OIDO
Office of the Immigration Detention Ombudsman

OIDO INSPECTION

Torrance County Detention Facility

OIDO-24-001
April 5, 2024

OIDO is an independent office within the Department of Homeland Security.

Department of Homeland Security
Washington, DC 20528

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Office of the Immigration Detention Ombudsman

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April 5, 2024

MEMORANDUM FOR: Patrick J. Lechleitner
Deputy Director and Senior Official
Performing the Duties of the Director
U.S. Immigration and Customs Enforcement

FROM: David D. Gersten
Acting Ombudsman
Office of the Immigration Detention Ombudsman

DAVID D GERSTEN Digitally signed by DAVID D GERSTEN Date: 2024.04.05 17:33:35 -04'00'

SUBJECT: OIDO-24-001
Torrance County Detention Facility
September 20-22, 2022

Attached is the Office of the Immigration Detention Ombudsman's final report based on its inspection of Torrance County Detention Facility (TCDF) in Estancia, New Mexico on September 20-22, 2022. We reviewed TCDF's performance and compliance with the 2011 Performance-Based National Detention Standards (2011 PBNDS) and contract terms.

The report contains eight recommendations aimed at improving TCDF and its compliance with the 2011 PBNDS and contract terms. Your office concurred with seven recommendations and non-concurred with one recommendation provided herein. Based on information provided in your response to the draft report, we consider one recommendation unaddressed and open and seven recommendations addressed and closed.

Attachment

OIDO
Office of the Immigration Detention Ombudsman

OIDO INSPECTION
OF
TORRANCE COUNTY DETENTION FACILITY
Estancia, New Mexico

Executive Summary

In September 2022, the Office of the Immigration Detention Ombudsman (OIDO) conducted an unannounced inspection of the Torrance County Detention Facility (TCDF) in Estancia, New Mexico to assess its performance and compliance with the U.S. Immigration and Customs Enforcement (ICE) detention standards and contract terms, including standards and terms recently examined by ICE and the Office of the Inspector General (OIG). OIDO reviewed 35 areas within the following 13 standards during the inspection: environmental health and safety, custody classification system, facility security and control, Special Management Unit, staff-detainee communication, use of force and restraints, food service, medical care, significant self-harm and suicide prevention and intervention, grievance system, legal rights groups presentations, language access, and contract performance/staffing.

OIDO's inspection led to several findings. TCDF complied with specific standards in 19 areas reviewed. However, the facility was non-compliant in 16 areas reviewed. [redacted]

Further, OIDO found the facility was non-compliant in the following areas: detainee classification reassessments, secure communication between detainees and ICE ERO officers, advance notification to the Contracting Officer Representative (COR) of monthly facility inspections, security camera surveillance, interactions of key ICE ERO staff with detainees, use-of-force equipment, armory logs, health care staff levels, on-duty physician five days a week, health care staff credentialing records, initial and refresher training for health care staff, N-95 fit testing for medical personnel, COVID-19 protocols, supervision of detainees on suicide precautions, and detainee sick call procedures. OIDO notes that the facility corrected two areas of initial non-compliance during or shortly after the inspection, including performing reassessments of detainee classifications and creating a process to allow detainees direct, secure communications with ICE ERO.

OIDO made eight recommendations designed to improve operations at the facility and meet ICE detention standards and contract terms.

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Introduction

Pursuant to its statutory responsibilities, the Department of Homeland Security (DHS) Office of the Immigration Detention Ombudsman (OIDO) Detention Oversight (DO) Division conducts independent, objective, and credible inspections of Immigration and Customs Enforcement (ICE) owned and operated facilities throughout the United States. During its inspections, OIDO often completes follow-up assessments to determine whether a facility has taken corrective action to resolve violations or concerns identified during a prior inspection. OIDO also reviews, examines, and makes recommendations to address concerns with or violations of contract terms regarding immigration detention facilities and services.

In September 2022, OIDO conducted an unannounced inspection of the Torrance County Detention Facility (TCDF) to review the facility's performance and compliance with applicable detention standards, the 2011 Performance-Based National Detention Standards as revised in 2016 (hereinafter referred to as the 2011 PBNDS) and contract terms. While OIDO found several areas of compliance, OIDO also found several areas of non-compliance. Additionally, OIDO found areas of initial noncompliance that were resolved either during or shortly after the inspection. These findings will be discussed in detail below.

Background

ICE Enforcement and Removal Operations (ERO) oversees the detention of noncitizens at facilities throughout the United States, which it manages directly or in conjunction with private contractors or federal, state, or local governments. ICE uses several detention standards to regulate conditions of confinement, program operations, and management expectations within the agency's detention system.[1] In addition, ICE uses the COVID-19 Pandemic Response Requirements (PRR) to assist detention facility operators in sustaining operations while mitigating risk to the safety and wellbeing of detainees due to COVID-19.[2]

TCDF is a contract detention facility located in Estancia, New Mexico. CoreCivic owns and operates TCDF. This medium-security, multijurisdictional facility opened in 1990. In 2019, ICE entered into an Intergovernmental Service Agreement (IGSA)[3] with Torrance County to use the facility for the purpose of immigration detention. [redacted] ICE has used the facility since August 2019 to hold adult male detainees of all classification levels under the oversight of ERO's Field Office Director (FOD) in El Paso. The facility also houses male and female detainees for Torrance County and adult male inmates for the U.S. Marshals Service. ICE classifies the detainees before their arrival at the facility, and ICE detainees are housed separately from non-ICE detainees. The IGSA that governs the housing of ICE detainees at TCDF requires adherence to the 2011 PBNDS. ICE ERO has assigned deportation

[1] ICE currently has four detention standards in use at adult detention facilities throughout the United States. These include: 2000 National Detention Standards, 2008 Performance-Based National Detention Standards, 2011 Performance-Based National Detention Standards, and 2019 National Detention Standards.
[2] *See* https://www.ice.gov/doclib/coronavirus/eroCOVID19responseReqsCleanFacilities.pdf.
[3] Intergovernmental Service Agreement number 70CDR19DIG000009 between U.S. Immigration and Customs Enforcement and Torrance County, New Mexico, dated May 15, 2019.

officers and a detention services manager to TCDF. A facility warden handles daily operations and manages support personnel. Trinity Services Group provides food services, and CoreCivic provides medical care and commissary services at this facility. Talton Communications Inc.[4] provides detainee telephone services and e-tablet devices and services. The tablets are also used for e-visits.

[redacted]

OIDO conducted an unannounced inspection of the TCDF from September 20–22, 2022, to review areas where previous inspections that ICE and the OIG conducted in 2021 and 2022 had found violations of the ICE detention standards.[6] Specifically, OIDO notes that the following recent compliance inspections had been conducted at the facility prior to OIDO's inspection.

In March 2022, the OIG found non-compliance with the standards in the following areas at TCDF: facility conditions, facility security, and staffing.[7]

- Facility Conditions – Unsanitary conditions were noted, including clogged and inoperable toilets, broken sinks, water leaks, and mold. Also, 83 detainee cells (53 percent) had plumbing issues (inoperable, clogged, or continually cycling water in sinks and toilets). Additionally, there was a lack of hot water, missing cold/hot water faucet buttons, and detainees were obtaining water from a communal area faucet intended for filling mop buckets. Furthermore, repairs were not done in a timely manner to address the facility conditions in the housing units.
- Facility Security – Custody officers did not properly supervise and monitor detainees in housing units. [redacted]
- Staffing – The facility did not maintain the staffing levels per contract requirements. The facility had 54 percent of the required staffing, including 112 staffing vacancies with most vacancies (94 positions) in the area of security.

[4] *See* Talton
[5] *See* ICE Fiscal Year 2022 Detention Statistics
[6] At the time of inspection, OIDO's Case Management Division (CMD) had one case manager assigned to the facility.
[7] Office of Inspector General, Management Alert – Immediate Removal of All Detainees from the Torrance County Detention Facility, number OIG-22-31 dated March 16, 2022. (Management Alert OIG-22-31).

Additionally, the ICE Office of Detention Oversight (ODO) had found several areas of non-compliance with the standards during three inspections it performed in 2021 and 2022. These areas included medical care, food service, facility security and control, custody classification system, admission and release, post orders, correspondence and other mail, funds and personal property, and sexual abuse and assault prevention and intervention.[8]

- Medical Care - The facility did not screen the detainees for tuberculosis (TB) within 12 hours of their admission to the facility. Medical credentials were missing from medical staff credential files. Additionally, the clinical medical authority did not review the comprehensive health assessments to determine the priority for treatment.

- Food Service - The facility's last inspection of the fixed fire suppression system over the cooking equipment exceeded the 6-month standard. Bread purchased and used by the facility for kosher trays were not labeled "pareve" or "parve." The facility's purchase requests for controlled-food items were not marked as "hot" to signal the need for special handling.

- Admissions and Release - The facility did not issue each newly admitted detainee a copy of the facility's detainee handbook. Additionally, Order to Release forms (Form I-203) were not found in detainee release files, and release files did not contain a copy of detainee's property inventory form.

- Custody Classification System - The facility's detainee handbook had no explanation of the classification levels with the conditions and restrictions applicable to each level.

- Post Orders - The facility administrator did not approve, sign, nor date each post order on the last page. The Suicide Precaution/Close Observation and Housing Control post orders were not initialed nor dated on all other pages. Also, Housing Control Post Orders did not include a six-part classification folder. The shift supervisor did not consistently initial the post order log on each shift. Additionally, the facility did not always keep the post orders and logbooks in a secure and locked location. Furthermore, the facility left the Food Service post order and logbooks in an area accessible to detainees.

- Correspondence and Other Mail – The facility detainee handbook did not specify that the facility shall open and inspect general correspondence addressed to the detainee in the detainee's presence unless the facility administrator authorizes inspection without the detainee's presence for security reasons. The detainee handbook did not include instructions on labeling special correspondence as "special correspondence" or "legal mail" and it did not clearly state the detainee's responsibility to inform senders of the labeling requirement. Additionally, the facility detainee handbook did not specify that the facility may only open incoming special correspondence or legal mail in the detainee's presence, and that facility staff shall not open nor inspect outgoing special correspondence and/or legal mail. The detainee handbook did not specify how to obtain approval to send or receive packages. Furthermore, the facility administrator did not always provide non-detainees with a written notice explaining when the facility rejects incoming or outgoing

[8] U.S. Immigration and Customs Enforcement, Office of Detention Oversight Inspection Reports dated May 3-7, 2021, November 16-18, 2021, and May 3-5, 2022.

mail, and the local supplement to the detainee handbook did not mention that documents, such as birth certificates and passports, may be used as evidence against the detainees.

