



Homeland
Security

September 26, 2022

MEMORANDUM FOR: Corey A. Price
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Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement

FROM: Dana Salvano-Dunn (b) (6)
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SUBJECT: Torrance County Detention Facility
Expert Recommendations
Complaint Nos. 001306-21-ICE, 001303-21-ICE, 001305-21-ICE,
001210-21-ICE, 001212-21-ICE, 001213-21-ICE, 001584-21-ICE,
002368-21-ICE, 002934-22-ICE, 002899-22-ICE, 002930-22-ICE,
002929-22-ICE, 002970-22-ICE, and 003855-22-ICE.

The U.S. Department of Homeland Security (DHS), Office for Civil Rights and Civil Liberties (CRCL) conducted an investigation concerning U.S. Immigration and Customs Enforcement (ICE) detainees at Torrance County Detention Facility (Torrance) in Estancia, New Mexico. CRCL's onsite investigation occurred June 27-30, 2022, and was in response to complaints regarding the conditions of detention, COVID-19 policies, medical care policies, mental health and suicide prevention and intervention policies, and environmental health and safety.

CRCL previously conducted a spot-check investigation on April 19, 2022, looking into allegations of unsanitary facility conditions, including lack of access to clean drinking water, that required a more immediate response. Following the spot-check, on May 19, 2022, CRCL sent ICE a brief memorandum outlining the observations that required immediate attention. Specifically, CRCL noted staffing shortages, non-functioning intercoms in housing unit, language access concerns, lack of privacy during legal visits, and broken sinks in housing units. On July 1, 2022, ICE responded to the recommendations providing comments to explain its responses. Of the seven (7) recommendations, ICE concurred with six (6), and partially concurred with one (1). Prior to submitting a response, ICE submitted a Corrective Action Plan on June 23, 2022, documenting action steps it plans to take to address the seven (7) recommendations.

We greatly appreciate the cooperation and assistance provided by ICE and Torrance staff before and during the onsite investigation. As part of the investigation, CRCL engaged the assistance of four

subject-matter experts: a conditions of detention expert, an environmental health and safety expert, a medical expert, and a mental health expert. As a result of detainee and staff interviews, document and record reviews, and direct observation, the subject-matter experts identified concerns in each of their areas.

On June 30, 2022, as part of the onsite closing discussion, CRCL and the subject-matter experts discussed preliminary findings and recommendations with ICE field office staff, personnel from ICE Enforcement and Removal Operations (ERO) headquarters, and facility personnel. Following the onsite investigation, CRCL sent an email to ICE on July 27, 2022, summarizing these initial recommendations, to ensure ICE had sufficient information to begin to initiate proposed changes.

