

**Violations of ICE  
Detention Standards at  
Torrance County  
Detention Facility**





**OFFICE OF INSPECTOR GENERAL**  
Department of Homeland Security

Washington, DC 20528 / [www.oig.dhs.gov](http://www.oig.dhs.gov)

September 28, 2022

MEMORANDUM FOR: Tae D. Johnson  
Acting Director  
U.S. Immigration and Customs Enforcement

FROM: Joseph V. Cuffari, Ph.D. **JOSEPH V CUFFARI** Digitally signed by  
Inspector General JOSEPH V CUFFARI  
Date: 2022.09.28  
15:14:28 -04'00'

SUBJECT: *Violations of ICE Detention Standards at Torrance  
County Detention Facility*

Attached for your action is our final report, *Violations of ICE Detention Standards at Torrance County Detention Facility*. We incorporated the formal comments provided by your office.

The report contains 14 recommendations aimed at improving care of detainees at Torrance County Detention Facility. Your office concurred with all 14 recommendations. We consider 4 recommendations resolved and closed and 10 recommendations resolved and open. Once your office has fully implemented the remaining recommendations, please submit a formal closeout letter to us within 30 days so that we may close the recommendations. The memorandum should be accompanied by evidence of completion of agreed-upon corrective actions. Please send your response or closure request to [OIGISPFollowup@oig.dhs.gov](mailto:OIGISPFollowup@oig.dhs.gov).

Consistent with our responsibility under the *Inspector General Act*, we will provide copies of our report to congressional committees with oversight and appropriation responsibility over the Department of Homeland Security. We will post the report on our website for public dissemination.

Please call me with any questions, or your staff may contact Thomas Kait, Deputy Inspector General for Inspections and Evaluations at (202) 981-6000.

Attachment



# DHS OIG HIGHLIGHTS

## *Violations of ICE Detention Standards at Torrance County Detention Facility*

September 28, 2022

### Why We Did This Inspection

In accordance with the *Consolidated Appropriations Act, 2021*, we conduct unannounced inspections of ICE detention facilities to ensure compliance with detention standards. In February 2022, we conducted an in-person inspection of the Torrance facility in Estancia, NM, to evaluate compliance with ICE detention standards and COVID-19 requirements.

### What We Recommend

We made 14 recommendations to improve ICE's oversight of detention facility management and operations at Torrance.

**For Further Information:**

Contact our Office of Public Affairs at (202) 981-6000, or email us at [DHS-OIG.OfficePublicAffairs@oig.dhs.gov](mailto:DHS-OIG.OfficePublicAffairs@oig.dhs.gov)

### What We Found

During our unannounced inspection of U.S. Immigration and Customs Enforcement's (ICE) Torrance County Detention Facility (Torrance) in Estancia, NM, we found that Torrance complied with ICE detention standards for detainee grievances and the voluntary work program. We could not assess compliance with segregation standards because no detainees were in segregation at, or near, the time of our visit. However, we identified critical staffing shortages and violations of ICE detention standards that compromised the health, safety, and rights of detainees. Specifically, Torrance did not meet standards for facility conditions, facility security, medical care, use of force, detainee classification, communication between staff and detainees, and access to legal services. In our limited review of Torrance's response to coronavirus disease 2019 (COVID-19), we observed inconsistent use of masks and social distancing among detainees. Finally, we found that the diminished detainee population at Torrance resulted in ICE consistently paying for unused bed space under a "guaranteed minimum" contract.

During our in-person inspection, we found such egregious conditions in the facility that we issued a management alert in March 2022 to notify ICE of issues requiring immediate attention. We recommended, and continue to recommend, the immediate relocation of all Torrance detainees unless and until the facility ensures adequate staffing and appropriate living conditions. This report provides the full results from our inspection, including additional information about medical care, use of force, detainee classification, communication between staff and detainees, and access to legal services at the facility.

### ICE Response

ICE concurred with all 14 recommendations. We consider 4 recommendations resolved and closed and 10 recommendations resolved and open.



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**Abbreviations**

BOP	Bureau of Prisons
COVID-19	coronavirus disease 2019
CQI	continuous quality improvement
ERO	Enforcement and Removal Operations
ICE	U.S. Immigration and Customs Enforcement
PBNS	<i>Performance-Based National Detention Standards</i>
Torrance	Torrance County Detention Facility



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### Introduction

U.S. Immigration and Customs Enforcement (ICE) houses detainees at roughly 130 facilities nationwide, and the conditions and practices at those facilities can vary greatly. ICE must comply with detention standards and establish an environment that protects the health, safety, and rights of detainees. Our program of unannounced inspections of ICE detention facilities has identified and helped correct violations of the *2011 Performance-Based National Detention Standards* (2011 PBNDS) at facilities across the country. From February 1 to February 3, 2022, we conducted an unannounced in-person inspection of Torrance County Detention Facility (Torrance) in Estancia, NM, and identified concerns regarding detainee care and treatment.

### Background

ICE apprehends, detains, and removes noncitizens who are in the United States unlawfully. ICE Enforcement and Removal Operations (ERO) oversees the detention facilities it manages in conjunction with private contractors or state or local governments. Owned and operated by CoreCivic, Torrance began housing detainees in 2019. In fiscal year 2021, Torrance had an average daily population of 152 detainees with a maximum capacity of 842. ICE pays Torrance nearly \$2 million per month to house ICE detainees.

ICE's intergovernmental service agreement with Torrance requires the facility to comply with the 2011 PBNDS, as revised in December 2016. According to ICE, the 2011 PBNDS establish consistent conditions of detention, program operations, and management expectations within ICE's detention system. These standards set requirements in areas such as:

- environmental health and safety, including cleanliness, sanitation, security, detainee searches, segregation,<sup>1</sup> and disciplinary systems;

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<sup>1</sup> 2011 PBNDS, Section 2.12, *Special Management Units* (revised Dec. 2016). Segregation is the process of separating certain detainees from the general population for disciplinary or administrative reasons. Detainees in segregation at Torrance are placed in individual cells. Detainees in disciplinary segregation can be held for no more than 30 days per incident, except in extraordinary circumstances. Detainees in disciplinary segregation are allowed out of their cells for 1 hour of recreation time at least 5 days a week. Detainees in administrative segregation are separated from the general population to ensure the safety of all detainees and can be held in segregation until their safety, and the safety of others, is no longer a concern. Detainees in administrative segregation are allowed out of their cells for up to 2 hours of recreation time and day room access 7 days a week. Detainees in both disciplinary and administrative segregation are also allowed time out of their cells for showers, phone calls, use of the law library, visitation, and religious services when those are offered.



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- detainee care, e.g., food service, medical care, and personal hygiene;
- activities, including visitation and recreation; and
- grievance systems.

As mandated by Congress,<sup>2</sup> we conduct unannounced inspections of ICE detention facilities to ensure compliance with detention standards. From February 1 to February 3, 2022, we made an unannounced, in-person inspection of Torrance to determine whether it complied with the 2011 PBNDS. We also conducted a limited review of the facility's coronavirus disease 2019 (COVID-19) pandemic preparedness measures and its response to outbreaks of COVID-19 in the detainee population. We contracted with medical experts to review facility medical files and have incorporated their assessments into our findings. At the start of our inspection, Torrance housed a total of 176 male ICE detainees.<sup>3</sup>

During our inspection, we found such egregious conditions in the facility that we issued a management alert to notify ICE of issues requiring immediate attention.<sup>4</sup> We recommended ICE immediately relocate all detainees from Torrance and place no detainees there unless and until the facility ensures adequate staffing and appropriate living conditions. This report provides the full results from our inspection of Torrance.

### Results of Inspection

During our unannounced inspection of Torrance in Estancia, NM, we found that it complied with ICE detention standards for detainee grievances and the voluntary work program. We could not assess compliance with segregation standards because no detainees were in segregation at the time of our visit or within the previous 3 months.

However, we identified critical staffing shortages and violations of ICE detention standards that compromised the health, safety, and rights of detainees. Specifically, Torrance did not meet standards for facility conditions, facility security, medical care, use of force, detainee classification, communication between staff and detainees, and access to legal services. In our limited review of Torrance's response to COVID-19, we observed inconsistent use of masks

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<sup>2</sup> *Consolidated Appropriations Act, 2021*, Pub. L. No. 116-260, Division F; *Department of Homeland Security Appropriations Act, 2021*, H.R. Rep. No. 116-458 (2021).

<sup>3</sup> In addition to housing ICE detainees, the Torrance facility also holds county inmates and U.S. Marshals Service inmates.