- Funds and Personal Property – The facility's detainee handbook had no procedures for filing a claim for lost or damaged property, and no notification to detainees on how to access personal funds to pay for legal services. Also, several personal property forms did not indicate the detainee's time of admission. The facility's detainee handbook did not notify detainees that they may request, and ERO Chicago will provide, an ICE ERO certified copy of any identity document ERO Chicago has possession of to the detainees.
- Sexual Abuse and Assault Prevention and Intervention - The facility's written policy did not include the requirement for coordinating with the ICE Office of Professional Responsibility for investigation or referral of incidents of sexual assault to another investigative agency, discipline, and prosecution of assailants. Also, the policy did not include required reporting through the facility's chain-of-command.

Objective, Scope, and Methodology

OIDO evaluated whether ICE had taken corrective actions to fix prior violations and performed a general inspection to determine whether the facility was compliant with ICE standards and contract terms. OIDO reviewed the following areas during the inspection: environmental health and safety, custody classification system, facility security and control, Special Management Unit, staff-detainee communication, use of force and restraints, food service, medical care, significant self-harm and suicide prevention and intervention, grievance system, legal rights groups presentations, language access, and contract performance/staffing.

The inspection was executed by 17 personnel, including 12 inspectors and five medical experts. The inspection team conducted interviews with ICE ERO employees, facility staff, and detainees, made direct observations of facility conditions and operations, and reviewed documentary evidence, including but not limited to, the contract, facility policies and procedures, reports and records, and logbooks.

Results of Inspection

OIDO's inspection led to several findings. TCDF complied with specific standards in 19 areas reviewed. However, the facility was non-compliant in 16 areas reviewed. [redacted]

Further, OIDO found the facility was also non-compliant in the following areas: detainee classification reassessments, advance notification to the COR of monthly facility inspections, security camera surveillance, interactions of key ICE ERO staff with detainees, use-of-force equipment, armory logs, health care staff levels, on-duty physician five days a week, health care staff credentialing records, initial and refresher training for health care staff, N-95 fit testing for medical personnel, COVID-19 protocols, supervision of detainees on suicide precautions, and detainee sick call procedures. OIDO also found ICE ERO non-compliant in maintaining a process

that facilitates secure communication between detainees and ICE ERO officers. OIDO notes that the facility corrected one area of initial non-compliance during or shortly after the inspection in regard to performing reassessments of detainee classifications. OIDO also notes that ICE ERO corrected one area of initial non-compliance during or shortly after the inspection in regard to creating a process to allow detainees direct, secure communications with ICE ERO staff.

Inspection results are divided into three sections: areas of compliance, resolved areas of initial non-compliance, and areas of non-compliance.

A. Areas of Compliance

i. Custody Findings

The Facility Maintained a High Level of Facility Cleanliness and Sanitation

The 2011 PBNDS section 1.2 on environmental health and safety requires the facility to maintain the highest standard of cleanliness and sanitation. This standard provides that detainee living area safety shall be emphasized to staff and detainees, to include providing a housekeeping plan.

OIDO found that all inspected areas of the facility showed a high level of cleanliness and sanitation, with clean floors, walls, and horizontal surfaces. OIDO reviewed the facility's housekeeping plan, which outlined the cleaning schedule and the areas of responsibility assigned to staff. OIDO found that the cleaning schedule covered all areas of the facility and assigned staff to ensure the schedule was maintained. Finally, OIDO reviewed the facility's weekly and monthly sanitation inspection checklists for Units 7 and 8 for the period from August 2 - September 6, 2022. OIDO found that the documents demonstrated regular and comprehensive facility cleaning.

The Facility Completed and Made Timely Corrections to Address Safety Issues

The 2011 PBNDS section 1.2 on environmental health and safety requires compliance with fire prevention regulations, inspection requirements, and other practices to ensure the safety of detainees, staff, and visitors. OIDO reviewed the facility's invoice for a sprinkler hydrostatic test, an annual fire extinguisher inspection checklist dated September 6, 2022, the annual sprinkler inspection checklist for September 2022, and requests for corrective action based on results of these inspections. OIDO found that the facility completed the corrective action identified on the sprinkler inspection in a timely manner. The fire extinguisher checklists reviewed did not indicate a need for corrective action.

The Facility Ensured Safe, Potable Water Was Available to Detainees

The 2011 PBNDS section 1.2 on environmental health and safety requires safe, potable water be made available throughout the facility. A state laboratory must test samples of drinking water at least annually to ensure compliance with applicable standards. A copy of the testing and safety certification shall be maintained on site. OIDO reviewed water-testing documents to determine whether the facility provided safe, potable water to detainees. The facility purchased water from the city of Estancia, New Mexico, and the city provided the facility with monthly water sample test results. OIDO reviewed the monthly water sample test results[9] for March, April, May, and June 2022 and found that the potable water the city provided met all requirements. The tap water met the primary standards set by the U.S. Environmental Protection Agency (EPA) and the

[9] *See e.g.,* 2022.06.27 Hall Environmental Report 2 June 2022 water sample.pdf.

drinking water quality standards of the State of New Mexico (NMED).[10] These monthly tests evaluated levels of Escherichia coli (*E. coli*) and total coliform, which were both absent. The Entranosa Water and Wastewater Association 2021 Annual Drinking Water Quality Report (Public Water System NM35-246-26) dated March 2022 also showed that the drinking water was safe and met all requirements of testing. In addition, OIDO reviewed grievances submitted during the 30-day period prior to its inspection and did not find any pertaining to water quality. Finally, OIDO checked all cells in Housing Units 6, 7, and 8 and found all sinks in cells were in working order and had hot water available.[11]

The Facility Complied with Standards for Facility Security and Control

The 2011 PBNDS section 2.4 on facility security and control requires each facility to establish a comprehensive security inspection system that addresses every area of the facility, specifically including the perimeter fence line and other areas specified in the standard. The facility shall conduct frequent unannounced security inspections on day and night shifts to control the introduction of contraband; identify and deter sexual abuse of detainees; ensure facility safety, security, and good order; prevent escapes; maintain sanitary standards; and eliminate fire and safety hazards.

OIDO conducted visual inspections of Housing Unit 7 and reviewed daily security inspection entries in the Unit 7 logbook located in the housing unit control room for five dates between July and September 2022.[12] These inspection entries included detainee counts completed, meals served, security checks completed and post changes. OIDO also reviewed facility weekly safety inspection checklists of inspections conducted on May 9 and September 19, 2022. Staff used these checklists to grade elements of safety as satisfactory (S), unsatisfactory (U), or not applicable (N/A). Items on this checklist included, but were not limited to, conditions of the facility itself, such as conditions of emergency exits, door locking mechanisms, first aid kits, hazardous chemicals, sprinkler systems, smoke detectors, and fire extinguishers.

In addition, OIDO reviewed the monthly security inspection report for the inspection conducted on August 10, 2022. Staff used this checklist to grade elements of safety as compliant (C), not compliant (NC), or not applicable (N/A). Items on this checklist included, but were not limited to, conditions of perimeter security, roof, vocational rooms, vehicle sally port, and armory. Finally, OIDO reviewed three daily shift reports dated September 12, 14, and 21, 2022, which reflected details of security inspections conducted throughout the facility. Items on this report included detainee counts, number of detainees released that day, number of detainees admitted that day, nonroutine activities, transports, hospital admissions, and equipment malfunctions. OIDO found that all documents reviewed were complete.

The Facility's Two-Way Intercom System Complied with Post Orders

Post Order COR-PO-21 for the Housing Control Room, effective March 30, 2022, requires that all monitoring equipment and devices must be operational at all times. OIDO observed detainee cells and found that each had an intercom button that allowed detainees to speak directly with the housing control unit officer monitoring the intercom system. OIDO performed a two-way

[10] *See* 2021 Annual Drinking Water Quality Report-Entranosa Water, at p. 2.
[11] OIDO notes that, at the time of its inspection, the facility housed ICE detainees only in Units 6, 7, and 8.
[12] OIDO reviewed security inspection entries for the following dates: July 14, July 15, August 11, September 21, and September 22, 2022.

transmission test of the intercoms in 107 of the 234 cells reserved for ICE detainees in Housing Units 6, 7, and 8. OIDO found that all intercoms tested functioned correctly. Further, the Chief of Unit Management (COUM) reported the facility tested the intercom system every week. OIDO reviewed test logs for the two most recent tests, which showed the facility completed intercom tests and the facility found no issues on August 18 and September 21, 2022.

The Facility Complied with Standards for Special Management Unit Placement

The 2011 PBNDS section 2.12 and CoreCivic Policy 10-100 on the Special Management Unit (SMU) state that detainee segregation from the general population should be used only to ensure the safety of detainees or others, the protection of property, or the security or good order of the facility. For matters of safety and security, staff may have to take immediate action to control a detainee, including placement in segregation. The action of placing a detainee in the SMU requires medical assessments and follow-ups, reviews regarding length of the detainee's stay in the SMU, and reviews of the detainee's release from the SMU. In most cases, placement in the SMU allows detainees to continue to have access to their personal property as well as normal activities, such as showering and recreation.

OIDO reviewed the SMU logs from September 2021 to September 2022. During that period, the facility had placed only two ICE detainees in the SMU. One detainee was placed in the SMU for administrative segregation and the other detainee for disciplinary segregation. OIDO reviewed all SMU documents for these detainees and found the detainees' detention records, Field Office Director notifications, medical and mental health assessments, personal property allowances, and segregation review records had been completed correctly.

In addition, OIDO reviewed staff training files, including de-escalation procedures, emergency plans, management of special populations, and use of force, and found that the facility's training records for the SMU were complete and up-to-date. OIDO interviewed staff, including the Warden, the Assistant Field Office Director, the Training and Development Manager, and the Quality Assurance Manager about the SMU policies at the facility. All staff reported that segregation was to be used as a last resort and stated that they tried to find ways to avoid admitting detainees to the SMU, including using de-escalation techniques, having conversations with detainees, and receiving training for dealing with special populations.