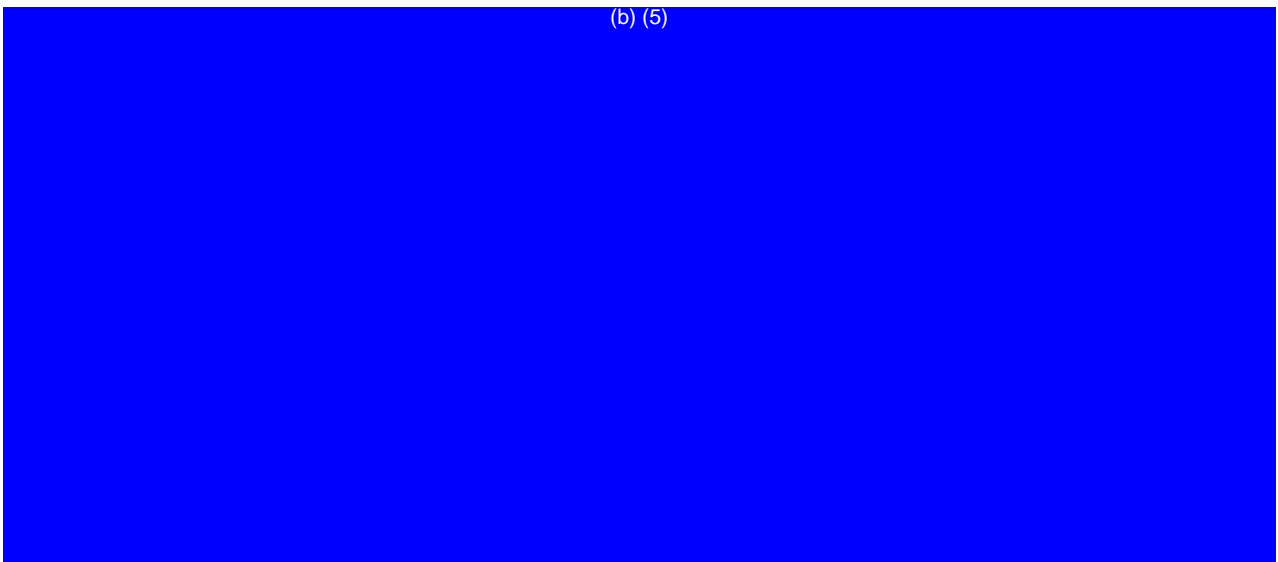
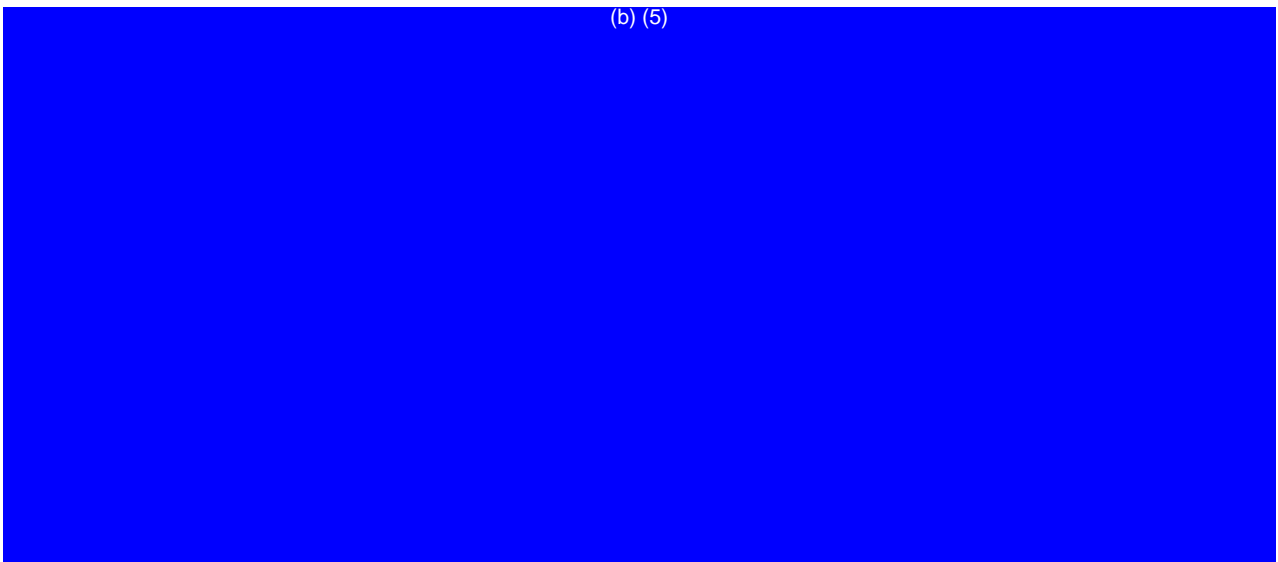
Enclosed with this memorandum are the reports prepared by our subject-matter experts.¹ Recommendations are listed in the body of this memorandum, and CRCL requests that ICE formally concur or non-concur with these recommendations and provide an implementation plan for all accepted recommendations within 120 days of issuance.

With this memorandum, and consistent with our standard practice, we request that ICE indicate whether it concurs with the expert recommendations, and that for those agreed to, ICE provide an action plan within 120 days.

Conditions of Detention

CRCL's conditions of detention expert made the following recommendations related to the Performance Based National Detention Standards (PBNDS 2011, rev. 2016).

1. Security entrance and exit doors were not always fully secured or did not always fully function to secure without significant efforts by the staff to get the doors to close/secure. It is recommended that Torrance evaluate their practice to ensure that staff are properly securing doors. (PBNDS 2011, Section II, Key and Lock Control, Expected Outcomes).

