

# Office of Professional Responsibility

## Torrance County Detention Facility Inspection 2025-001-009

October 22–24, 2024



U.S. Immigration  
and Customs  
Enforcement



**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  
2025-001-009**

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

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

**October 22-24, 2024**

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

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## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Senior Inspections and Compliance Specialist	ODO
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Inspections and Compliance Specialist	ODO
Section Chief	ODO
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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 a compliance inspection of the Torrance County Detention Facility (TCDF) in Estancia, New Mexico, from October 22 to 24, 2024.<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 facility warden handles daily facility operations and manages [REDACTED] support personnel. Trinity Services provides food services, CoreCivic provides medical care and commissary services at the facility. The facility does not hold 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 22, 2024)	[REDACTED]
Adult Female Population (as of October 22, 2024)	[REDACTED]

During its last rated 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).

<sup>1</sup> This facility holds male detainees with security classification levels for periods greater than 72 hours.

<sup>2</sup> Data Source: ERO Custody Management Division Authorized Facility List as of October 21, 2024.

<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

PBNDs 2011 (Revised 2016) Standards Inspected <sup>5,6</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Emergency Plans	0
Environmental Health and Safety	2
Transportation (by Land)	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	2
Contraband	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Key and Lock Control	1
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Tool Control	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>3</b>
<b>Part 3 - Order</b>	
Disciplinary System	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
Food Service	0
Medical Care	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 5 - Activities</b>	
Recreation	0
Visitation	0
<b>Sub-Total</b>	<b>0</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 all standards every other year. As a result, some standards may not be present in all inspections.

<b>Part 6 - Justice</b>	
Detainee Handbook	0
Grievance System	0
Legal Rights Group Presentations	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 7 - Administration and Management</b>	
Interviews and Tours	0
Staff Training	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>5</b>

## DETAINEE RELATIONS

ODO interviewed 40 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 has not received his physician-prescribed ointment refill, 18 days after submitting his request.

- Action Taken: ODO interviewed the facility health services administrator and found the detainee arrived on October 1, 2024, and reported keloid pain on the left side of his body during intake. On October 4, 2024, the detainee submitted a sick call request for the pain, and a registered nurse (RN) examined the detainee on the same day. The RN obtained an order for Aquaphor ointment for the detainee, but due to the lack of immediate availability, the RN provided the detainee with small packets of bacitracin with instructions to apply as needed, until the Aquaphor arrived. ODO confirmed on October 22, 2024, the RN provided the ointment to the detainee with instructions to use as needed.

## COMPLIANCE INSPECTION FINDINGS

### SAFETY

#### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed [REDACTED] timed fire drills and found in [REDACTED] out of [REDACTED] drills, the facility did not include emergency keys (**Deficiency EHS-111.7**).

ODO reviewed [REDACTED] fire drills and found in [REDACTED] out of [REDACTED] drills, appropriate facility staff neither used nor documented the use of emergency keys to unlock one set of emergency exit doors not in daily

<sup>7</sup> “Emergency-key drills shall be included in each fire drill and timed.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(4)(c).



use (**Deficiency EHS-112**).<sup>8</sup>

## **SECURITY**

### **CUSTODY CLASSIFICATION SYSTEM (CCS)**

ODO reviewed █ detainee housing unit assignments and found in █ out of █ assignments, the facility assigned █ low custody detainee to housing unit 5C, which is for medium-high to high custody detainees, and █ medium-high custody detainee to housing unit 8D, which is for low to medium-low custody detainees (**Deficiency CCS-33**).<sup>9</sup>

ODO reviewed █ detainee housing unit assignments and found in █ out of █ assignments, the facility assigned █ low custody detainee to housing unit 5C, which is for medium-high to high custody detainees, and █ medium-high custody detainee to housing unit 8D, which is for low to medium-low custody detainees (**Deficiency CCS-45**).<sup>10</sup>

### **KEY AND LOCK CONTROL (KLC)**

ODO reviewed lock shop inventories, interviewed facility staff, and confirmed no documented inventories for padlocks (**Deficiency KLC-35**).<sup>11</sup>

### **SPECIAL MANAGEMENT UNITS (SMU)**

ODO inspected 20 cells in the SMU and observed 17 out of 20 cells equipped with porcelain sinks and 7 out of 20 cells equipped with porcelain toilets. Porcelain sinks and toilets break easily, and a detainee could use broken pieces for self-harm or to harm others. ODO considers the potential dangers of porcelain sinks and toilets in these cells to be an **Area of Concern**.

## **JUSTICE**

### **GRIEVANCE SYSTEM (GS)**

ODO reviewed █ detainee grievances and found in █ out of █ grievances, ERO El Paso did not forward grievances alleging staff misconduct to the ICE OPR Joint Intake Center (JIC). A supervisory detention and deportation officer stated JIC leadership gave verbal instructions to ERO El Paso to determine if any alleged staff misconduct is egregious before forwarding a grievance to the JIC to alleviate strain on JIC resources. On November 8, 2021, the ICE Office of the Deputy

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<sup>8</sup> “Emergency keys shall be drawn and used by appropriate staff to unlock one set of emergency exit doors not in daily use.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(4)(c).

<sup>9</sup> “All facilities shall ensure that detainees are housed according to their classification levels.” See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(F).

<sup>10</sup> “When it becomes necessary to house detainees of different classification levels in the same housing unit, the following guidelines shall apply: ...

2. Low custody detainees and medium-low custody detainees may be housed together, and medium-high custody detainees and high custody detainees may be housed together.”

See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(G)(2).

<sup>11</sup> “The security key control officer shall maintain inventories of all keys, locks and locking devices in the lock shop.” See ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(C).

Director issued a memorandum identifying non-sexual harassment of detainees as an example of misconduct to be reported to the JIC. In accordance with the detention standard, the facility forwarded all nine grievances to ERO El Paso; however, ERO El Paso determined the grievances as non-egregious conduct and did not forward to the JIC, including one grievance the facility found in favor of the detainee. ODO noted the standard requirement, conflicting JIC guidance, and the ambiguous definition of staff misconduct as an **Area of Concern**.

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 27 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 24 of those standards. ODO found five deficiencies in the remaining three standards. Since TCDF’s last rated inspection in October 2023, the facility has trended upward. TCDF went from 4 deficient standards and 9 deficiencies in October 2023 to 3 deficient standards and 5 deficiencies during this most recent full inspection. TCDF completed UCAPs for its last full inspection in October 2023 and for its unannounced follow-up inspection in February 2024, which likely resolved the previous deficiencies ODO cited. ODO recommends ERO El Paso continue to work with the facility to resolve the deficiencies in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)</b>	<b>FY 2025 Full Inspection (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	28	27
Deficient Standards	4	3
Overall Number of Deficiencies	9	5
Priority Component Deficiencies	1	0
Repeat Deficiencies	1	0
Areas Of Concern	1	2
Corrective Actions	0	0
Facility Rating	Good	Superior



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