The Facility Complied with Standards for Language Access

The 2011 PBNDS section 2.13 on staff–detainee communications requires the facility to have provisions to translate detainee requests and staff responses and otherwise accommodate detainees with special assistance needs based on, for example, disability, illiteracy, or limited English proficiency. When language services are needed, the facility should use bilingual staff or qualified interpretation and translation services to communicate with detainees with limited English proficiency. Moreover, the facility will provide auxiliary aids and services when detainees with disabilities need such aids and services to ensure effective communication.

The Chief of Unit Management (COUM) reported that the facility staff had access to the Language Line, a telephone language translation service that detainees used to speak with an interpreter. OIDO observed various flyers in the facility containing instructions for detainees on how to get

assistance from staff to gain access to the Language Line. OIDO observed the *I Speak Flyer*,[13] which reflected the different language services available to the detainees. The facility had cordless telephones available for staff to check out; staff and detainees used these phones to access Language Line services when either party was experiencing spoken language concerns. The COUM reported that all staff had access to the Language Line and carried a card with instructions on its use and a numeric code to access the service.

In addition, the facility employed two bilingual interpreters who provided interpretation and translation services for the detainee population. OIDO interviewed one of the facility's bilingual interpreters. This individual was fluent in English and Spanish and translated for detainees in the medical services area as well as in the general facility as needed.

The Facility Complied with Standards for Use of Force

The 2011 PBNDS section 2.15 on use of force and restraints requires that the facility: never employ use of force as punishment; minimize use of force by requiring staff to attempt to first gain detainee cooperation; execute such use of force only through approved techniques and devices; and to use force only to the degree necessary and reasonable to gain control of a detainee.

OIDO determined that there were no use of force incidents during the review period, which was 12 months prior to the inspection. OIDO reviewed use of force documentation and interviewed the facility staff, including the COS for Special Management Unit/Restricted Housing Unit areas, the Medical Department, and the Armory. OIDO addressed with staff the roles and responsibilities involving Use of Force (UOF) incidents both calculated and immediate, de-escalation techniques; audio/visual recordings; medical assessments; staff training; detainees placed in the SMU; and weapons/munitions/chemical storage. OIDO determined staff was knowledgeable regarding the requirements of the standards. Staff indicated that the facilities made every effort to utilize de-escalation techniques and only use force as a "last resort" for the safety/security of the detainee and facility. As noted during the OIDO inspection and confirmed by facility staff, there has only been one UOF incident since August 2021 and staff has utilized de-escalation techniques to avoid use of force incidents.

Additionally, OIDO reviewed the file and the video record of the most recent use of force incident at the facility, which occurred on August 4, 2021. Review of this file and video record showed that the facility complied with the standard for minimizing use of force. Specifically, documentation of the incident showed staff attempted to gain detainee cooperation before force became necessary. The report noted that use of force was in response to the detainee initiating physical violence against detention staff and was proportional to the detainee's actions. OIDO reviewed video footage of the incident and found that it corroborated the report analysis.

[13] The DHS Office for Civil Rights and Civil Liberties (CRCL) leads the Department's efforts, through policy, to provide meaningful access for LEP individuals in its programs, activities, services, and operations. *See*, DHS Language Access Resources | Homeland Security; "I Speak" Booklets and Posters for DHS Recipients. *"I Speak"* is a set of tools the DHS CRCL offers for use by DHS recipients who work directly with the public and who may need to identify the language of the person with whom they are interacting. CRCL offers these tools in support of the requirement to take reasonable steps to provide meaningful access to persons with Limited English Proficiency (LEP), in accordance with Title VI of the Civil Rights Act of 1964.

The Facility Used Safe and Sanitary Practices in Food Service Operations and Offered a Variety of Nutritionally Balanced Meals

The 2011 PBNDS section 4.1 on food service requires that the facility provide all detainees nutritionally balanced diets, that food service personnel review these diet plans at least quarterly, and that a qualified nutritionist or dietitian review these diet plans at least annually. The facility shall provide food service that follows a prescribed schedule and offers food variety and nutritional balance. The facility shall use safe and sanitary practices in all aspects of food service operations.

OIDO observed the kitchen, refrigerators, freezer, dry food storage areas, and all food service areas and found that facility staff stored food properly and served food items before their labeled expiration dates. OIDO found that the facility used the first-in/first-out rule to ensure food storage time was as brief as possible and that all food was served before its expiration date. OIDO found all inspected food items properly labeled with dates received and, if applicable, use-by dates. OIDO found that the facility kept kosher foods separately in storage and labeled them correctly.

OIDO reviewed daily production and service worksheets for the past 30 days and found temperature readings were completely and correctly recorded. OIDO also reviewed temperature logs for food served for the past 30 days and found that all recorded temperatures were within required ranges. OIDO observed kitchen workers taking temperatures of food and logging results on these worksheets during the inspection.

OIDO reviewed temperature logs for the freezer and refrigerators for the past 30 days, and all recorded results in these logs were also within acceptable temperature ranges. OIDO interviewed food service staff and found that they were knowledgeable about the required safety and sanitation practices in all aspects of food handling. OIDO reviewed the five-week menu cycle, which a dietary consultant had certified on May 5, 2022, and found that the menu offered variety and a nutritionally balanced diet.

Finally, OIDO found that the sanitation level throughout all areas of food service during the inspection was satisfactory. OIDO reviewed the files of five detainee food service workers and found that the required medical clearance and equipment training records were on file.

The Facility Complied with Standards for Legal Rights Group Presentations

The 2011 PBNDS section 6.4 on legal rights group presentations (LRGP) requires that detainees shall have access to group presentations on U.S. immigration law and procedures and all other relevant issues related to immigration court, appeals, removal processes, and a detainee's legal rights.

OIDO interviewed ICE ERO and facility staff regarding how the facility conducts and coordinates LRGP. According to these sources, the facility maintained the following procedures for holding and providing detainee access to LRGP: the ICE supervisory detention and deportation officer (SDDO) would receive a phone call or email from a group of legal rights presenters with a request to conduct an LRGP at the facility. Further, the facility administrator reported that detainees received advanced verbal notice during weekly townhall meetings when an LRGP was scheduled. In addition, the facility posted sign-up sheets in all housing units to allow detainees to sign up in advance. OIDO reviewed the facility's sign-up sheets dated August 19, 2022, which confirmed this. Finally, the facility administrators reported that the ICE program supervisor coordinated the

process, and legal representatives and interpreters were allowed entry into the facility once cleared by security protocols.

Additionally, OIDO found that detainees could also attend weekly pro bono attorney meetings. OIDO observed four Pro Bono Attorney Visitation Notices with posted dates of July 26, August 20, August 26, and September 2, 2022. These notices showed that these meetings occurred every Tuesday, barring travel problems or inclement weather. Detainees could add their names to a signup sheet, or they could simply attend the weekly meetings to speak with the pro bono attorneys. OIDO interviewed one of two Haitian ICE detainees at the facility, and this detainee indicated he had no problems attending the LRGP.

The Facility's Officers and Custody Staff Receive the Required Hours of Training at Time of Hire and Annually Thereafter

The IGSA requires that all new officers and custody staff receive 120 hours of training during their first year of employment, and every year all officers and custody staff, including supervisory officers, shall receive 40 hours of refresher training.[14] In addition, new supervisory officers assigned must successfully complete a minimum of 40 hours of formal supervisory training prior to assuming duties.

OIDO reviewed 19 staff training records of the current total of 124 employees at the facility at the time of the inspection.[15] All reviewed records showed that new officer and custody staff employees received 120 hours of training in their first year. All reviewed records showed that all officers and custody staff, including supervisory officers, received 40 hours of refresher training after their first year. Finally, all new supervisory officers received 40 hours of formal supervisory training before assuming supervisory duties.

ii. Medical Findings

The Facility's Health Care Providers Complied with Standards for Use of Interpretation Services

The 2011 PBNDS section 4.3 on medical care for detainees with limited English proficiency (LEP) requires facilities to provide appropriate interpretation and language services for LEP detainees related to medical and mental health care.

OIDO interviewed the clinical nurse supervisor (CNS), reviewed medical records, and observed medical personnel using the Language Line to access interpreter services with detainees who were not proficient in English. OIDO found that the facility's medical department employed two onsite, certified interpreters for Spanish. In addition, medical staff at the facility had access to interpretation services through the Language Line. OIDO observed flyers for interpretation services throughout the medical clinic, most of which were in patient care areas. OIDO also observed that each area in the medical clinic had phones for easy access to translation services.

Finally, OIDO selected and reviewed the medical records of 10 detainees. OIDO selected the records of nine detainees from the Chronic Care Roster, a list of current detainees who exhibited

[14] 01.05_Base_Attachment 08 PWS PBNDS 2011 Torrance.pdf, Section IV, B, Training, (1) General Training Requirements, at p. 22.
[15] The 19 records contained the following breakdown of employee occupations: three from Management/Support; three from Security Operations; three from Unit Management; two from Maintenance; and two from Services.

at least one chronic care condition.[16] In addition, OIDO selected the record of one detainee who had been at the facility the longest, specifically, since July 2, 2021. From these 10 records, OIDO reviewed eight to determine if interpretation services were used during medical visits.[17] OIDO found that all eight records contained documentation for the use of interpreter services during medical visits.

The Facility Complied with Standards for Tuberculosis Screening for New Arrivals

The 2011 PBNDS section 4.3 on medical care requires that facilities initiate screening for TB within 12 hours of detainee intake and in accordance with the Centers for Disease Control and Prevention (CDC) guidelines.[18] For detainees who have been in continuous law enforcement custody, the facility may accept symptom screening plus documented TB screening within one year of arrival for intake screening purposes.

OIDO interviewed the CNS and infection control nurse and found that the facility had infection control processes in place that met standards for TB infection control. The infection control nurse reported that the facility had not had any active TB cases since it reopened in 2019. At intake, the facility screened all detainees who did not have a transfer summary documenting a TB screening within one year of arrival. This screening involved TB-related questions and a tuberculin skin test (TST). Per the facility's standard procedure, if a TST came back positive, the detainee would receive further screenings for TB via radiographic means (i.e., chest x-rays), which would be performed on site. OIDO randomly selected and reviewed the medical records of 10 detainees. OIDO found that the facility had screened all 10 detainees for TB during intake, completed TSTs, and documented results.