<sup>4</sup> [OIG-22-31](#), *Management Alert – Immediate Removal of All Detainees from the Torrance County Detention Facility*, Mar. 16, 2022.



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and social distancing among detainees. Finally, we found that the diminished detainee population at Torrance resulted in ICE consistently paying for unused bed space under a “guaranteed minimum” contract.

### **Torrance Complied with Standards for Grievances**

The 2011 PBNDS establish procedures for detainees to file grievances regarding any aspect of their detention,<sup>5</sup> to ensure all detainees are treated fairly. The grievance standard requires the facility to respond to any detainee grievance within 5 days and ensure review and resolution. Our review of Torrance’s policies, guidance, and records showed the facility complied with this standard. Torrance allows detainees to submit grievances using paper forms or an electronic tablet system. Paper forms are deposited in secure drop boxes in the detainee housing units and are collected each weekday by facility staff. Between August 2021 and January 2022, Torrance received 40 nonmedical grievances. We found Torrance’s grievance official properly logged the grievances and provided timely, substantive responses as required.

### **Torrance Complied with Standards for the Voluntary Work Program**

According to the 2011 PBNDS, facilities must ensure detainees have the opportunity to voluntarily participate in facility work programs available to them.<sup>6</sup> Our review of Torrance’s policies, guidance, and records showed the facility complied with this standard. Specifically, we found detainee work schedules did not exceed 8 hours per day for up to 40 hours per week. Detainee compensation complied with the standard, with detainees receiving \$3 per day for cleaning their housing units and \$5 per kitchen shift, with shifts available for lunch or dinner service. The facility’s grievance log did not contain any allegations of detainees being forced to work in the program.

### **Compliance with Segregation Standards Could Not Be Assessed**

Torrance was not holding any detainees in segregation at the time of our visit. We also found that no detainees had been held in segregation within 3 months of our visit. Because there were no detainees in segregation at the time of our visit or in recent months, we could not assess compliance with standards.

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<sup>5</sup> 2011 PBNDS, Section 6.2, *Grievance System* (revised Dec. 2016).

<sup>6</sup> 2011 PBNDS, Section 5.8, *Voluntary Work Program* (revised Dec. 2016).





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### **Torrance Faced Critical Staffing Shortages, Hindering Its Ability to Sufficiently Supervise Detainees**

According to the 2011 PBNDS, detention facilities must provide sufficient supervision of detainees.<sup>7</sup> Based on our observations and review of staffing plans for Torrance, the facility has not maintained the staffing levels required in its contract with ICE. In addition, the Nakamoto Group conducted an inspection of Torrance in March 2022<sup>8</sup> and released its report on March 31, 2022, which stated, “Staffing has been an issue for at least nine [9] months, encompassing two inspections and a Technical Assessment Review; yet the facility still has thirty [30] vacancies. Clearly their recruitment and retention efforts are unsatisfactory.”

Our March 2022 management alert outlined ongoing understaffing at Torrance and made a recommendation for immediate corrective action. We found that Torrance was so critically understaffed that the facility was unable to meet its contractual requirements to ensure detainees reside in a safe, secure, and humane environment.

Prior to our management alert, ICE’s contracting office had also taken action to address the understaffing by issuing two contract discrepancy reports<sup>9</sup> in December 2020 and March 2022 indicating that the Torrance facility was critically understaffed and not in compliance with standards, despite multiple attempts at correction. As a result, ICE is assessing a 25 percent reduction in monthly billing as a penalty until the facility comes into compliance with staffing requirements. In addition, in March 2022, the ICE contracting office reduced the guaranteed minimum detainee population from 714 detainees to 505 detainees in response to the continued staffing problems. Understaffing continues to be an issue at Torrance. According to the latest staffing report, dated January 28, 2022, Torrance employs only 133 (or 46 percent) of the 245 staff contractually required for housing the reduced population of 505 detainees.

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<sup>7</sup> 2011 PBNDS, Section 2.4, *Facility Security and Control* (revised Dec. 2016).

<sup>8</sup> The Nakamoto Group, Inc., conducted this scheduled 180-day follow-up inspection of the facility because Torrance had received a rating of “Does Not Meet Standards” during the Nakamoto Group’s July 2021 inspection.

<sup>9</sup> A contract discrepancy report is notification to the contractor that it is not complying with all terms of the contract.



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### **Unsanitary Conditions in Torrance's Housing Units Endangered the Health and Safety of Detainees**

The 2011 PBNDS require detention facilities to meet high standards of cleanliness and sanitation and require facility staff to complete preventive maintenance and regular inspections.<sup>10</sup> We found, however, that Torrance exposed staff and detainees to excessive and avoidable unsanitary conditions. Our March 2022 management alert outlined the poor facility conditions, including clogged toilets, broken sinks, inoperable toilets, water leaks, and mold. We also found that the facility did not make timely repairs to address the poor facility conditions in detainee housing units.

During our inspection, ICE detainees were housed in 8 of its 11 housing units. We reviewed all 157 cells in the 8 housing units holding detainees and found 83 detainee cells (roughly 53 percent) with plumbing issues, including toilets and sinks that were inoperable, clogged, or continuously cycling water. We also encountered mold and water leaks throughout the facility. These issues exacerbate unsanitary conditions and can lead to slips and falls by detainees or facility staff.

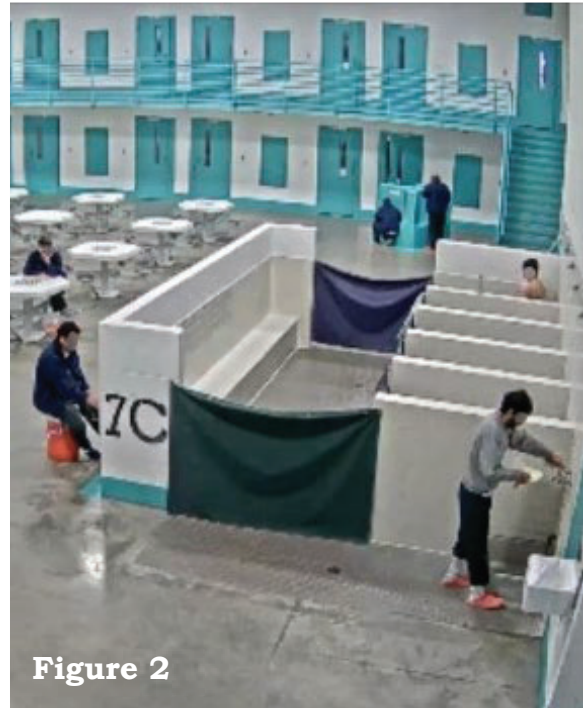
Our inspection team identified faucets with missing cold and hot water buttons, and in some instances the faucets did not produce hot water. Broken sinks in facility housing units, as well as closed water fountains due to COVID-19 restrictions, resulted in detainees obtaining water from a communal area faucet intended for filling mop buckets. We viewed surveillance video footage from housing units and saw detainees using the mop sink to wash their face and filling a bowl to obtain water (see Figures 1 and 2).

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<sup>10</sup> 2011 PBNDS, Section 1.2, *Environmental Health and Safety* (revised Dec. 2016).



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**Figures 1 and 2. Detainee Washing His Face (left) and Detainee Filling a Bowl (right) from a Housing Unit Floor Mop Sink**

Source: DHS – Still images taken from Torrance surveillance video footage for February 1, 2022

### **Torrance Had Security Lapses throughout the Facility**

The 2011 PBNDS provide standards for observation, supervision, and personal contact between staff and detainees to ensure facility safety, security, and good order.<sup>11</sup> Specifically, the standards require that the security officer posts must be located in, or immediately next to, detainee housing units because officers must interact with detainees and quickly respond to detainee emergencies. Further, the facility must also staff a secure control center at all times to monitor and coordinate facility security, safety, and communication systems.<sup>12</sup> Based on our observations, the requirements for effective security are not being met at Torrance.

Our March 2022 management alert identified that Torrance officers did not properly supervise and monitor detainees in the housing units. Primary control rooms are physically separated from detainees by interior walls and windows, providing poor sight lines, and are understaffed, having only one posted officer to supervise and interact with the detainees in four housing

<sup>11</sup> 2011 PBNDS, Section 2.4, *Facility Security and Control* (revised Dec. 2016).