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¹ In general, CRCL's experts relied on the applicable Performance Based National Detention Standards 2011, Revised 2016 and related professional standards in conducting their work and preparing their reports and recommendations. Some of their analyses or recommendations, however, may be based on constitutional or statutory requirements and/or best practices that exceed the detention or professional standards.

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5. Torrance was not using a unit detainee roster so that all unit officers could conduct security checks with integrity when attempting to verify the count and cell assignments for each detainee in the units. Detainees could and have occupied cells based upon their own preference and initiative; this practice is not discovered until 10:00 PM when the standing count is conducted. Torrance did implement the use of a roster immediately during the site visit as a response to this recommendation. It is recommended Torrance memorialize the use of an appropriate detainee roster to be used by the custody staff for the purpose of conducting count and other security or operational procedures. (PBNDS 2011, rev. 2016, Section II, Population Counts - Informal Counts; Facility Security and Control – Cell Search; Staff-Detainee Communication).

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11. A cut down tool was not immediately available in the segregation unit. Segregation units are known to have a higher risk of suicide attempts. It is recommended a cut down tool be installed in the segregation unit to expedite staff response to any potential self-harm event. Torrance agreed to this recommendation during the on-site investigation and CRCL supports their commitment to install a cut down tool inside the segregation unit. While this agreement is a minimal improvement in the suicide prevention effort, the preference is that officers have cut down tools as part of their uniform. Suicide attempts can occur in any area, and it is unknown how long a person may have had a noose around their neck prior to the discovery of the suicide attempt. An immediate response is critical for the preservation of life and any delay for the retrieval of a tool to remove the noose increases the risk of harm to the person in crisis. It is recommended that Torrance re-evaluate their practice regarding the location and availability of cut down tools to ensure that they have timely responses to any suicide attempts where a cut down tool is needed. (PBNDS 2011, rev. 2016, Section II, Facility Security and Control, Section IV, Significant Self-harm and Suicide Prevention and Intervention).

12. Torrance had some measures to mitigate contraband conveyance through incoming mail, but those measures were only applied to individuals in custody other than ICE detainees. It is recommended Torrance evaluate their mail delivery practices and identify areas for improvement, expansion of certain practices or the addition of technology to address contraband detection or safe handling of incoming mail. (PBNDS 2011, rev. 2016, Section V, Correspondence and Other Mail).

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15. CRCL observed that there were a significant number of sinks in detainee cells that have holes in the porcelain or had some functional issues related to the waterspout for drinking. The holes in the bottom of the sink inner layer created a hazard for cuts, access to porcelain pieces for weapons material and concealment places for contraband. Torrance had mitigated the hazards related to cuts by smoothing the edges of the breaks, but the other concerns remain. It is recommended that Torrance evaluate the condition of all occupied detainee cells and remove detainees from cells with broken fixtures. The vacated cell should then be labeled to indicate that the cell is “offline” and not available for assignment and the facility should implement a system to prohibit the placement of detainees in cells which are not properly functioning. (PBNDS 2011, rev. 2016, Section II, Facility Security and Control, Section IV, Personal Hygiene).

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Environmental Health and Safety

CRCL’s environmental health and safety expert made the following recommendations and best practice related to PBNDS 2011, rev. 2016.

17. Staff and detainees were observed during the initial facility tour not wearing gloves while working around/with food, i.e., taking food temperatures and also prepping food items. It is recommended that Torrance ensure that all kitchen staff and detainee workers adhere to the Performance Based National Detention Standards 2011 for Food Service, which states, “Servers must wear food-grade plastic gloves and hair nets whenever there is direct contact with a food or beverage.” (PBNDS 2011, rev. 2016, Food Service, and FDA Food Code 2017, Section 3-301.11(B)).
18. Food past the “Best if used by date” of August 2021 was found in the dry storage (three (3) cases of yams). Several items were also noted without any “Best if used by” or expiration date, but were marked as received in August 2021. It is recommended stock be rotated continuously using the first in, first out method, and food items approaching the “Best if used by date” should be put on the menu to ensure food is used at its best quality. The manufacturer can also be contacted to obtain a date based on the lot number recorded on the cans. (PBNDS 2011, rev. 2016, Food Service).