The Facility Conducted Timely Mental Health Evaluations and Identified Detainees Who Needed Additional Mental Health Services

The 2011 PBNDS section 4.3 on mental health screenings requires that all detainees receive initial medical, dental, and mental health screenings no later than 12 hours after arrival at the facility. In addition, the standard requires that any detainee referred for mental health treatment shall receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary.

OIDO reviewed 10 detainee medical records. The records were randomly selected from the chronic care and pharmacy psychotropic medication lists. These charts contained relevant medical and psychological history information for the detainees, such as diagnostic history, medical conditions, substance abuse, and psychotropic medications prescribed. OIDO reviewed the records and determined that the facility met standards for referring detainees to mental health services; providing mental health services to detainees in a timely manner; and keeping detainee medical records up to date and complete with required clinical and history information.

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[16] All detainees on the Chronic Care Roster received chronic care treatment at some time between August 1 – September 30, 2022. OIDO selected 1-3 detainee records from each of the nine categories of chronic care conditions, except mental health and pregnancy. These included the following categories: cardiac, diabetes, general medical, Hepatitis C, Pulmonary, and seizure. In total, OIDO drew a sample of nine records to review from a population of 28 detainee records.

[17] OIDO did not review two of the 10 records because a review would have required translation services, which OIDO did not request.

[18] For CDC procedures referenced in the 2011 PBNDS, see www.cdc.gov/tb.

OIDO interviewed one of the detainees who was receiving mental health services at the facility at the time of its inspection. This detainee stated his experiences with medical and mental health services at the facility had been good, including receiving care in a timely manner (*e.g.*, within 24 to 72 hours), receiving medication as prescribed, and having access to interpreter services. OIDO reviewed the detainee's medical records and found that the records corroborated the detainee's statements related to timely care, receipt of medications, and access to interpretation services.

OIDO also interviewed the mental health coordinator on staff, who explained the mental health care, suicide prevention, and emergency protocols at the facility. OIDO reviewed the facility's local policies for these programs and procedures, including CoreCivic 13-50 Initial Intake Screen, 13-61 Mental Health Services, 13-84 Suicide Management, and Post Orders #29 Suicide Precautions/Close Observation, and found that these policies aligned with the requirements of the 2011 PBNDS for the provision of mental health services. OIDO found that the facility's mental health program met the standard by having policies and protocols in place and available for staff use.

The Facility Complied with Standards for Completing Comprehensive Health Assessments

The 2011 PBNDS section 4.3 on comprehensive health assessments (CHAs) states that the facility's health care provider shall conduct a CHA and mental health screening on each detainee within 14 days of the detainee's arrival unless the detainee's acute or identifiable chronic condition requires more immediate attention.

OIDO interviewed the clinical nurse supervisor and discussed the process for completion of CHAs. The facility used Allscripts[19] to maintain the facility's electronic health records (EHR) system. OIDO found that EHRs were organized in a manner that made locating and reviewing specific records an easy process.

OIDO selected and reviewed the medical records of 10 detainees. OIDO selected nine detainee records from the Chronic Care Roster, a list of current detainees who each exhibited at least one chronic care condition.[20] In addition, OIDO selected the record of one detainee who had been at the facility the longest, specifically, since July 2, 2021. OIDO found the facility completed CHAs for 90 percent of detainees within 14 days of arrival at the facility or sooner for chronic care conditions or urgent issues.

One out of the 10 detainee medical records reviewed did not have a timely completed CHA. The nurse conducted the intake screening on Friday, June 24, 2022, at 9:33 p.m., and appropriately referred the detainee for an urgent referral due to a high blood pressure reading, which, according to the CoreCivic Initial Intake Screening Form, required an advanced practice provider (APP) or higher evaluation within 24 hours. However, the detainee did not receive an evaluation until June 28, 2022. OIDO discussed this untimely CHA with the CNS at the time of inspection.

[19] Effective January 1, 2023, Allscripts, a health information technology vendor, changed its name to Veradigm. See Allscripts Announces Corporate Name Change to Veradigm Inc.; Home | Allscripts.

[20] All detainees on the Chronic Care Roster received chronic care treatment at some time between August 1 – September 30, 2022. OIDO selected 1-3 detainee records from each of the nine categories of chronic care conditions, except mental health and pregnancy. These included the following categories: cardiac, diabetes, general medical, hepatitis C, pulmonary, and seizure. In total, OIDO drew a sample of nine records to review from a population of 28 detainee records.

The 2011 PBNDS section 4.3 further states that a physician, physician assistant, nurse practitioner, registered nurse (RN) (with documented training provided by a physician), or other health care practitioner as permitted by law, shall perform physical examinations and that the chief medical authority (CMA) shall be responsible for review of all CHAs to assess priority of treatment. OIDO's review of the 10 detainee medical records noted above showed that the nurse practitioner (a licensed independent practitioner) had completed all the CHAs. OIDO observed that these CHAs had been cosigned by the CMA (a physician).

The Facility Complied with Standards for its Chronic Care Program

The 2011 PBNDS section 4.3 on chronic care requires a facility to treat detainees who need close, chronic, or convalescent medical supervision in accordance with a written treatment plan conforming to accepted medical practices for the condition in question, approved by a licensed physician, dentist, or mental health practitioner. The health services administrator (HSA) must ensure that medical staff develop a continuity of treatment care plan and provide a written copy to the detainee prior to removal. The standard also requires that facilities provide proper medication to ensure continuity of care throughout the process of detainee transfer and subsequent intake, release, or removal.

OIDO found that the facility had a chronic disease program in place to safeguard detainees' continuity of care. OIDO reviewed the facility's processes, outlined in the CoreCivic Policy 13-6 Chronic Care and Disease Management, for screening, enrollment, evaluation, treatment plan documentation, periodic care review, and access to specialty care services for detainees with chronic medical conditions in place at the time of its inspection.[21] OIDO found the facility's process included the following elements: when the facility discovered a detainee had a chronic medical condition either during intake or via other encounters with the RNs, the staff enrolled the detainee in the chronic care clinic (CCC). The facility had a designated chronic care coordinator, an RN who oversaw the CCC, tracked appointments, maintained the Chronic Care Roster, and facilitated telehealth encounters with the APP and mental health providers as needed.

OIDO interviewed the medical records technician (MRT), who served as the referral coordinator, reviewed one detainee medical record, and the facility's appointment referral logbook, which contained records of all referrals and appointment dates. OIDO found that the facility had an offsite consultation process for detainees the facility medical personnel referred to community-based providers. First, the provider would initiate a referral by submitting a referral through the EHR system. The order would include a preferred timeframe during which the detainee should be seen by a specialist. The MRT would receive the order and make the necessary arrangements for an appointment in the requested timeframe. If the detainee left the facility prior to the appointment date, the MRT would update and close the task in the EHR system.

OIDO selected and reviewed the medical records of 10 detainees. OIDO selected nine detainees from the Chronic Care Roster, a list of current detainees who exhibited at least one chronic care condition.[22] In addition, OIDO selected one record of a detainee who had been at the facility the

[21] CoreCivic Policy 13-6 has an effective date of July 29, 2019.
[22] All detainees on the Chronic Care Roster received chronic care treatment at some time between August 1 – September 30, 2022. OIDO selected 1-3 detainee records from each of the nine categories of chronic care conditions, except mental health and pregnancy. These included the following categories: cardiac, diabetes, general

longest, specifically, since July 2, 2021. OIDO found that the facility had enrolled all 10 of these detainees in the CCC and had documentation showing treatment plans and periodic chronic care follow-ups. One record showed that a detainee had a referral to a cardiologist in his file, but this detainee left the facility prior to the scheduled appointment. Eight of the 10 detainees had been transferred out of the facility; OIDO found that all eight of these detainees' medical transfer summaries contained completed documentation of their chronic conditions and medication lists for continuity of care.[23]

The Facility Complied with Standards for Responding to Medical Emergencies

The 2011 PBNDS section 4.3 on emergency medical services and first aid requires the facility to have a written emergency services plan for delivery of 24-hour emergency health care. The facility shall prepare this plan in consultation with the facility CMA or HSA.

OIDO reviewed the CoreCivic Policy 13-34 Medical Emergency Response for TCDF, effective February 5, 2021. The policy outlined a plan for delivery of 24-hour emergency health care. OIDO interviewed the CNS and medical staff about the process for medical emergency response. The CNS and medical staff stated that medical staff had the necessary emergency equipment to respond to medical emergencies and outlined a process for addressing issues that were urgent/emergent in nature. In the event of an emergency, staff notified emergency medical services (EMS). Most medical emergencies went to Presbyterian Hospital in Albuquerque, New Mexico, a 45-minute drive from the facility. When the facility sent a detainee out of the facility via EMS, medical staff sent an email notification to facility administration, ICE personnel, the field medical coordinator, and the HSA.

The Facility Complied with Standards for Timely Responding to Detainee Medical Grievances

The 2011 PBNDS section 4.3 relating to administration of the medical department states the facility must have on-site monitoring of health service outcomes on a regular basis, including the systematic investigation of medical grievances. Further, the 2011 PBNDS section 6.2 on the grievance system states that each facility shall have written procedures that ensure all medical grievances are recorded by the administrative health authority, with a response from medical staff within five working days, where practicable.

OIDO found that the facility's procedures for complaint resolution, including health service grievances, was outlined in the CoreCivic Compliant Resolution Policy 13-8, effective on July 29, 2019. The policy states that formal written grievances regarding medical care shall be submitted directly to designated medical personnel. Such personnel shall act on the grievance within five working days of receipt and provide a written response of the decision and rationale. The grievances are to be maintained in the detainee's medical file. OIDO interviewed the facility's CNS, who reported that detainees submitted grievances on a paper document or through the Talton tablet. After submission, the CNS would discuss the concern with the detainee in person. First, the CNS would try to resolve the grievance informally and would document the encounter in the

medical, Hepatitis C, Pulmonary, and seizure. In total, OIDO drew a sample of nine records to review from a population of 28 detainee records.

[23] The other two of 10 detainees were still in custody at time of inspection; these summaries are not completed until a detainee transfers out of the facility; thus, the summaries were not yet needed.

detainee's medical record. If the grievance could not be resolved informally, the CNS would also document the encounter in the record and refer the grievance to the HSA.

OIDO reviewed entries in the medical grievance binder and found four formal medical grievances had been filed during the month of September 2022. Staff addressed three of these grievances within five days; the fourth grievance had been submitted on September 20, 2022, during the inspection and was still in the grievance system process.