<sup>12</sup> *Id.*



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units. Blind spots under stairwells and behind barrier walls for showers and telephones further increase the difficulty of viewing detainees in the housing units. Consequently, these control rooms limit staff observation and personal contact between staff and detainees. To compound this issue, we observed control rooms that were dark and empty without posted officers, as well as control rooms with sight lines through multiple sets of barred and dirty windows. An interviewed detainee corroborated this unsafe and unsecure environment, telling us that he felt he would be unable to get the attention of staff in the event of an emergency. Another security lapse we observed was unsupervised detainees in the housing units dumping buckets of water from the second story railing in what appeared to be an attempt to quickly clean the housing area.

### **Torrance Medical Care Did Not Always Meet Standards**

Our contracted medical experts reviewed 19 health records at Torrance against the 2011 PBNDS for medical care, which require detainees to have access to appropriate and necessary medical, dental, and mental health care, including emergency services. The National Commission on Correctional Health Care's *2018 Standards for Health Services in Jails* was also used as reference for best practices. The medical contractors determined that the health care program was well organized and managed by the medical leadership team. Torrance's health services administrator provided the administrative and clinical leadership required to appropriately manage the medical department. The medical department was also compliant with standards for staff training, peer reviews, emergency care, sick calls, communicable disease and infection control, specialty care, mental health services, medical diets, grievances, and privacy. However, medical staff shortages were a problem, and we found Torrance did not meet standards in the areas of dental care and dental complaints, chronic care, administration of medication, lab test results, and controlled substances.

### **Medical Staff Shortages Remained a Problem at Torrance**

ICE has documented staff vacancies in Torrance's medical department since December 2020, when the ICE contracting officer's representative issued a contract discrepancy report to the assistant warden of the facility stating:

The Torrance County Detention Facility (TCDF) located in Estancia, NM has been identified as being in violation of the Performance Basic [sic] National Detention Standards 2011 (PBNDS 2011) and the signed ICE/ERO contractual agreement. It has been discovered that the facility medical staffing is not in line





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with the agreed upon contractual staffing plan and the facility has critical medical staffing shortages. It has also been discovered that the Chief Medical Officer has not been dedicated to the Torrance contract and has been supporting multiple facilities at the same time, which has resulted in very limited coverage.

In the facility's response to the discrepancy report, CoreCivic stated it "regret[s] that we have not been able to fill the Health Service vacancies," which was rejected by ICE. ICE commented on the facility's response as follows: "The current medical staffing shortfalls places in question the TCDF operational capability."

At the time of our inspection in February 2022, more than 14 months after the December 2020 discrepancy report, Torrance had not met the minimum staffing level requirements. In March 2022, the contracting officer's representative again addressed the facility's failure to meet the 2011 PBNDS standards and contractual agreements. He wrote to the facility stating:

The Torrance County Detention Facility (TCDF) located in Estancia, NM has been repeatedly in violation of the 2011 Performance Basic [sic] National Detention Standards (PBNDS) and the signed ICE/ERO IGSA contractual agreement. The critically short staffing plans are directly responsible for the breakdown in the overall operational capabilities of the TCDF. CoreCivic has not been able to demonstrate the ability to provide a safe environment for staff and noncitizens, provide the necessary security for proper facility security and control measures, and care necessary to ensure proper facility maintenance, overall cleanliness, and personal hygiene needs described in the PBNDS standards. The Performance Requirements Summary areas of work force integrity, safety, security, and care are all at risk, have been on-going violations, and do not meet contractual requirements. These continued violations seriously impact the El Paso Field Office's ability to support the southwest border security mission.

We were able to validate ICE's ongoing problems with the facility's ability to meet the contractually required staffing levels via our observations during the onsite inspection. In addition to several staff expressing that the low staffing levels were problematic, we observed empty watch rooms and understaffed medical units. Our medical contractors concluded that these medical unit vacancies impacted the level of care detainees received for suicide watch, dental care, and chronic care.



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### **Torrance Detainees Did Not Receive Dental Care According to the Standard**

Torrance employs one part-time dentist who provides dental services at the facility 2 days a week. The facility also has a dental assistant position, but this position is one of the facility's 112 vacancies. The absence of a dental assistant places responsibility for all administrative work and dental services on the part-time dentist.

The 2011 PBNDS require that "Each detainee shall receive a comprehensive medical, dental and mental health intake screening as soon as possible, but no later than 12 hours after arrival at each detention facility."<sup>13</sup> The standards further require that detainees receive a dental screening within 14 days of arrival, performed by either "a dentist or a properly trained qualified health provider."<sup>14</sup> Our medical contractors reviewed 19 detainee files and determined those detainees did not receive an initial dental screening, as required.

Our medical contractors noted issues with the dental screening form for both the intake screening and the initial history and exam. Although the form includes questions about dental complaints, it does not provide a specific section to document visual observations or a dental evaluation. These notes are important for the continuity of care for detainees.

Our medical contractors also found issues in two health records, in which detainees were identified as having a dental problem at intake and a referral was made for dental treatment. However, these detainees had not been seen at the time of our inspection, which was a month after their initial referrals. Apart from the issues with dental complaints, the medical contractors found that all other medical complaints, including health assessments, intake screenings, and sick calls, were assessed in a timely manner.

Finally, the medical contractors noted that patients in COVID-19 quarantine were not seen by a dentist during their initial isolation period as well as for an additional 3 weeks after release from quarantine. Our medical contractors concluded that this approach should be adjusted for patients with dental pain.

### **Chronic Care for Torrance Detainees Was Deficient**

Torrance does not have clearly defined chronic care guidelines. According to our medical contractors, the nurse practitioner at Torrance was not aware of

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<sup>13</sup> 2011 PBNDS, Section 4.3, *Medical Care* (revised Dec. 2016).

<sup>14</sup> *Id.*



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the facility's full chronic care guidelines, and the facility could not provide us a current and complete copy of the guidelines it uses. In addition, the guidelines that were available were not up to date with current medical community standards. For example, the guidelines for care of asthma and hypertension were outdated. Our medical contractors also observed that the guidelines document that was available was more than 100 pages long and navigation was not user friendly. The medical contractors concluded that as a best practice, the chronic care guidelines should be evaluated and updated, including making a full version available online.

#### **Torrance Did Not Accurately Document the Administration of Medication to Detainees**

The 2011 PBNDS require facilities to document when detainees took their prescribed medication and when they refused. The OIG medical contractor further suggests this documentation should be done carefully and any unusual circumstances surrounding the administration of medication should also be documented, based on National Commission on Correctional Health Care standards. This documentation was not always consistent or accurate in the files the medical contractors reviewed. For example, in one file, a detainee was unable to receive his medication at the appropriate time because he was off property at a court hearing — but the medical file showed the detainee was a “no show.” It was recorded this way because the status of the detainee taking his medication was left blank in the facility's system. At midnight each day, the file system automatically populates an empty field with a “no show” status. This practice provides false information and does not meet the intent of the 2011 PBNDS, which require that consent forms and refusals be documented and placed in detainee medical files.<sup>15</sup>

#### **Torrance Did Not Always Track Lab Test Results in Detainee Medical Files as Required**

Our medical contractors found that Torrance did not consistently notate laboratory test results in detainee medical files. The 2011 PBNDS require that all medical tests be documented in the files.<sup>16</sup> Without documentation it can be difficult to determine the medical provider's interpretation of lab results, actions taken regarding the results, and whether results were shared with the detainee. Documenting decisions made based on lab results helps guide continuity of care across all provider staff who may treat a detainee. In

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<sup>15</sup> 2011 PBNDS, Section 4.3, *Medical Care* (revised Dec. 2016).

<sup>16</sup> *Id.*



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addition, sharing lab results with detainees allows them to be well informed and involved in their care and understand how their actions affect their health.

### **Torrance Left a Controlled Substances Cabinet Open During Inspection**

During our onsite inspection, the medical contractors observed an open narcotics cabinet, within the secure pharmacy room. According to the 2011 PBNDS, “Each detention facility shall have and comply with written policy and procedures for the management of pharmaceuticals, to include ... secure storage and disposal and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes, and needles... [as well as] a secure medication storage area.”<sup>17</sup>

### **Other Medical Care Observations that Did Not Comply with Standards**

- We observed no water or restroom facilities were available to detainees in the medical waiting areas, as required by the 2011 PBNDS.<sup>18</sup>
- Detainees who were evaluated for asthma were not provided the appropriate testing for their condition. Specifically, a peak flow test<sup>19</sup> was not conducted by Torrance staff as part of asthma evaluations. According to our medical contractors, the peak flow test is a medical community standard for asthma patients and should be conducted at each asthma evaluation.
- Review of one health record revealed the detainee was diagnosed with high cholesterol and increased cardiac risk but was not prescribed a treatment. According to our medical contractors, high cholesterol is usually treated with statins.<sup>20</sup> As a best practice, the detainee should have been prescribed a treatment, or his chart should reflect a reason for not prescribing the typical medication.
- In two instances, the medical contractors found expired medication in the stock cabinets at Torrance. According to the 2011 PBNDS, “Each detention facility shall have and comply with written policy and procedures for the management of pharmaceuticals, to include ... procurement, receipt, distribution, storage, dispensing, administration

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<sup>17</sup> 2011 PBNDS, Section 4.3, *Medical Care* (revised Dec. 2016).