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20. In the janitorial closet, mops, brooms, and squeegees were noted stored directly on the floor, and one mop was stored with the mop head hanging partially over the side of the mop bucket. Mops, brooms, etc., should not be stored directly on the floor or in a mop bucket. It is recommended mops be hung with the mop head down above the floor and not stored on the floor or in mop buckets. (PBNDS 2011, rev. 2016, Food Service, and FDA Food Code 2017, Section 6-501.16)).

21. (b) (5)

22. Hand sanitizer stations are located throughout Torrance; however, some were found empty, and some were no longer fixed to the holder on the wall (i.e., in the mental health office area in the bathroom the sanitizer container was on the floor). It is recommended Torrance check all hand sanitizer stations and ensure hand sanitizer is available in all. (PBNDS 2011, rev. 2016, Environmental Health and Safety).

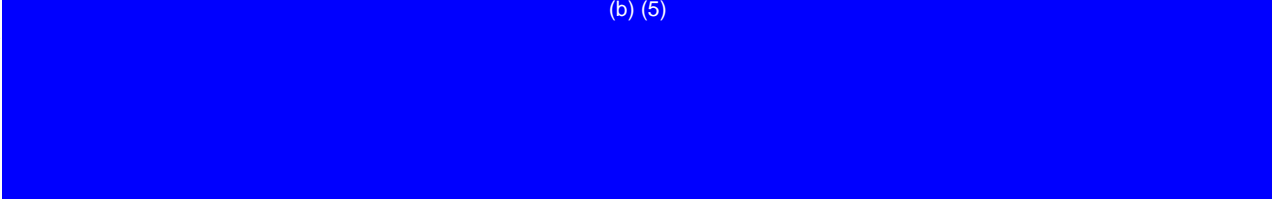
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24. There is a staffing shortage in the kitchen at Torrance. The kitchen has one (1) employee and four (4) vacancies. Torrance should actively engage their food service contractor in ensuring that vacant positions are filled as soon as possible. The contractor should provide temporary staff, or move other staff to ensure that at least some positions are filled while recruitment for permanent employees is taking place. (PBNDS 2011, rev. 2016, Food Service, Section V. (A.) – Administration).

25. (b) (5)

26. A perpetual inventory of chemicals stored in a cage in the kitchen was not maintained. It is recommended Torrance ensure that a perpetual inventory of chemicals is maintained at all times where chemicals are used and stored. (PBNDS 2011, rev. 2016, Environmental Health and Safety and Food Service).

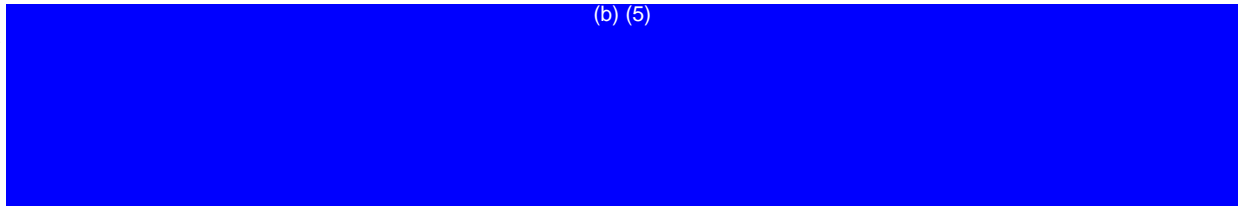
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28. Detainees reported during interviews that they have not had training on cleaning practices or the use of chemicals. It is recommended that Torrance ensure detainees are provided training on proper use of chemicals, personal protective equipment, and SDS. (PBNDS 2011, rev. 2016, Environmental Health and Safety and OSHA Standard 29 CFR 1910.1200).