B. Resolved Areas of Initial Non-Compliance

The Facility Did Not Complete Timely Classification Reassessments for Some Detainees

The 2011 PBNDS section 2.2 on the Custody Classification System, concerning detainee classification levels, housing assignments and reclassification, requires the facility to reassess and/or reclassify each detainee 60 to 90 days after the initial classification, which occurred upon admission to the facility. Reclassification assessments shall consider, among other factors, the detainee's risk of victimization or abusiveness. Staff shall record whether a classification process is for an initial classification or subsequent reclassification.

OIDO reviewed detention files for all 73 ICE detainees housed in the facility at the time of the inspection. This review covered all the standard's requirements regarding detainee classification. OIDO identified eight detention files for detainees who were not reassessed and reclassified within the required 60 to 90-day timeframe. OIDO notified the records clerk of this deficiency, and the records clerk printed forms for the eight detainees who needed reassessments. The records clerk then followed up with the facility administrator to complete these reassessments. The facility administrator informed OIDO at the inspection closeout meeting that the reassessments had been completed and the forms had been signed; thus, the facility resolved the deficiency prior to the end of the inspection.

ICE ERO Did Not Follow Procedures to Allow Detainees Direct, Secure Communication with ICE ERO Officers

The 2011 PBNDS section 2.13 on staff–detainee communication requires that the facility provide a secure drop-box for ICE detainees to correspond directly with ICE management. Only ICE personnel shall have access to contents of the drop-box. That standard also requires that all detainee requests to ICE/ERO received shall be recorded in a logbook designed for that purpose; and that a copy of each completed detainee request shall be filed in the detainee's detention file and be retained there for three years at a minimum. Copies of confidential requests shall be maintained in the A-file.

OIDO found that ICE ERO staff did not comply with this standard regarding ICE's methods for processing, logging, filing, and storing ICE detainee requests and grievances. Specifically, prior to OIDO's inspection, ICE ERO did not maintain any detention files for detainee communications. Instead, ERO sent communications meant for "ICE only" staff to Torrance facility employees to be maintained in the facility detention files.

OIDO brought this deficiency to the attention of the SDDO, who acknowledged ICE's noncompliance and immediately implemented policies to meet the standard. The SDDO reported on the day of inspection that an electronic detention file will be created and maintained by ICE staff only. The electronic file would hold all staff-detainee communications that ICE received.

C. Areas of Non-Compliance

i. Custody Findings

[redacted]

[24] The revised staffing pattern was incorporated by reference in modification P00019, dated Feb. 9, 2022.
[25] Office of Inspector General, Management Alert – Immediate Removal of All Detainees from the Torrance County Detention Facility, number OIG-22-31 dated March 16, 2022. (Management Alert OIG-22-31).

[redacted]

[26] Intergovernmental Service Agreement between Immigration and Customs Enforcement and Torrance County, New Mexico (Contract No. 70CDCR19DIG000009) (May 23, 2019).

[redacted]

The Facility Did Not Notify the Contracting Officer Representative in Advance of Monthly Inspections

The CoreCivic Quality Control Plan section on monthly self-monitoring inspections requires the facility to notify the Contracting Officer Representative (COR) at least 48 hours in advance of monthly inspection dates to ensure the COR is able to participate in these inspections. These self-monitoring inspections are intended to identify deficiencies and develop and implement timely and appropriate corrective actions. OIDO interviewed the Quality Assurance Manager (QAM), who stated they sent all reports, audits, inspections, and corrective action plans to CoreCivic corporate headquarters and that they did not notify the COR in advance of monthly inspections. The COR is responsible for monitoring the performance of the contractor/facility. It is essential that the COR is made aware of monthly inspections in order to monitor the contractor's performance to ensure that all technical requirements under the contract are met.

The Facility Placement of Security Cameras [redacted]

The 2011 PBNDS section 2.4 on facility security and control requires the facility to document all daily inspections. The daily inspection plan shall provide guidelines for security-feature checks and for reporting security concerns, vulnerabilities, and inconsistencies, such as inoperable security cameras.

OIDO spoke to the Unit Control Officer and conducted a walk-through of the Unit Control Room. OIDO observed the Unit Control Officer conducting their duties, which included monitoring the cameras located in the four housing pods, ensuring all doors were secured, answering intercom calls, and screening visitors entering and exiting the Unit. [redacted]

[redacted]

ICE ERO Supervisory Field Office Staff Were Not Conducting Informal Observations of Living and Working Conditions

The 2011 PBNDS section 2.13 on staff–detainee communication's Purpose and Scope requires informal direct and written contact among staff and detainees and informal supervisory observations of detainee living and working conditions. Furthermore, in Expected Outcomes, it requires that facilities shall not restrict detainees from having frequent informal access to and interaction with ICE ERO staff.

OIDO interviewed the ICE ERO SDDO to discuss the facility's and ERO's process and procedures regarding staff–detainee contact and observation of detainee living conditions. The SDDO stated that ICE ERO staff visited the ICE detainee population on a regular basis, averaging twice per week. The SDDO stated that the ICE ERO schedule was posted in the housing units and that it listed the dates and times that ERO Officer visits would occur. OIDO observed these posted schedules during its walkthrough of the facility. OIDO also reviewed the logbooks for July – September 2022 in Housing Unit 7, the only unit that housed ICE detainees at the time of the inspection and observed entries in several logs showing the presence of the officers in the housing unit.

OIDO asked the SDDO about the frequency of ICE ERO leadership visits with the detainee population to engage in staff–detainee communication and observe detainee living conditions. The SDDO stated that an SDDO or AFOD only visited the housing units if ICE ERO staff alerted them to an issue that required their presence. The SDDO also stated that the facility AFOD went to housing units only for special occasions, such as facility inspections or during congressional or other significant visits. The SDDO stated that they were responsible for TCDF and one other facility, Cibola County Correctional Center in Milan, New Mexico, and they split their time between the two facilities. The SDDO explained that they spent one week at Torrance and then one week at Cibola, rotating regularly. Supervisory ERO staff did not engage in informal observations designed to enhance the security, safety, and orderly facility operations, despite the local ERO staff's documented observations related to insufficient facility staffing.

The Facility Was Missing Use of Force Equipment from a Special Operations Response Team Ready Bag

The 2011 PBNDS section 2.15 on use of force equipment and restraints states that each facility shall specifically designate and incorporate, in one or more post orders, responsibility for staff to inventory security equipment at least monthly to determine their condition and expiration dates. The facility shall inventory weapons, ammunition, security equipment, and tools monthly and shall maintain inventory records on file. The Torrance County Detention Center Post Order TPF-PO-102, Armory/Key Control, provides that the Armory/Key Control Officer is responsible for maintaining the inventory of use of force equipment.

OIDO observed the Special Operations Response Team (SORT) Ready Room and Ready Bags in the presence of the Chief of Security, Lieutenant (Acting SORT Squad Leader), and Armory

Sergeant. OIDO found one of 18 SORT ready bags was missing two pieces of required equipment: one baton and one MK9 holster. OIDO found the bag (#17) was still sealed with the required inventory list attached to the bag *(See* Exhibit 1).

Exhibit 1. Inventory list of contents of SORT Ready Bag #17 (left); Actual contents of SORT Ready Bag #17, which was missing a baton and an MK9 Holster (right), as OIDO observed on September 19, 2022.
Source: OIDO

The standard and facility policy concerning armory safety and supervision requires that the assigned supervisor(s) accurately document the inventory. This is done to maintain accountability for the distribution and collection of weapons, munitions, equipment, and chemicals.

The Facility Had Incomplete Entries in Its Armory Entry/Exit Log

The 2011 PBNDS section 2.15 on use of force recordkeeping requires that each facility maintain a written record of routine and emergency distribution of security equipment. The Torrance County Detention Center Post Order TPF-PO-102, Armory/Key Control, provides that staff check in and out all weapons and security devices and annotate these exchanges accordingly in the armory logbook.

[redacted]

ii. Medical Findings

The Facility's Health Care Staffing Did Not Adhere to Contract Requirements

The ICE Contract Staffing Pattern (Revised) for 505 Beds, dated September 15, 2021, requires the facility to have 31.77 total medical staff and medical support staff per 80-hour pay period.

At the time of inspection, OIDO found that the facility was covering medical care with staff from other CoreCivic facilities, mainly through an on-call or telehealth system. According to the HSA,

the facility had one APP who came to the facility two times each month. However, the Human Resources (HR) Manager reported that the APP was no longer employed at the facility at the time of OIDO's inspection and was not on the TCDF current employee list.

According to the facility's current staff roster dated September 21, 2022, the facility had 25 medical staff members. The facility did not have any physicians on permanent staff, even though the staffing plan required one; the facility also did not have any nurse practitioners on permanent staff, even though the staffing plan required two. In addition, other key vacant full-time staff positions included a dental assistant, RN for chronic care, administrative clerk, 1.28 RNs for direct care, and 4.14 licensed practical nurses, as well as two vacancies for mental health counselors, as needed.

As noted above, the HR Manager and the HSA reported that the staffing issues were a result of the facility's remote location, inability to offer competitive wages and inability of applicants to pass background checks. The numerous medical vacancies consisting of advanced practice providers, mental health counselors, and physician, plus the vacant support personnel, licensed practical nurse (LPN) and RN positions, places a heavy burden of oversight on the HSA. This lack of on-site midlevel or higher-level medical personnel increases the risk and liability for a negative outcome, as detainees may not have access to appropriate and necessary medical care.

The Facility Did Not Have a Physician on Day Shift Five Days Per Week

The ICE Contract Staffing Pattern (Revised) for 505 Beds dated September 15, 2021, requires the facility to have one physician on day shift five days a week and two advanced practice providers on day shift every day of the week; these health care personnel must be full-time employees working on-site.

OIDO interviewed the HSA and CNS, who reported that, at the time of OIDO's inspection, the facility had not had an on-site APP or physician for two to three weeks. The CNS explained that the APP who had been providing on-site services on either a Wednesday through Saturday or Tuesday through Friday schedule was on administrative leave. The CNS indicated that the facility anticipated an on-site provider would be available in October 2022.