<sup>18</sup> *Id.*

<sup>19</sup> A peak flow test measures how air flows out of the lungs.

<sup>20</sup> Statins are a class of drugs often prescribed by doctors to help lower cholesterol levels in the blood.





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and disposal of medications.”<sup>21</sup> Compliance with this standard would include having a schedule and process for disposing of expired medication.

### **Torrance Did Not Retain Use of Force Footage**

The 2011 PBNDS authorize facility staff to use necessary and reasonable force against a detainee after all other reasonable efforts to resolve a situation have failed.<sup>22</sup> The standard specifies the facility must send any video record of such use of force to the local ICE field office and keep video records for 1 year after any investigation into the use of force is resolved. Facility staff stated there was one use of force incident, in August 2021. When we requested records of the incident, the facility produced video footage of only the immediate aftermath of the incident and documentary records but could not produce video footage of the entire incident. Facility staff stated the detainee refused to follow oral orders and prevented facility staff from closing his cell door, then struck staff several times, leading to the use of force. The detainee stated facility staff slammed the door on his hand after he failed to obey oral orders, wrestled him to the ground, kicked and punched him while he was on the ground, and uttered racial epithets in his ear. The facility’s investigator reviewed video footage and determined the amount of force used was appropriate and not excessive. We requested information on the incident from ICE, including the full video record showing the incident, but did not receive it. We were unable to review the full video record and could not independently verify what occurred during the use of force. Facilities must follow the standard for use of force and retain full video records of use of force incidents to meet their obligations under the standard and allow for proper oversight.

### **Torrance Did Not Properly Document Detainee Classification**

The 2011 PBNDS require facilities to classify detainees according to risk level and house them with others of similar background and criminal history.<sup>23</sup> To objectively classify detainees, facilities need to use an ICE Custody Classification Worksheet or a “similar locally established system” that is based on documented and verifiable information. However, none of the 15 detainee files we reviewed had an ICE Custody Classification Worksheet or similar documented support for the recommended custody classification levels. Facility staff said they make classification determinations using Form I-213, Record of Deportable/Inadmissible Alien, but this form was also missing from

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<sup>21</sup> 2011 PBNDS, Section 4.3, *Medical Care* (revised Dec. 2016).

<sup>22</sup> 2011 PBNDS, Section 2.15, *Use of Force and Restraints* (revised Dec. 2016).

<sup>23</sup> 2011 PBNDS, Section 2.2, *Custody Classification System* (revised Dec. 2016).



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the 15 files we pulled to review. Based on the documentation available in detainee files at the time of our review, facility staff could not uniformly make or verify the accuracy of classification determinations, and detainees were at risk of being misclassified by facility staff during initial and reclassification processes. As a result, detainees and staff do not benefit from the orderly facility operations and protections from harm that the 2011 PBNDS provide.<sup>24</sup>

### **Detainee Communication Practices Were Deficient**

The 2011 PBNDS establish procedures for contact between staff and detainees, including written communication and observation of living conditions.<sup>25</sup> These procedures require the facility and ICE to log all requests and respond in a timely manner, within 3 business days. Torrance allows detainees to submit requests to facility or ICE staff using either electronic tablets in the housing units or paper forms that they deposit in secure drop boxes in the housing units. Although required, we found that ICE often did not provide timely responses to detainee requests. Further, Torrance did not keep a log of detainee requests submitted via paper forms as required, and ICE did not properly log all of its requests received via paper either.

### **ICE Did Not Always Respond to Detainee Requests Timely**

ICE did not always respond to detainee requests within 3 business days, as required by the standards. Between August 2021 and January 2022, ICE responded late to 501 electronically filed requests (or roughly 28 percent) out of 1,807, with 170 of those requests taking 10 business days or longer to receive a response. The longest response time was 22 business days. For requests filed using paper forms during the same period, ICE was late responding to 43 (approximately 15 percent) of 292 requests. Detainees rely on prompt responses to their requests to satisfy their detention-related needs.

### **Neither Torrance nor ICE Logged Detainee Requests as Required**

The 2011 PBNDS mandate that all requests be recorded in a logbook.<sup>26</sup> However, facility staff members admitted they did not keep a logbook of detainee requests to the facility. Torrance produced a blank logbook that they said was the template for the logbook in previous use.

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<sup>24</sup> The classification detention standard “protects detainees, staff, contractors, volunteers and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees based on verifiable and documented data” (see 2011 PBNDS, Section 2.2, *Custody Classification System*).

<sup>25</sup> 2011 PBNDS, Section 2.13, *Staff-Detainee Communication* (revised Dec. 2016).

<sup>26</sup> *Id.*



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In addition, ICE did not always log detainee requests sent to ICE, as required. Specifically, ICE failed to log 32 (roughly 17 percent) of the 183 paper requests it received between August 2021 and January 2022. ICE staff explained that deportation officers provided completed requests to ICE office staff in the Albuquerque Sub-Office to be logged but could not explain how some requests were not logged. Without documentation of detainee requests, neither Torrance nor ICE can properly track their responsiveness to detainee needs.

### **Torrance Complied with Requirements for Legal Rights Group Presentations and Tours to Outside Groups but Did Not Satisfy All of the Standards for Access to Legal Services**

According to the 2011 PBNDS, facilities must ensure detainees have access to courts, counsel, legal materials,<sup>27</sup> legal rights groups,<sup>28</sup> and legal telephone calls.<sup>29</sup> These standards outline the requirements for detainee access to legal services, including the procedures for legal representatives to visit the facility and legal telephone calls. Though we determined the facility had adequate access to legal rights group presentations and tours for outside groups, Torrance did not meet several requirements for detainee access to legal services.

#### **Torrance Complied with Legal Rights Group Presentations and Tours**

The 2011 PBNDS require detainees to have access to legal rights group presentations on the immigration process<sup>30</sup> and establish rules for outside groups who want to tour facilities.<sup>31</sup> A legal rights group visits the facility periodically to give in-person legal rights presentations, and a “Know Your Rights” video presentation happens every week, with the legal rights group available to take calls from detainees following the presentation. Facility staff stated that outside groups are allowed to tour the facility but must first receive clearance from the local ICE field office. They said a congressional delegation had toured the facility about a year prior to our inspection.

#### **Torrance Did Not Post Legal Visiting Hours in Required Areas**

The 2011 PBNDS require the legal visitation hours to be posted in the legal visitation waiting area and the housing units.<sup>32</sup> However, when we visited the

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<sup>27</sup> 2011 PBNDS, Section 6.3, *Law Libraries and Legal Materials* (revised Dec. 2016).

<sup>28</sup> 2011 PBNDS, Section 6.4, *Legal Rights Group Presentations* (revised Dec. 2016).

<sup>29</sup> 2011 PBNDS, Section 5.6, *Telephone Access* (revised Dec. 2016).

<sup>30</sup> 2011 PBNDS, Section 6.4, *Legal Rights Group Presentations* (revised Dec. 2016).

<sup>31</sup> 2011 PBNDS, Section 7.2, *Interviews and Tours* (revised Dec. 2016).

<sup>32</sup> 2011 PBNDS, Section 5.7, *Visitation* (revised Dec. 2016).



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facility on February 1, 2022, the hours for legal visitation were not posted in either of these locations. Though facility staff estimated legal representatives visit the facility only once or twice per week, the rules and hours must be posted to ensure detainees and legal representatives know how and when to have in-person visits. The facility made an on-the-spot correction by posting the information in the required places on February 2, 2022, and we verified the required postings were in place on February 3, 2022.

### **Torrance Did Not Always Allow Detainees Access to Legal Calls**

The 2011 PBNDS specify a facility cannot limit detainee calls to legal representatives unless necessary for security purposes or equal access to phones.<sup>33</sup> According to a lawyer who represents detainees at Torrance, facility staff improperly limited attorney contact with detainees multiple times in the 6 months prior to our inspection. The attorney provided records of 10 alleged instances when facility staff simply ignored requests to arrange legal phone calls with detainees. The attorney also alleged facility staff neglected to produce detainees for scheduled legal calls with no explanation on three separate occasions. In another instance, facility staff told the lawyer that they were too busy to schedule a legal call, requiring the call to wait until the following week. Without access to legal calls, detainees do not have proper access to legal services.