29. A random review of three SDS (Xcelente, HDQ, and the Laundry Sour chemical) provided by Torrance shows that not all SDS available at Torrance are the most recent versions. For example, Xcelente is the most recent version, the latest version for HDQ is April 2021, Torrance's version is May 2015; and the latest version for Clothesline Fresh Extreme Laundry Sour is February 2020, Torrance's version is October 2014. It is recommended Torrance ensure SDS notebooks/files are reviewed periodically, and the most recent version is incorporated into the notebook/file. (PBNDS 2011, rev. 2016, Environmental Health and Safety and OSHA Standard 29 CFR 1910.1200).

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Mental Health Care

CRCL's mental health expert made the following recommendations related to PBNDS 2011, rev. 2016.

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34. Paper requests for medical or mental health care are available on every unit. The forms are translated into Spanish. However, there was a large population of detainees speaking languages other than English and Spanish. The tablets provide the opportunity for detainees to put in requests in more languages, including medical and mental health requests. Every detainee interviewed was unaware that the tablets could be used to request mental health and medical services – thus allowing detainees who speak languages other than English and Spanish an opportunity to review and submit a medical and mental health request form in a language that they understand. It is recommended Torrance train detainees at arrival on the means of requesting medical and mental health care services by paper and through the tablet and retrain detainees again as they become acclimated to the environment. (PBNDS 2011, rev. 2016, 4.3., Medical Care).

Medical Care

CRCL's medical expert made the following recommendations related to PBNDS 2011, rev. 2016.

35. The medical director position and two (2) nurse practitioner positions are vacant. The coverage is provided by a temporary nurse practitioner. It is recommended Torrance fill the open medical provider positions and monitor the timeliness of services to ensure that the medical visits are completed in a timely manner based on the level of urgency. (PBNDS 2011, rev. 2016, 4.3., Medical Care, II).
36. The date and time of receipt of the sick call requests are not filled out consistently by the person picking up the sick call requests. The Triage level (emergent/urgent/ routine) of the sick call requests are not consistently completed by the medical staff. It is recommended sick

call forms should be picked up daily and triage immediately to prioritize the requests. (PBNDS 2011, rev. 2016, 4.3, Medical Care, S.).

37. The nurse assessments do not consistently include current vital signs. There is also a delay in sick call assessments. It is recommended Torrance document the date and time when the sick call was received and sick call requests should be triaged by a registered nurse and a level of urgency should be assigned, per policy. A face-to-face nursing assessment should also be completed for all sick call requests in a timely manner, per policy. (PBNDS 2011, rev. 2016, 4.3, Medical Care, S.).
38. Torrance sick call requests are submitted through paper; however, there is an option to place the request through tablets; yet detainees are not aware of this option. The tablet has more language options so that the detainees can enter the request themselves rather than asking someone else to enter the request for them, due to language barrier. It is recommended Torrance staff educate detainees regarding the use of tablets to submit sick call requests. (PBNDS 2011, rev. 2016, 4.3, Medical Care, S.).
39. Documentation does not consistently reflect the use of language line during medical encounter for detainee with limited English proficiency. It is recommended Torrance document the use of language assistance during medical encounters. (PBNDS 2011, rev. 2016, 4.3, Medical Care, S.).
40. Detainees with abnormal vital signs such as high blood pressure and high heart rate are not rechecked, re-evaluated, or sent to higher level of care. It is recommended all abnormal vital signs should be acknowledged and addressed in the plan of care. The plan can be to reevaluate or escalate to higher level of care based on the medical condition. (PBNDS 2011, rev. 2016, 4.3, Medical Care, T.).

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42. The Pharmacy room temperature log shows that the temperature was out of range for several dates. There is no documentation to show that an action was taken. It is recommended Torrance staff ensure that the temperature is checked regularly, and appropriate action is taken when the temperature is out of range. (PBNDS 2011, rev. 2016, 4.3, Medical Care, EE).

It is CRCL's statutory role to advise department leadership and personnel about civil rights and civil liberties issues, ensuring respect for civil rights and civil liberties in policy decisions and implementation of those decisions. We look forward to working with ICE to determine the best way to resolve these complaints. We request that ICE provide a response to CRCL within 120 days indicating whether it concurs or does not concur with these recommendations. If you concur, please

include an action plan. Please send your response and any questions to (b) (6) CRCL will share your response with (b) (6), the Senior Policy Advisor who conducted this investigation.

Enclosures

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