In addition, OIDO reviewed the facility's staff roster dated September 21, 2022, which provided a complete list of staff members for the facility at that time, and which the HR Manager validated. The staff roster did not list an APP or physician on staff. According to the facility's Surge Team Schedule, the responsibilities were covered remotely by surge team members in the month of September. The CoreCivic Policy 13-83, Staffing Levels, states that nursing coverage is to be provided 24 hours a day/7 days a week and the HSA or designee will be available on call 24 hours a day.

The HR Manager and the HSA both reported that the facility sits in a "poor community" that is a long distance from where most people live. They stated that of those people who apply for a position, many cannot pass the credit check or the drug testing. They also stated that the pay scale was low. The HSA stated when COVID-19 pandemic arrived, many staff members left to make higher pay. Both stated that recently CoreCivic had made improvements in their hiring through bonuses for taking extra shifts and an across the board pay raise.

At the time of OIDO's inspection, there were multiple vacancies of health care staff, including APPs, mental health counselors, and a physician. Also, there were vacant support LPN and RN

personnel positions. These staffing vacancies place a heavy burden on the HSA, thus requiring the HSA to provide direct care at times. The HSA is also required to provide on-call coverage for another facility (Cibola County Correctional Center) for a week each month. Additionally, the lack of an administrative assistant further diverts the HSA's attention away from the oversight of care of detainees at TCDF. While there was no evidence of care being completed in an untimely manner, this is most likely due to significantly low numbers of ICE detainees in custody**.** The risk for a negative outcome due to health care staff vacancies is compounded by the lack of verifiable required trainings, and a local emergency medical system that has a response time of between 10 to 30+ minutes, with a local hospital located approximately 45 minutes away.

The Facility Health Care Personnel Files Were Incomplete, Outdated, and Missing Credentials

The 2011 PBNDS section 4.3 on medical care and CoreCivic Policies 3-9, Employee Records and 13-56, Credentialing, Privileging, Licensure and Continuing Education, on personnel credentials require the facility to employ enough appropriately trained and qualified personnel whose duties are governed by thorough and detailed job descriptions. In addition, the facility must ensure that all health care staff are verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements. The facility must maintain copies of the credential documents on site, and these documents must be readily available for review. A restricted license does not meet this requirement.

During its inspection, OIDO found that the facility HSA maintained a medical credentials binder, which contained medical credentialing documents for facility health care staff. OIDO reviewed the contents of the binder and found that they were out-of-date and incomplete. The binder contained documents for personnel who were no longer employed at the facility. In addition, some personnel listed on the on-call schedule did not have any documents in the binder. Further, some credentialing documents were expired. OIDO found that many of the National Practitioner Data Bank (NPDB) reports were outdated or missing.[27] Finally, only one file of 26 in the binder contained a job description.

The HSA reported that she had received a one-week orientation for her current position. Based upon OIDO's review of the HSA's position description and the breadth of the HSA's responsibilities, this brief period of orientation period did not appear adequate to train the HSA in medical credentialing management and the maintenance of medical credentialing files. For example, the HSA appeared to lack the knowledge as how or why to maintain credentials files or the documents that should be included.

Maintenance of credentialing files is one of many duties that are part of the HSA position description, which also include the duty to "monitor and supervise strict staff compliance with all applicable pharmacy laws, especially those covering controlled substances" and "verify that all medical personnel have appropriate licensure and insurance coverage."[28]

Medical care of detainees must be provided by health care personnel who are educated, trained, licensed, and certified to provide that care under their state scope of practice and licensure. Without evidence of current credentials validated by primary source verification, OIDO cannot determine

[27] The NPDB is a repository of reports that contain information on medical malpractice and certain adverse actions related to health care personnel.
[28] Health Service Administrator Position Description for Core Civic Job Code 1010 dated May 2009.

if the medical care that is being provided at TCDF meets the requisite detention standard and facility policies.

The Facility Health Care Personnel Orientation and Annual Training Records Were Outdated or Incomplete

The 2011 PBNDS section 7.3 on staff training provides that professional, support, and health care staff and contractors who have regular or daily contact with detainees or who have significant responsibility involving detainees will receive initial and annual training commensurate with their positions. Each new employee, contractor, and volunteer shall be provided initial training prior to assuming duties and be provided annual training appropriate to their assignments.

OIDO reviewed a sample of five of the total 25 employee files available and found that they contained incomplete orientation and annual training records. The Learning and Development Manager, who oversees training, provided TCDF's orientation and annual training requirements, which aligned with the detention standard. However, several employee training records were

incomplete or missing documentation. For those employees with missing records, OIDO was not able to determine whether they had received the required orientation and annual training.

The standard requires that orientation training appropriate to their assignments be completed prior to any new employee or contractor performing any duties within the facility in the position hired for. This provides new staff members with the knowledge needed to work safely in the detention facility and perform their duties correctly, while supporting a safe working environment for all staff and detainees. Annual training provides refresher knowledge and skills building to continue to perform duties in a safe, effective manner. This training decreases risk of injury, negative outcomes, and serves to protect the interest of the facility, ICE, and the contractor.

The Facility Did Not Complete N-95 Fit Testing for Health Care Personnel

The 2011 PBNDS section 1.2 on environmental health and safety requires the facility administrator designee for environmental health to be responsible for developing and implementing policies, procedures, and guidelines intended to identify and eliminate or control, as necessary, sources of injuries and modes of transmission of agents or vectors of communicable diseases. In addition, CoreCivic Policy 3-23 Employee Medical Services requires employees who may need to use personal protective equipment (PPE) respirators in the course of their duties be required to undergo a PPE respirator screening. The policy also notes that PPE respirator screenings will be performed by a CoreCivic approved vendor.

The staff roster at TCDF as of September 21, 2022, showed 25 health care employees. OIDO reviewed the personnel files for the 25 employees. None of these files contained evidence that an N-95 fit test had been completed.[29] In addition, OIDO observed several names of employees on the schedule that were not listed on the facility staff roster dated September 21, 2022. Because of the discrepancies in documentation of staffing between the staff roster and the schedule, OIDO was unable to determine the exact number of health care employees working at the facility at the time of its inspection. Regardless, the facility did not provide documentation demonstrating that any of these additional employees had been fit tested.

[29] OIDO notes that one of the 25 files reviewed was for an employee who was a new hire and in orientation at the time of the inspection.

The fire and safety manager reported that he was new to his position, had recently been certified to conduct fit testing, and had completed only two fit tests so far. On the last day of inspection, he provided documentation demonstrating that five fit tests had been completed prior to his start date in the position. He indicated that he could not find any other documentation. The fire and safety manager further stated that he had contacted three health care staff to schedule fit testing.

Fit testing and the medical clearance to effectively wear an N-95 respirator helps protect facility staff from the spread of airborne communicable disease. They also help protect detainees from exposure from a staff member thus ensuring the safety and well-being of both facility staff and detainees.

The Facility Did Not Medically Evaluate or Daily Monitor Detainees Who Tested Positive for COVID-19 During Intake Screening or Medically Clear Detainees from COVID-19 Medical Isolation

The ICE ERO COVID-19 PRR[30] require that facilities must isolate detainees who test positive for COVID-19 during the intake process and release detainees from isolation after they meet the criteria for discontinuing isolation using either a time-based strategy or a symptoms-based strategy. Medical staff must communicate with isolated individuals regularly about the duration of their isolation. Medical staff must maintain a detainee's isolation until the detainee meets all CDC criteria for release from isolation.[31]

In addition, the PRR requires that medical staff must verify the absence of COVID-19 symptoms in a detainee who tests positive for COVID-19. If the detainee is asymptomatic, the medical staff must educate the detainee about symptoms of COVID-19 infection and instruct them to report symptoms. In addition, the medical staff must perform daily sick call rounds and obtain daily vital signs to include blood pressure, pulse, respiratory rate, temperature, and pulse oximetry. The medical staff must have the detainee complete a 10-day isolation period and fulfill certain criteria to be released from isolation. If the detainee develops symptoms, they must be given a face mask (if not already wearing one and provided it can be worn safely), immediately placed in medical isolation, and receive medical evaluation.

OIDO notes that the facility did not have a written local operating procedure on how to implement COVID-19 monitoring, treatment, and prevention[32] but relied on the ICE ERO PRR. Therefore, OIDO interviewed the infection control nurse and discussed the facility's infection control processes, including medical evaluation of a detainee newly identified as testing positive for COVID-19. According to the nurse, the facility swabbed detainees for COVID-19 infection during intake. The medical staff sent the swabbed specimen to an off-site lab for processing. The results usually returned in two to three days. When the infection control nurse received a positive test result, they notified the necessary facility leadership via email and instructed them to isolate the detainee.

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[30] OIDO used PRR Version 9.0 dated June 13, 2022, for its inspection.
[31] OIDO used the CDC guidance in place at the time of its inspection. *See* Isolation and Precautions for People with COVID-19 | CDC.
[32] "The ICE detention standards applicable to all facilities housing ICE detainees have long required that each such facility have written plans that address the management of infectious and communicable diseases, including, but not limited to, testing, isolation, prevention, treatment, and education." *See* https://www.ice.gov/doclib/coronavirus/eroCOVID19responseReqsCleanFacilities_v9.pdf.

According to the infection control nurse, medical staff did not evaluate detainees after their intake screening test returned with a positive result. Custody staff informed detainees who tested positive for COVID-19 of the sick call process, and COVID-19-positive detainees were expected to use the sick call process to notify medical if they had a medical request, such as possible COVID-19 symptoms. Moreover, the nurse reported that medical staff did not evaluate detainees daily or after their 10-day COVID-19 isolation period ended. Custody staff released detainees from COVID-19-positive isolation after the isolation time period ended. The infection control nurse reported that the detainees have access to sick call, and they did not realize that medical should evaluate and monitor detainees who are COVID-19 positive. They also stated that they were aware of the updated PRR dated June 13, 2022, however, they had not had a chance to review the updates with the ICE Health Service Corps Field Medical Coordinator for changes to their current process.

When a detainee's intake screening results in a positive COVID-19 test, which is usually one to three days after his/her intake encounter, the PRR requires that a nurse or medical provider evaluate the detainee to verify the absence of symptoms, educate the detainee regarding the positive test result and the signs/symptoms of COVID-19, educate the detainee regarding why and how long the detainee will be isolated, and to access sick call if symptoms worsen. The PRR also requires that the nurse or medical provider evaluate the detainee after completing his/her 10 days of COVID-19 positive isolation period to ensure the detainee has fulfilled the criteria required to release from isolation has been met.