### **Torrance Took Some Measures to Prevent the Spread of COVID-19 but Did Not Consistently Enforce Mask Wearing and Social Distancing Protocols**

We conducted a limited review of Torrance's response to COVID-19 and identified areas for improvement. Torrance took some measures to prevent the spread of COVID-19, such as restricting some services and providing masks to detainees. However, we also observed numerous detainees not wearing masks when within 6 feet of each other during our February 2022 walk-through of multiple housing units. Facility staff acknowledged difficulty requiring detainees to wear masks. As of February 3, 2022, Torrance had 414 confirmed cases of COVID-19 and 336 detainees had received doses of the COVID-19 vaccine.

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<sup>33</sup> 2011 PBNDS, Section 5.6, *Telephone Access* (revised Dec. 2016).



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### **Torrance Restricted Services and Social Activities in Response to COVID-19**

In March 2020, ICE directed all detention facilities, including Torrance, to restrict certain activities in response to the COVID-19 pandemic.<sup>34</sup> This included halting in-person social visitation and visits by outside groups. Visits from legal representatives were still allowed. To compensate for the lost visitation, Torrance provided each detainee with 13 free 10-minute telephone calls per week. The facility also paused visits by outside religious groups.

### **Torrance Staff and Detainees Did Not Consistently Wear Masks or Practice Social Distancing**

ICE's *Pandemic Response Requirements*, Version 7, dated October 7, 2021, states all staff and detainees should wear masks, and whenever possible, all staff and detainees should maintain a distance of 6 feet from one another to help slow the spread of COVID-19. Torrance staff told us detainees are required to wear masks at all times when they are inside the facility, including in their housing units. However, we observed some detainees not wearing masks or practicing social distancing during our February 2022 walk-through of multiple housing units.

The facility risks additional COVID-19 spread by not ensuring that detainees wear masks and practice social distancing within housing units.

### **Torrance Began Vaccinating Detainees**

According to data provided by facility officials, Torrance began its COVID-19 vaccination program in May 2021 and had vaccinated 336 detainees as of February 3, 2022. Staff reported that the COVID-19 vaccine is administered by facility medical staff and readily available to detainees but not required.

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<sup>34</sup> ICE, *Memorandum on Coronavirus Disease 2019 (COVID-19) Action Plan*, Revision 1, Mar. 27, 2020.





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**Diminished Detainee Population and “Guaranteed Minimum” Contract with Torrance Caused ICE to Pay for Unused Bed Space**

In early 2021, ICE’s contract with Torrance required ICE to pay the facility for space for a guaranteed minimum of 714 detainees at a fixed monthly rate of \$1,993,449.32<sup>35</sup> until May 14, 2021. The following day, the rate increased to \$2,043,182.40. Beginning on January 1, 2022, ICE lowered Torrance’s guaranteed minimum to 505 detainees at a reduced monthly rate of \$1,930,957.98. The *Pandemic Response Requirements* also states that facilities should make efforts to reduce their populations to approximately 75 percent of capacity to address COVID-19. As shown in Figure 3, Torrance’s average daily ICE detainee population was a fraction of its guaranteed minimum in early 2021, exceeding half of its guaranteed minimum for a few months in mid-2021 before settling in at roughly 25 percent capacity in late 2021.<sup>36</sup>

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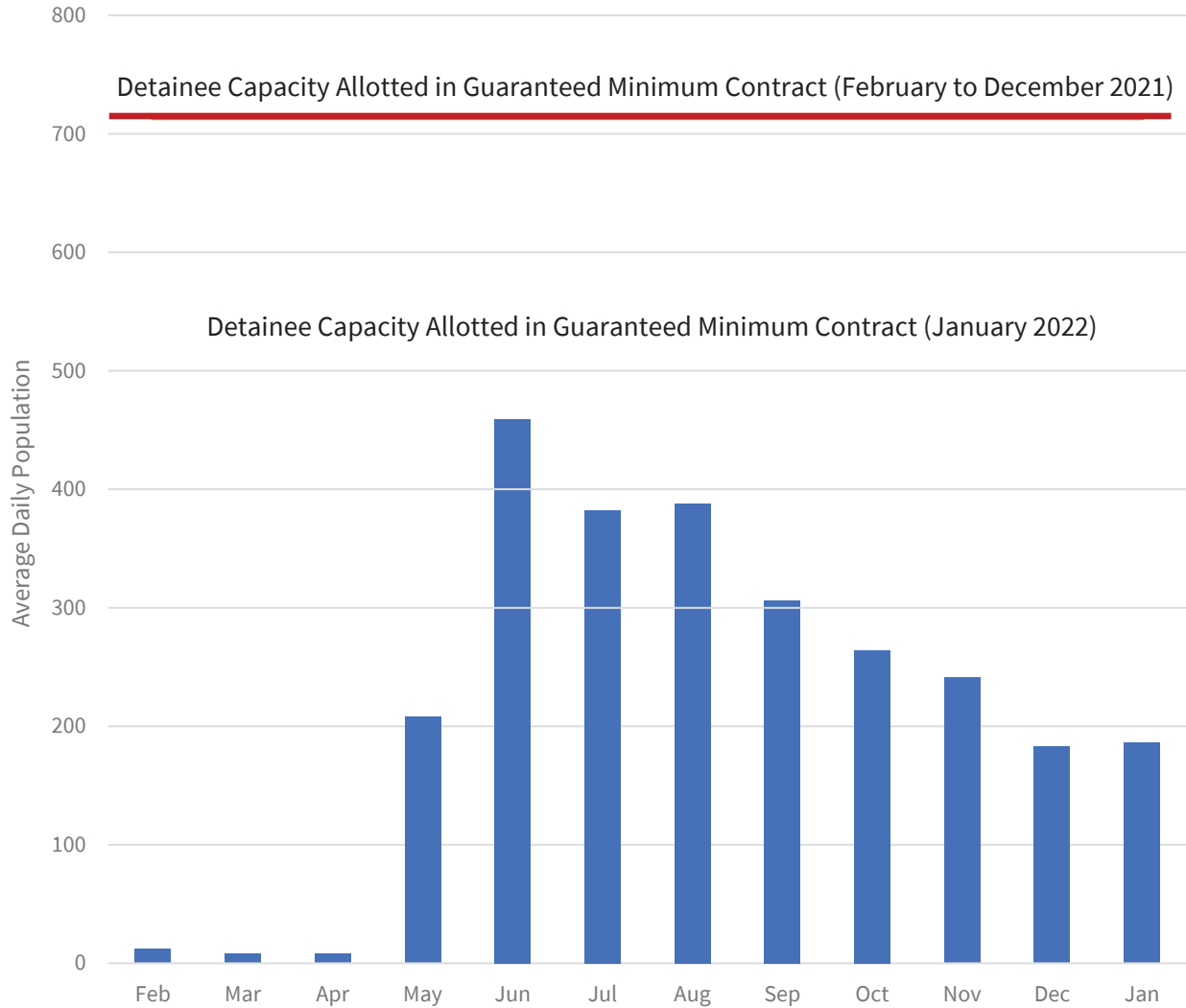
<sup>35</sup> ICE also can exceed the guaranteed minimum if it needs additional capacity to hold detainees. The facility is paid an additional amount for each detainee exceeding the guaranteed minimum.

<sup>36</sup> These numbers exclude the U.S. Marshals Service inmate population, which can be added to the ICE population in counting toward the guaranteed minimum. Specifically, up to 50 Marshals Service inmates can be included in the guaranteed minimum count. The Marshals Service makes a fixed monthly payment to ICE based on how many inmates it houses at Torrance.



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**Figure 3. ICE Detainee Population at Torrance from February 2021 to January 2022**



Source: DHS OIG analysis of data provided by Torrance

From February 2021 to January 2022, most of the guaranteed bed space at Torrance went unused, with the ICE detainee population never surpassing the new guaranteed minimum of 505. As detainee populations continue to stay well below 505 per day, the monthly and daily costs for ICE to house each detainee remains high because ICE must pay Torrance nearly \$2 million per month even when the ICE population is low.

Although ICE must acquire and maintain enough bed space to satisfy demand for detainee population surges, it must also strive for balance to avoid wasting funds on empty beds. In fact, with the facility housing so few detainees, we



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observed during our visit that Torrance was housing county inmates in a housing pod reserved for ICE detainees. Even if the detainee population remains significantly under the new 505-detainee threshold provided in the guaranteed minimum contract, Torrance will continue to receive full payment from ICE for housing fewer detainees.

