager, inspected the fire suppression system over the cooking equipment, and found the facility's last inspection exceeded the 6-month standard. Specifically, a contractor last inspected the facility's fixed fire suppression system on July 16, 2021 (**Deficiency FS-401⁸**).

MEDICAL CARE (MC)

ODO reviewed [REDACTED] medical staff credential files and found in [REDACTED] out of [REDACTED] files, no form of license, certification, primary source verification, educational proof, and/or credentials, which documented these health care providers' abilities to perform their assigned duties. Specifically, one registered nurse (RN) lacked a peer view evaluation, three RNs without cardiopulmonary resuscitation (CPR) certification, two RNs and the medical authority with expired CPR certifications, and two psychologists and the chief dentist with no licenses nor primary source verification (**Deficiency MC-21⁹**).

Corrective Action: During the week of the ODO inspection, the health services administrator obtained all required credentials and placed them in each of the nine credential files. ODO reviewed and noted all documentation (**C-1**).

ODO reviewed [REDACTED] medical staff credential files and found in [REDACTED] out of [REDACTED] files, no form of license, certification, primary source verification, education proof, and/or credentials. Specifically, one RN lacked a peer view evaluation, three RNs without CPR certification, two RNs and the medical authority with expired CPR certifications, and two psychologists and the chief dentist with no license nor primary verification (**Deficiency MC-101¹⁰**).

Corrective Action: During the week of the ODO inspection, the health services administrator obtained all required credentials and placed them in each of the nine credential files. ODO reviewed and noted all documentation (**C-2**).

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, the clinical medical authority did not review the comprehensive health assessments to determine the priority for treatment (**Deficiency MC-133¹¹**). **This is a repeat deficiency.**

⁸ "A qualified contractor shall inspect the system every six months." See ICE PBNDS 2011 (2013 Errata), Standard, Food Service, Section (V)(J)(12)(f).

⁹ "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 (2013 Errata), Standard, Medical Care, Section (V)(B).

¹⁰ "All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements." See ICE PBNDS 2011 (2013 Errata), Standard, Medical Care, Section (V)(I).

¹¹ "The CMA shall be responsible for review of all comprehensive health assessments to assess the priority for

ACTIVITIES

CORRESPONDENCE AND OTHER MAIL (COM)

ODO reviewed the local supplement to the detainee handbook and found that while it did mention identity documents such as birth certificates and passports are contraband and may be seized by ICE/ERO, it did not mention that they may be used as evidence against the detainee nor other purposes authorized by law (**Deficiency COM-22**¹²).

ADMINISTRATION AND MANAGEMENT

DETENTION FILES (DF)

ODO reviewed █ active and █ archived detainee detention files and found in █ out of █ active detainee detention files, no Baggage Check forms (Form I-77) (**Deficiency DF-9**¹³).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 24 standards under PBNDS 2011 (2013 Errata) and found the facility in compliance with 20 of those standards. ODO found six deficiencies in the remaining four standards. ODO recommends ERO El Paso work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ERO provided ODO with the uniform corrective action plan for ODO's last inspection of TCDF on May 31, 2022.

Compliance Inspection Results Compared	First FY 2022 PBNDS 2011 (2013 Errata)	Second FY 2022 PBNDS 2011 (2013 Errata)
Standards Reviewed	26	24
Deficient Standards	8	4
Overall Number of Deficiencies	21	6
Repeat Deficiencies	0	1
Areas Of Concern	0	0
Corrective Actions	1	2
Facility Rating	Superior	Superior

treatment." See ICE PBNDS 2011 (2013 Errata), Standard, Medical Care, Section (V)(L).

¹² "That identity documents, such as passports, birth certificates, etc., in a detainee's possession are contraband and may be used by ICE/ERO as evidence against the detainee or for other purposes authorized by law (however, upon request, the detainee shall be provided a copy of each document, certified by an ICE/ERO officer to be a true and correct copy; the facility shall consult ICE/ERO with any and all requests for identity documents)." See ICE PBNDS 2011 (2013 Errata), Standard, Correspondence and Other Mail, Section (V)(C)(8).

¹³ "The file shall, at a minimum, contain the following documentation: ...

f. I-77, Baggage Check(s)."

See ICE PBNDS 2011 (2013 Errata), Standard, Detention Files, Section (V)(B)(1)(f).