The Facility Did Not Provide Close Supervision to Detainees Under Suicide Precautions Without Constant Observation

The 2011 PBNDS section 4.6 on significant self-harm and suicide prevention and intervention provides that suicidal detainees require close supervision in a setting that minimizes opportunities for self-harm. All suicidal detainees placed in an isolated confinement setting will receive continuous one-to-one observation, welfare checks at least every eight hours conducted by clinical staff, and daily mental health treatment by a qualified clinician.

In addition, the CoreCivic policy 13-84 on Suicide Management requires that detainees under suicide precautions without constant observation will have 24-hour observation with staff present, within sight or sound distance. Observation will include direct visual observation on a varied schedule of one minute to 15 minutes, but not to exceed 15 minutes. According to the CoreCivic Post Orders #29, for detainees who are not under constant observation, a correctional officer must remain close enough to hear the detainee call out and a qualified health care professional must be able to respond in a timely manner.

In addition to the above policies, OIDO reviewed the CoreCivic and local facility policies regarding suicide prevention and intervention, including CoreCivic Policy 13-50 Initial Intake Screening, CoreCivic Policy 13-61 Mental Health Services, and Post Orders #29 Suicide Precautions/Close Observation. OIDO found that the CoreCivic and local procedures aligned with the 2011 PBNDS.

However, during its inspection, OIDO observed that the facility's physical layout prevented medical personnel from practically adhering to the close supervision standard and policies. OIDO conducted a visual inspection of the medical area and observed the detainees who were in the suicide watch rooms. In one room, OIDO observed a detainee on suicide precautions who was not within sight or sound of staff at all times. This detainee was housed in a suicide watch room in the

medical unit and isolated from staff. OIDO observed that no staff (i.e., medical or security staff) were stationed at or near the room. In addition, the room was not located in the same hallway as the nurse's station. Medical personnel in the nurse's station did not have visibility of or into the suicide watch room, which was in an adjacent hallway (*See* Exhibit 2).

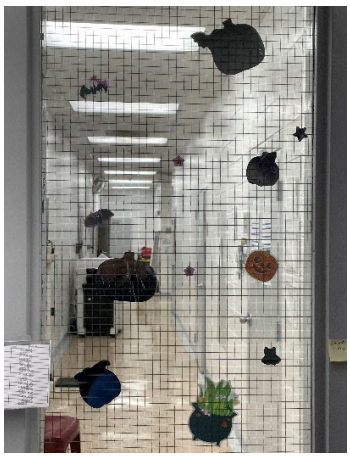

Exhibit 2. View from nurse's station window, which did not provide visibility into suicide watch rooms located in adjacent hallway on the right, as OIDO observed on September 22, 2022.
Source: OIDO

OIDO also observed two additional detainees on suicide precautions without constant observation housed on suicide watch in the medical unit. OIDO observed that no medical or security staff were stationed at or near the rooms, and the doors to the rooms were blocked by medical privacy dividers (See Exhibit 3). In one room, a detainee was covered head to toe by a blanket and the lights in the room were off. Staff would not be able to determine the detainee's condition unless they asked the detainee to remove the blanket from the detainee's head or to verbally respond to the staff. OIDO observed that there were no video cameras set up to monitor these rooms.

Exhibit 3. Two suicide observation rooms with detainees inside; the doors were covered with medical dividers, obscuring staff visibility of detainees in rooms, as OIDO observed on September 22, 2022.
Source: OIDO

Regarding suicidal detainees, the purpose of the detention standard and facility suicide precaution protocols is to protect the health and well-being of the ICE detainees and to prevent detainees from committing serious self-harm or suicide while in custody. Without observation or close monitoring, the risk of serious self-harm or death by suicide is increased.

The Facility Had Two Conflicting Policies for Processing Detainee Sick Call Requests

The 2011 PBNDS section 4.3 on medical care requires the facility to have a sick call procedure that allows detainees the unrestricted opportunity to request health care services (including mental health and dental services) provided by a physician or other qualified medical staff in a clinical setting. This procedure shall ensure that appropriate medical personnel receive and triage all sick call requests within 24 hours after a detainee submits a request.

OIDO reviewed the facility local supplement to the ICE Detainee Handbook and found that the process for detainees to submit sick calls included the following instruction: "Ask any staff member for a form, describe your medical issue, keep completed sick call form with you and hand to the nurse when you are called to the sick call clinic. Do not place in a box or hand to nonmedical staff" (p. 33). OIDO also reviewed the CoreCivic Sick Call Policy 13-80, which stated by contrast: "Upon completion of the Sick Call Request Form, the inmate/detainee patient will place the form

in the secure drop box" (p. 3/6). OIDO notes that the two policies included conflicting instructions on how detainees should submit sick call requests.

Despite these conflicting policies, OIDO notes that it reviewed 10 medical records during the inspection, all of which contained sick call requests. OIDO found that the records demonstrated that medical personnel had triaged, responded to, and resolved the requests or set appointments for detainees to receive medical care in all cases. Moreover, interviews with the CNS and MRT showed that both personnel described identical processes for collecting, processing, resolving, and storing detainee sick call requests. Therefore, while the facility appeared to practice one procedure for handling detainee sick call requests, the discrepancy in written policies could nonetheless be a source of possible confusion.

The purpose of the medical care detention standard and the sick call local policy is to provide detainees with information concerning the process to submit a sick call request. If the detainees are presented with conflicting information, detainees may be confused as to how to proceed and some responses to detainee sick calls may be impeded.

Conclusion

OIDO's inspection led to several findings. TCDF complied with specific standards in 19 areas reviewed. In addition, the facility was non-compliant in 16 areas reviewed.

[redacted]

OIDO found the facility was also non-compliant in the following areas: detainee classification reassessments, advance notification to the COR of monthly facility inspections, security camera surveillance, interactions of key ICE ERO staff with detainees, use-of-force equipment, armory logs, health care staff levels, on-duty physician five days a week, health care staff credentialing records, initial and refresher training for health care staff, N-95 fit testing for health care personnel, COVID-19 protocols, supervision of detainees on suicide precautions, and detainee sick call procedures. OIDO also found ICE ERO non-compliant in maintaining a process that facilitates secure communication between detainees and ICE ERO officers. OIDO notes that the facility corrected one area of initial non-compliance during or shortly after the inspection, in regard to performing reassessments of detainee classifications. OIDO also notes that ICE ERO corrected one area of initial non-compliance during or shortly after the inspection in regard to creating a process to allow detainees direct, secure communications with ICE ERO.

OIDO made eight recommendations designed to improve operations at the facility and meet ICE detention standards and contract terms. It is essential that TCDF comply with the ICE 2011 PBNDS and the contract terms, to ensure the health, safety, and rights of detainees. ICE must ensure that TCDF complies with both the detention standards and the contract terms and takes meaningful action to address these deficiencies.

Recommendations

[redacted]

Recommendation 2: For contract compliance, conduct a thorough review of the current IGSA and all modifications to ensure:

(a) Facility health services are staffed in accordance with the contract staffing plan, including a physician and two advanced practice providers on-site as required;

(b) Resolution of previously recommended actions from local ICE ERO generated Contract Deficiency Reports; and

(c) The facility notifies the ICE ERO COR at least 48 hours in advance of monthly inspections so that they can participate.

Recommendation 3: For safety and security of the facility and detainee well-being, review locations of all security cameras [redacted]

Recommendation 4: For significant self-harm and suicide prevention and intervention, create and implement procedures that ensure the facility provides close supervision for detainees on suicide watch, keeping detainees within sight and sound.

Recommendation 5: To improve staff-detainee communication, create and implement procedures to ensure and document that ERO supervisors perform observations of detainee living and working conditions.

Recommendation 6: For environmental health and safety, create and implement controls, training, and oversight that ensures the facility conducts N-95 fit-testing for all medical personal annually.

Recommendation 7: Regarding use of force, create and implement internal controls, training, and oversight that ensures:

(a) Special operations response teams' ready bags are routinely inventoried, fully equipped, and ready to use; and

(b) Complete, accurate, and current entries are documented in the facility's armory Entry/Exit log.

Recommendation 8: Regarding health care, create and implement internal controls, training, and oversight that ensures:

(a) Facility health services maintain complete, current, and readily available credentialing documentation for health care personnel;

(b) Facility health services comply with the current ICE ERO PRR, to include evaluation, monitoring, and clearance of COVID-19-positive detainees;

(d) Health Services personnel orientation and annual staff training requirements and records are up-to-date; and

(e) Facility health services review and update the facility handbook regarding detainee sick call policy and procedures.

Response from Inspected Component and OIDO Analysis

ICE Officials non-concurred with one recommendation and concurred with seven recommendations. ICE Officials identified corrective actions to address the issues identified during the OIDO inspection. Based on ICE's initial and subsequent responses, OIDO considers one recommendation unaddressed and open, and seven recommendations addressed and closed. Below is a summary of ICE's response and OIDO's analysis of each response. Appendix A contains ICE's full response.

[redacted]

[redacted]

Component Response to Recommendation 2: Regarding contract compliance and conducting a thorough review of the current IGSA and all modifications, ICE concurred with this recommendation. ICE indicated TCDF staff and the ICE ERO Contracting Officer's Representative have weekly meetings to review any deficiencies, corrective action plans, and detention operator activities.

OIDO Analysis: OIDO finds these actions to be responsive and considers the recommendation addressed and closed.

Component Response to Recommendation 3: Regarding safety and security of the facility and detainee well-being, ICE concurred with this recommendation. [redacted]

OIDO Analysis: OIDO finds these actions to be responsive and considers the recommendation addressed and closed.

Component Response to Recommendation 4: Regarding significant self-harm and suicide prevention and intervention, ICE concurred with this recommendation. ICE indicated Monitoring Form logs have been adjusted to 10- and 20-minute intervals to ensure officers are documenting their visits within the allotted time frames. Administrative Duty Officer staff verify the logs during their daily walkthroughs and document that checks have been completed and annotate it on the Monitoring Form log.

Day shift medical staff also monitor suicide Monitoring Form logs at a minimum of once every eight hours as set forth in the 2011 PBNDS section 4.6. Night shift medical staff monitor the Monitoring Form logs at a minimum of three times during their shift. If deficiencies are found, the Shift Supervisor is immediately notified and required to hold staff accountable.