### **Recommendations**

In our management alert, we recommended the Director of ICE immediately relocate all detainees from the Torrance County Detention Facility and place no detainees there unless and until the facility ensures adequate staffing and appropriate living conditions. ICE did not concur with the recommendation.

We recommend the Executive Associate Director of ICE ERO direct the El Paso Field Office responsible for Torrance to:

**Recommendation 1:** Take the necessary and progressive steps needed to hold the contractor accountable for obtaining a staffing level of at least 85 percent of the contractually obligated amount, including the medical department.

**Recommendation 2:** Ensure repairs identified are completed to provide a clean and safe living environment.

**Recommendation 3:** Ensure facility security staff are present to supervise detainee housing units and address emergencies as they arise according to the staffing conditions in the current contract.

**Recommendation 4:** Ensure each detainee receives both an intake dental screening as well as an initial dental screening.

**Recommendation 5:** Evaluate and amend the dental referral process to ensure a timely response for dental pain cases, including timely evaluation of quarantined patients by dentists.

**Recommendation 6:** Ensure the chronic care guidelines are evaluated and updated to include the most current medical community standards. The guidelines should also be readily accessible to medical department staff and easy to find and use.

**Recommendation 7:** Ensure required documentation is promptly added to detainee medical files and that the documentation includes:

- notes from intake dental screening and follow-up dental evaluation(s);



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- records of medication administration; and
- lab test results.

**Recommendation 8:** Ensure cabinets with controlled substances are locked when not in use and that only personnel needing access to the controlled substances have access.

**Recommendation 9:** Ensure our other medical observations are addressed, including that:

- detainees have access to water and restrooms while they are in the medical waiting area;
- appropriate testing is provided for all asthma patients;
- medical evaluations match complaints submitted by detainees;
- appropriate medication is provided to detainees with high cholesterol; and
- expired medication is disposed of according to the disposition schedule and in a timely manner.

**Recommendation 10:** Retain complete video records for all use of force incidents for at least 1 year after all investigative efforts have been completed.

**Recommendation 11:** Update classification procedures to require an ICE Custody Classification Worksheet be completed and added to each detainee's file at admission.

**Recommendation 12:** Provide timely responses to detainee requests and keep a log of detainee requests submitted via paper forms.

**Recommendation 13:** Allow detainees access to legal calls as required.

**Recommendation 14:** Ensure Torrance meets ICE's COVID-19 requirements for wearing masks and social distancing.



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**Management Comments and OIG Analysis**

ICE concurred with all 14 recommendations. Appendix B contains ICE's management comments in their entirety. We also received technical comments on the draft report and made revisions as appropriate. We consider 4 recommendations resolved and closed and 10 recommendations resolved and open.

A summary of ICE's response to our recommendations and our analysis follows.

**Recommendation 1:** Take the necessary and progressive steps needed to hold the contractor accountable for obtaining a staffing level of at least 85 percent of the contractually obligated amount, including the medical department.

**ICE Response to Recommendation 1:** Concur. ICE ERO considers Torrance to be in compliance with relevant detention standards and has only housed a number of detained noncitizens at this facility that is commensurate with appropriate staffing levels at any given time. It is important to clarify the detention facility is currently housing less than 20 percent of its maximum capacity, and the facility staffing level is 66 percent, according to the latest staffing report in July 2022, which is appropriate for the reduced detained noncitizen population. Torrance has detailed additional staff to the facility and is also using overtime to ensure coverage of shifts, as appropriate. ICE ERO acknowledges there have been continued contractual staffing challenges but has mitigated these challenges with the El Paso Field Office, decreasing the population at Torrance to approximately 200 ICE detained noncitizens. ICE ERO is only allowing a population in the facility that can be managed by existing staffing levels.

CoreCivic continues to hire and train new staff, including seven new employees who are pending clearance and eight pending entrance on duty. These new hires, along with contract staff detailed from other facilities to Torrance, ensure the detention facility is appropriately staffed. In February 2022, CoreCivic leadership also provided ICE ERO with a staffing plan to address the staffing requirements outlined in the contract. Estimated Completion Date (ECD): February 28, 2023.

**OIG Analysis:** We consider these actions partially responsive to the recommendation, which is resolved and open. ICE provided flyers from a CoreCivic hiring event encouraging individuals to apply for jobs at Torrance. We will close this recommendation once ICE provides evidence that the staffing levels at Torrance meet the 85 percent contractual requirements and what





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specific steps ICE has taken to hold the contractor accountable for not maintaining staffing levels at 85 percent.

**Recommendation 2:** Ensure repairs identified are completed to provide a clean and safe living environment.

**ICE Response to Recommendation 2:** Concur. Torrance substantially completed and scheduled the repairs to address all conditions identified in OIG's report prior to the conclusion of the inspection. On February 28, 2022, the ICE ERO El Paso Field Office leadership toured the facility with CoreCivic executive leadership and verified these items had already been corrected or were scheduled for completion by April 30, 2022. On March 29, 2022, the ICE ERO El Paso Field Office leadership again toured the facility during an inspection by the Nakamoto Group to verify the items were on track for completion. All repairs to the conditions identified by OIG were completed by April 30, 2022. We request that OIG consider this recommendation resolved and closed, as implemented.

**OIG Analysis:** We consider these actions responsive to the recommendation, which is resolved and closed. ICE provided documentation showing it initiated and completed work orders for all facility condition issues identified in the report.

**Recommendation 3:** Ensure facility security staff are present to supervise detainee housing units and address emergencies as they arise according to the staffing conditions in the current contract.

**ICE Response to Recommendation 3:** Concur. Torrance completes daily assignments for all detention officers to ensure staffing and supervision of detained noncitizen housing units and that emergencies are appropriately addressed. At the direction of ICE ERO El Paso Field Office management on April 30, 2022, CoreCivic provides a daily attendance staffing schedule to ensure compliance with contract requirements and will continue to do so. We request that OIG consider this recommendation resolved and closed, as implemented.

**OIG Analysis:** We consider these actions responsive to the recommendation, which is resolved and closed. ICE provided examples of CoreCivic's daily staffing schedule for several day and night shifts from July, August, and September 2022. Those daily staffing schedules showed that the facility had detention officers assigned to occupied housing units 24 hours a day.



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**Recommendation 4:** Ensure each detainee receives both an intake dental screening as well as an initial dental screening.

**ICE Response to Recommendation 4:** Concur. All detained noncitizens in ICE ERO custody receive a comprehensive medical, dental, and mental health screening upon intake by a qualified, licensed health care professional no later than 12 hours after arrival at a detention facility, pursuant to 2011 PBNDS Section 4.3 addressing “Medical Care.” The comprehensive medical examination is performed by a qualified licensed health provider — either a physician, physician assistant, nurse, nurse practitioner, or other professional who by virtue of their education, credentials, and experience is permitted by law to evaluate and care for patients.

The initial dental screening is also conducted within 14 days of arrival and is performed by a dentist or a properly trained, qualified health provider in compliance with the 2011 PBNDS. The dental screening includes an examination of the teeth and further evaluation if there are positive findings. In addition, the Torrance Health Assessment form includes an examination section that includes an oral/dental assessment. Detained noncitizens who raise urgent medical or mental health concerns upon arrival receive priority during the intake screening process.

On May 4, 2022, CoreCivic provided training to all Torrance nursing staff regarding Intake and Health Assessment screening policies and processes, which included oral/dental standards. On May 4, 2022, the annual dental training was also completed by the contracted dental provider for all medical staff. Starting July 18, 2022, continuous quality improvement (CQI) reviews have been performed weekly by medical supervisors to ensure compliance of appropriate screenings and will continue until compliance is obtained for 1 month. ECD: November 30, 2022.

**OIG Analysis:** We consider these actions responsive to the recommendation, which is resolved and open. ICE provided documentation showing CoreCivic’s dental care policy and stated that training was provided to all nursing staff and that CQI reviews are being completed weekly. We will close this recommendation when ICE provides evidence showing that all detainees arriving at Torrance receive intake and initial dental screenings within the required timeframes, and provides a copy of the training materials, copies of the CQI reviews, and evidence showing that all nurses received training.



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**Recommendation 5:** Evaluate and amend the dental referral process to ensure a timely response for dental pain cases, including timely evaluation of quarantined patients by dentists.