OIDO Analysis: OIDO acknowledges the ICE response and considers the recommendation addressed and closed. However, OIDO suggests that ICE verify that the Monitoring Form logs are properly completed. OIDO notes that the sample of forms that ICE provided contained errors, e.g., initials of person conducting the monitoring are missing, and "Yes" and "No" are both marked as an item the detainee may have (suicide blanket).

Component Response to Recommendation 5: Regarding improvements to staff-detainee communication, ICE concurred with this recommendation. ICE indicated ERO supervisors complete walkthroughs of the facility on a weekly basis. This is annotated in all logbooks in areas where ICE detained noncitizens are present.

OIDO Analysis: OIDO finds these actions to be responsive and considers the recommendation addressed and closed.

Component Response to Recommendation 6: Regarding environmental health and safety for all medical personnel, ICE concurred with this recommendation. ICE indicated all current nurse staff have been fit-tested for N-95 masks. The Fire Safety Administrator and Learning Development Manager ensures all new nurses are fit-tested during their pre-service classes before onboarding in Health Services.

OIDO Analysis: OIDO finds these actions to be responsive and considers the recommendation addressed and closed.

Component Response to Recommendation 7: Regarding use of force, creating and implementing internal controls, training, and oversight; ICE concurred with this recommendation. ICE indicated ready bags are maintained in the armory and are inventoried on a quarterly basis. The last inventory was conducted on October 3, 2023, all bags are fully equipped and ready for use. The facility armory Entry/Exit log is reviewed daily by the Armory Sergeant to ensure continued compliance.

OIDO Analysis: OIDO finds these actions to be responsive and considers the recommendation addressed and closed.

Component Response to Recommendation 8: Regarding health care and the creation and implementation of internal controls, training, and oversight; ICE concurred with this recommendation. For Recommendation 8(a), ICE indicated the Health and Safety Administrator (HSA) maintains and reviews a licensure log to ensure all medical staff do not exceed their licensure expiration date. For Recommendation 8(b), ICE indicated COVID-19 protocols are

reviewed during Administrative Quarterly Meetings. If any updates occur during the quarter, the HSA notifies administrative staff of updated procedures to ensure ongoing compliance. For Recommendation 8(c), ICE indicated the Learning and Development Manager ensures all staff training requirements and records are up to date. All annual training for 2023 for Facility Health Services has been completed and documented. For Recommendation 8(d), ICE indicated the ICE Detainee Facility Handbook is updated annually. Facility Health Services are required to attend initial and final handbook committee reviews to report any changes regarding detained noncitizen sick call policy and procedures.

OIDO Analysis: OIDO finds these actions to be responsive and considers the recommendation addressed and closed.

Appendix A: Component Response

Enforcement and Removal Operations

U.S. Department of Homeland Security
500 12th Street, SW
Washington, DC 20536

U.S. Immigration and Customs Enforcement

MEMORANDUM FOR: David D. Gersten
Acting Ombudsman
Office of the Immigration Detention Ombudsman

FROM: Daniel A. Bible
Executive Associate Director
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement

DANIEL A BIBLE
Digitally signed by DANIEL A BIBLE
Date: 2024.01.25 15:39:17 -05'00'

SUBJECT: Response to the Office of the Immigration Detention Ombudsman's Torrance County Detention Facility Inspection Report, September 20-22, 2022 (Case No. 22-001074)

Purpose

This memorandum is in response to the Department of Homeland Security's Office of the Immigration Detention Ombudsman's (OIDO) draft report, *OIDO Inspection of Torrance County Detention Facility*.

Background

U.S. Immigration and Customs Enforcement (ICE) is a federal agency charged with enforcing the nation's immigration laws in a fair and effective manner. ICE identifies, apprehends, detains, and removes noncitizens who are amenable to removal from the United States. ICE Enforcement and Removal Operations (ERO) uses its immigration detention authority to effectuate this mission by detaining noncitizens in custody while they await the outcome of their immigration proceedings and/or removal from the United States.

ICE has important obligations under the U.S. Constitution and other federal and state laws when it determines that a noncitizen is subject to detention. ICE national detention standards ensure detained noncitizens are treated humanely, protected from harm, provided appropriate medical and mental health care, and receive the rights and protections to which they are entitled.

ICE ensures detention facilities used to house ICE detained noncitizens do so in accordance with ICE national detention standards. These standards were developed in cooperation with ICE stakeholders, the American Correctional Association, and nongovernmental organizations, and

www.ice.gov

were created to ensure that all noncitizens in ICE custody are treated with dignity and respect and provided appropriate care. Each detention center must meet a set of specified standards.

ICE Response to OIDO Recommendations

[redacted]

Recommendation 2: For contract compliance, conduct a thorough review of the current IGSA and all modifications to ensure:

(a) Facility health services are staffed in accordance with the contract staffing plan, including a physician and two advanced practice providers on-site as required;
(b) Resolution of previously recommended actions from local ICE ERO generated Contract Deficiency Reports; and
(c) The facility notifies the ICE ERO COR at least 48 hours in advance of monthly inspections so that they can participate.

Response: ICE concurs with this recommendation. Torrance County Detention Facility staff and the ICE Enforcement and Removal Operations (ERO) Contracting Officer's Representative have weekly meetings to review any deficiencies, corrective action plans, and detention operator activities.

Please refer to the attached documents, Recommendation 2, 2a, and 2b.

ICE recommends closing this recommendation.

Recommendation 3: For safety and security of the facility and detainee well-being, review locations of all security cameras [redacted]

Response: ICE concurs with this recommendation. [redacted]

Please refer to the attached document, Recommendation 3.

ICE recommends closing this recommendation.

Recommendation 4: For significant self-harm and suicide prevention and intervention, create and implement procedures that ensure the facility provides close supervision for detainees on suicide watch, keeping detainees within sight and sound.

Response: ICE concurs with this recommendation. Monitoring Form logs have been adjusted to 10- and 20-minute intervals to ensure officers are documenting their visits within the allotted time frames. Administrative Duty Officer staff verify the logs during their daily walkthroughs and document that checks have been completed and annotate it on the Monitoring Form log. Day shift medical staff also monitor suicide Monitoring Form logs at a minimum of once every 8 hours as set forth in Performance-Based National Detention Standards 2011 (revised 2016), Standard 4.6. Night shift medical staff monitor the Monitoring Form logs at a minimum of three times during their shift. If deficiencies are found, the Shift Supervisor is immediately notified and required to hold staff accountable.

Please refer to the attached document, Recommendation 4.

ICE recommends closing this recommendation.

Recommendation 5: To improve staff-detainee communication, create and implement procedures to ensure and document that ERO supervisors perform observations of detainee living and working conditions.

Response: ICE concurs with this recommendation. ERO supervisors complete walkthroughs of the facility on a weekly basis. This is annotated in all logbooks in areas where ICE detained noncitizens are present.

Please refer to the attached document, Recommendation 5.

ICE recommends closing this recommendation.

Recommendation 6: For environmental health and safety, create and implement controls, training, and oversight that ensures the facility conducts N-95 fit-testing for all medical personnel annually.

Response: ICE concurs with this recommendation. All current nurse staff have been fit-tested for N-95 masks. The Fire Safety Administrator and Learning Development Manager ensures all new nurses are fit-tested during their pre-service classes before onboarding in Health Services.

Please refer to the attached document, Recommendation 6.

ICE recommends closing this recommendation.

Recommendation 7: Regarding use of force, create and implement internal controls, training, and oversight that ensures:

(a) Special operations response teams' ready bags are routinely inventoried, fully equipped, and ready to use; and
(b) Complete, accurate, and current entries are documented in the facility's armory Entry/Exit log.

Response: ICE concurs with this recommendation. Ready bags are maintained in the armory and are inventoried on a quarterly basis. The last inventory was conducted on October 3, 2023—all bags are fully equipped and ready for use. The facility armory Entry/Exit log is reviewed daily by the Armory Sergent to ensure continued compliance.

Please refer to the attached document, Recommendation 7.

ICE recommends closing this recommendation.

Recommendation 8: Regarding health care, create and implement internal controls, training, and oversight that ensures:

(a) Facility health services maintain complete, current, and readily available credentialing documentation for health care personnel;
(b) Facility health services comply with the current ICE ERO PRR, to include evaluation, monitoring, and clearance of COVID-19-positive detainees;
(c) Health Services personnel orientation and annual staff training requirements and records are up-to-date; and
(d) Facility health services review and update the facility handbook regarding detainee sick call policy and procedures.

Response: ICE concurs with this recommendation. For Recommendation 8(a), the Health and Safety Administrator (HSA) maintains and reviews a licensure log to ensure all medical staff do not exceed their licensure expiration date. Please refer to the attached document, Recommendation 8a.

For Recommendation 8(b), COVID-19 protocols are reviewed during Administrative Quarterly Meetings. If any updates occur during the quarter, the HSA notifies administrative staff of updated procedures to ensure ongoing compliance. Please refer to the attached documents, Recommendation 8b and 8b1.

For Recommendation 8(c), the Learning and Development Manager ensures all staff training requirements and records are up to date. All annual training for 2023 for Facility Health Services has been completed and documented. Please refer to the attached document, Recommendation 8c.

For Recommendatation 8(d), the ICE Detainee Facility Handbook is updated annually. Facility Health Services are required to attend initial and final handbook committee reviews to report any changes regarding detained noncitizen sick call policy and procedures. Please refer to the attached document, Recommendation 8d.

ICE recommends closing this recommendation.

Attachments
Recommendation 2, ICE Contract Staffing Pattern
Recommendation 2(a), Staff Positions, Vacancies, and Overtime
Recommendation 2(b), Amendment of Solicitation/Modification of Contract
Recommendation 3, Mirror Placement
Recommendation 4, Monitoring Form
Recommendation 5, Logbook
Recommendation 6, Attachment III – Fit Test Record
Recommendation 7, Quarterly SORT Go Bag Inventory
Recommendation 8(a), Professional Licensure Log
Recommendation 8(b), Administrative Quarterly Meeting, June 28, 2023
Recommendation 8(b1), Administrative Quarterly Meeting, September 21, 2023
Recommendation 8(c), Training Record
Recommendation 9(d), Revision Log

Additional Information and Copies

To view any of our other reports,
please visit:
www.dhs.gov/OIDO

For further information or questions, please contact
the Office of the Immigration Detention Ombudsman at:
detentionombudsman@hq.dhs.gov