**ICE Response to Recommendation 5:** Concur. As soon as possible, but no later than 12 hours after arrival, all detained noncitizens receive an intake medical, dental, and mental health screening by a qualified licensed health care professional in accordance with 2011 PBNDS Section 4.3 addressing “Medical Care.” Detained noncitizens are also asked for information regarding any known acute or emergent medical conditions. Any detained noncitizen responding in the affirmative is sent for evaluation to a qualified licensed health care provider as quickly as possible, but in no later than two working days. Detained noncitizens who raise urgent medical or mental health concerns upon arrival receive priority in the intake screening process. The initial dental screening is also conducted within 14 days of arrival and is performed by a dentist or a properly trained, qualified health provider in compliance with the 2011 PBNDS. Emergency dental treatment is provided for immediate relief of pain, trauma, and acute oral infection.

Non-emergency dental cases were seen once the detained noncitizen completed a 14-day quarantine in accordance with COVID-19 guidelines. Further, the quarantine period has been decreased to 10 days, and any emergency cases are seen immediately by the dentist. Further, on May 4, 2022, CoreCivic provided training to Torrance nursing staff on the facility’s medical dental referral policies and procedures. Starting July 18, 2022, CQI reviews have been performed weekly by medical supervisors to ensure compliance of appropriate screenings and will continue until compliance is obtained for 1 month. ECD: November 30, 2022.

**OIG Analysis:** We consider these actions responsive to the recommendation, which is resolved and open. ICE provided documentation showing CoreCivic’s dental care policy and stated that training was provided to all nursing staff and that CQI reviews are being completed weekly. We will close this recommendation when ICE provides evidence showing that it has evaluated and amended the dental referral process to ensure a timely response for dental pain cases, including timely evaluation of quarantined patients by dentists, and provides a copy of the training materials, copies of the CQI reviews, and evidence showing that all nurses received training.

**Recommendation 6:** Ensure the chronic care guidelines are evaluated and updated to include the most current medical community standards. The guidelines should also be readily accessible to medical department staff and easy to find and use.



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**ICE Response to Recommendation 6:** Concur. Torrance uses the Department of Justice’s Bureau of Prisons (BOP) Chronic Care Guidelines. Torrance has reviewed the guidelines to ensure they are current, and any outdated Torrance guidelines were updated accordingly. On August 2, 2022, the Health Services Administrator placed a copy of the guidelines in a binder located in the nurses’ station for easy access and use. It is the best practice of Torrance medical staff to review the BOP Chronic Care Guidelines annually and stay up to date with the most current community standards. We request that OIG consider this recommendation resolved and closed, as implemented.

**OIG Analysis:** We consider these actions responsive to the recommendation, which is resolved and closed. ICE provided a copy of the Chronic Care Guidelines and stated the guidelines are available at the nurses’ station.

**Recommendation 7:** Ensure required documentation is promptly added to detainee medical files and that the documentation includes:

- notes from intake dental screening and follow-up dental evaluation(s);
- records of medication administration; and
- lab test results.

**ICE Response to Recommendation 7:** Concur. A best practice at Torrance is to periodically review medical record filing practices and processes to ensure patient medical records are filed in a timely and efficient manner. Currently, Torrance nursing staff use the electronic health record system to complete dental intake screenings. The system includes lab results that are electronically sent to charts from the laboratories. The Torrance medication administration record is also electronic, and required documentation is recorded accordingly. On July 18, 2022, Torrance provided training for all Torrance nursing and medical record staff on the facility’s medical recordkeeping policies and procedures. We request that OIG consider this recommendation resolved and closed, as implemented.

**OIG Analysis:** We consider these actions responsive to the recommendation, which is resolved and open. The facility provided training to the nursing and medical record staff and provided examples of the dental record review being added to detainee medical files. We will close this recommendation when we receive copies of the training materials and documentation detailing how the electronic health system records for medication administration and lab test results are recorded in detainee medical files.



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**Recommendation 8:** Ensure cabinets with controlled substances are locked when not in use and that only personnel needing access to the controlled substances have access.

**ICE Response to Recommendation 8:** Concur. All controlled substances are secured in a medication room that requires an authorized key for entry. During the OIG inspection, one of the cabinet locks, located within the secure medication room, was not operational. A new lock was installed on March 1, 2022. Torrance had procedures in place, prior to the OIG's inspection, whereby at the start of each shift, the assigned pill line nurse and/or authorized staff signs out the keys for the controlled substance storage area and returns them once pill distribution is completed.

Controlled substances are dispensed as ordered by the providers. The pill line nurse will sign out each ordered controlled substance medication. At the end of each shift, the incoming nurse inventories the controlled substances with the outgoing nurse and signs the log. The pill line nurse and/or authorized medical staff must keep the controlled substance storage locked at all times. On August 10, 2022, CoreCivic provided training to all Torrance nursing staff regarding pharmaceutical management, pill line, and controlled substance policies and procedures. Starting on August 10, 2022, CQI reviews are performed by medical supervisors daily to ensure compliance with security and inventory of controlled substances and will continue until compliance is obtained for 1 month. ECD: November 30, 2022.

**OIG Analysis:** We consider these actions responsive to the recommendation, which is resolved and open. ICE provided documentation showing CoreCivic's pharmaceuticals policy and stated that training was provided to all nursing staff, and that CQI reviews are being completed weekly. We will close this recommendation once ICE provides certification that all nurses received the training, a copy of the training materials, and a copy of the completed work order for the lock replacement.

**Recommendation 9:** Ensure our other medical observations are addressed, including that:

- detainees have access to water and restrooms while they are in the medical waiting area;
- appropriate testing is provided for all asthma patients;
- medical evaluations match complaints submitted by detainees;
- appropriate medication is provided to detainees with high cholesterol;
- and





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- expired medication is disposed of according to the disposition schedule and in a timely manner.

**ICE Response to Recommendation 9:** Concur. The medical waiting area at Torrance provides detained noncitizens with access to a toilet and drinking fountain and is under the direct supervision of a custodial officer. A water jug with cups is also placed in the waiting room when detained noncitizens are present, along with signs informing them to notify the custodial officer when they need to use the restroom. The restroom is located in close proximity to the waiting room.

Torrance uses the long-held community standard of peak flow measurements as the appropriate testing mechanism for patients diagnosed with asthma. Torrance medical providers order peak flows based on a patient's assessment, history, and diagnosis. On February 22, 2022, CoreCivic provided training to nurses on the use and protocols for administering the test. On April 5, 2022, the Health Services Administrator also provided the nurse practitioner provider a copy of the BOP Chronic Care Guidelines for hyperlipidemia and asthma.

Starting on April 26, 2022, the Torrance pharmacy nurse completed weekly checks in the pharmacy to dispose of any expired medication and developed a spreadsheet for recordkeeping. Medications are obtained via a contract through Clinical Solutions. Torrance is required to follow the Clinical Solutions process of disposing medications. Medications that are expired are sent back to Clinical Solutions weekly, as appropriate.

On July 1, 2022, CoreCivic provided training to all Torrance nursing staff on Torrance pharmaceutical management policies and procedures, including proper disposal of medications. Starting on July 18, 2022, CQI reviews are performed weekly by medical supervisors to ensure compliance with medication disposal policies and will continue until compliance is obtained for 1 month. ECD: November 30, 2022.

**OIG Analysis:** We consider these actions responsive to the recommendation, which is resolved and open. ICE provided documentation from CoreCivic stating bathrooms and water are available to detainees in the medical waiting room. We will close this recommendation when ICE provides evidence showing that all nurses received the training on administering the peak flow measurements test, a copy of the training materials, and a copy of the records kept for October and November 2022, for medication disposal.

**Recommendation 10:** Retain complete video records for all use of force incidents for at least 1 year after all investigative efforts have been completed.



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**ICE Response to Recommendation 10:** Concur. On April 30, 2022, ICE ERO instructed CoreCivic to provide video records for all use of force incidents involving ICE detained noncitizens directly to ICE ERO for recordkeeping. ICE ERO maintains video records of all use of force incidents involving ICE detained noncitizens up to 1 year after all investigative efforts have been completed. Torrance has provided a retention schedule to ICE ERO that states: “all incident information which includes this incident is kept for a three (3) year period,” excluding non-*Prison Rape Elimination Act* cases. CoreCivic will continue to provide this information to ICE ERO El Paso Field Office management to ensure compliance. ICE will provide OIG with information on the use of force incident, including the full video, under a separate cover. ECD: October 31, 2022.

**OIG Analysis:** We consider these actions responsive to the recommendation, which is resolved and open. ICE provided CoreCivic’s video recording procedures and incident reporting policies. We will close this recommendation when ICE provides information and the video for the use of force incident.

**Recommendation 11:** Update classification procedures to require an ICE Custody Classification Worksheet be completed and added to each detainee’s file at admission.

**ICE Response to Recommendation 11:** Concur. At the time of OIG’s inspection, all ICE Custody Classification Worksheets and intake paperwork, including Forms I-213, I-216, and Risk Classification Assessments, were in the possession of the ICE ERO classification supervisor for review, who was located away from the detention area. This assignment location was corrected on the spot by the classification supervisor. Going forward, the classification supervisor will update the Custody Classification Worksheet (Torrance Intake File Checklist) and place a copy in the detention file at intake. ICE ERO El Paso Field Office management will continue to ensure compliance with the ICE Custody Classification Worksheet. ECD: November 30, 2022.

**OIG Analysis:** We consider these actions responsive to the recommendation, which is resolved and open. We will close this recommendation once ICE provides evidence showing continued compliance with the ICE Custody Classification Worksheet.

**Recommendation 12:** Provide timely responses to detainee requests and keep a log of detainee requests submitted via paper forms.



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**ICE Response to Recommendation 12:** Concur. ICE ERO deportation officers are assigned to Torrance and complete daily visits of all ICE detained noncitizen housing areas. Deportation officers are required to check for any Staff/Detainee Communication Sheets (SDCs) and address them within 3 business days of receipt, in accordance with the 2011 PBNDS. The ICE ERO Albuquerque Sub-Office retains a log of all SDCs received and answered by officers. Deportation officers will provide a hard copy of the response to the Torrance facility staff for placement in the detention file. ICE ERO El Paso Field Office management will continue to ensure compliance with the ICE detained noncitizen requests and logs. ECD: November 30, 2022.

**OIG Analysis:** We consider these actions responsive to the recommendation, which is resolved and open. ICE provided a copy of the requests and grievances for the last 6 months showing timely responses. We will close this recommendation when we receive evidence showing ICE's continued compliance with the requirements for ICE detainee request and grievance logs.

**Recommendation 13:** Allow detainees access to legal calls as required.

**ICE Response to Recommendation 13:** Concur. Torrance has posted legal visitation hours in all housing, medical, asylum, and recreation areas, and any other common area. Torrance allows legal calls between the designated hours of 4:30 a.m. and 10 p.m. local time. In addition, the electronic tablets made available to detained noncitizens include a feature for submitting requests to make a legal phone call. The legal service provider for the ICE ERO Albuquerque Sub-Office has provided an email address for attorneys to request legal access and call requests to facility staff. ICE ERO El Paso Field Office management will continue to ensure compliance with requirements for legal call access for ICE detained noncitizens. We request that OIG consider this recommendation resolved and closed, as implemented.

**OIG Analysis:** We consider these actions responsive to the recommendation, which is resolved and open. ICE provided a copy of the detainee handbook, which did not include evidence that legal calls can be made between 4:30 a.m. and 10 p.m. We will close this recommendation when ICE provides documentation showing the facility allows legal calls between 4:30 a.m. and 10 p.m.

**Recommendation 14:** Ensure Torrance meets ICE's COVID-19 requirements for wearing masks and social distancing.

**ICE Response to Recommendation 14:** Concur. Torrance medical staff have regularly provided guidance to detained noncitizens on COVID-19 precautions



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and procedures throughout the pandemic. Masks are required to be worn in all areas within the facility per the current *Pandemic Response Requirements*, dated June 13, 2022. Multilingual fliers/posters have been posted in all common areas of the facility providing information on COVID-19 procedures and hand washing techniques. In February 2022, town hall meetings with the warden were held to provide social-distancing and mask wearing guidance. Torrance officers also instruct detained noncitizens to wear masks in housing units. Detained noncitizens are also offered COVID-19 vaccinations upon intake and during their stay at Torrance on a volunteer basis. We request that OIG consider this recommendation resolved and closed, as implemented.

**OIG Analysis:** We consider these actions responsive to the recommendation, which is resolved and closed. ICE provided documentation showing that the facility reminded detainees to wear proper protective masks and offered COVID-19 vaccinations.



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### **Appendix A**

#### **Objective, Scope, and Methodology**

The Department of Homeland Security Office of Inspector General was established by the *Homeland Security Act of 2002* (Public Law 107-296) by amendment to the *Inspector General Act of 1978*.

DHS OIG initiated this inspection at Congress' direction. Prior to conducting an unannounced inspection, we review and analyze concerns raised by immigrant rights groups and complaints to the DHS OIG Hotline about conditions for detainees in ICE custody. We generally limited our scope to the 2011 PBNDS for health, safety, medical care, mental health care, grievances, classification, searches, use of segregation, and use of force. We also conducted a limited review of facility compliance with COVID-19 requirements.

Prior to our inspection, we reviewed relevant background information, including:

- OIG Hotline complaints
- ICE 2011 PBNDS
- ICE Office of Detention Oversight reports
- Information from nongovernmental organizations

We conducted our unannounced in-person inspection of Torrance from February 1 through February 3, 2022. During the inspection, we:

- Conducted an in-person walk-through of the facility. We viewed areas used by detainees, including intake processing areas; medical facilities; residential areas, including sleeping, showering, and toilet facilities; legal services areas, including law libraries; and recreational facilities.
- Reviewed the facility's compliance with key health, safety, and welfare requirements of the 2011 PBNDS for classification, segregation, voluntary work program, access to legal services, access to medical care and mental health care, and medical and nonmedical grievances.
- Reviewed the facility's response to the COVID-19 pandemic.
- Interviewed ICE and detention facility staff members, including key ICE operational and detention facility oversight staff and detention facility medical, classification, grievance, and compliance officers.





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- Interviewed detainees held at the detention facility to evaluate compliance with 2011 PBNDS grievance procedures and grievance resolution.
- Reviewed documentary evidence, including medical files, and grievance and communication logs and files.

We contracted with a team of qualified medical professionals to conduct a comprehensive evaluation of detainee medical care at the Torrance facility. We incorporated information provided by the medical contractors in our findings.

We conducted this review under the authority of the *Inspector General Act of 1978, as amended*, and according to the *Quality Standards for Inspection and Evaluation* issued by the Council of the Inspectors General on Integrity and Efficiency.



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**Appendix B**  
**ICE Comments on the Draft Report**

*Office of the Director*

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



**U.S. Immigration  
and Customs  
Enforcement**

September 9, 2022

MEMORANDUM FOR: Joseph V. Cuffari, Ph.D.  
Inspector General

FROM: Jason P. Houser *Jason P Houser*  
Chief of Staff  
U.S. Immigration and Customs Enforcement

SUBJECT: Management Response to Draft Report: "Violations of  
Detention Standards at Torrance County Detention Facility"  
(Project No. 22-005-ISP-ICE(c))

Thank you for the opportunity to comment on this draft report. U.S. Immigration and Customs Enforcement (ICE) appreciates the work of the Office of Inspector General (OIG) in planning and conducting its review and issuing this report.

ICE leadership is pleased to note that the OIG found the Torrance County Detention Facility (TCDF) in compliance with the 2011 Performance-Based National Detention Standards (PBNDS)<sup>1</sup> for grievances and the voluntary work program. In addition, the OIG medical contractors determined that the health care program was well organized and managed by TCDF's Health Services Administrator (HSA). The OIG found that the medical department was compliant with standards for staff training, peer reviews, emergency care, sick calls, communicable disease and infection control, specialty care, mental health services, medical diets, grievances, and privacy.

It is also important to note that ICE has continually evolved its response to COVID-19 consistent with Centers for Disease Control and Prevention (CDC) guidance and has taken proactive steps to protect noncitizens in custody and prevent its spread, including by modifying certain services and social activities and implementing a vaccination program. This exemplifies ICE's commitment to the safety and well-being of noncitizens in its facilities. Accordingly, detained noncitizens at TCDF are provided with information on the importance of maintaining safe distancing, wearing a mask, proper handwashing,

<sup>1</sup> Revised, December 2016, Sections 5.8 and 6.2.

[www.ice.gov](http://www.ice.gov)



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and personal hygiene as it relates to the prevention of COVID-19. Furthermore, ICE implemented protocols and testing procedures for COVID-19 that are documented in the ICE Enforcement and Removal Operations (ERO) COVID-19 Pandemic Response Requirements, dated June 13, 2022,<sup>2</sup> in alignment with the CDC's *Guidance on Prevention and Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities*, updated May 3, 2022.<sup>3</sup>

ICE leadership, however, continues to disagree with OIG's previously reported<sup>4</sup> overall conclusion that TCDF does not provide detained noncitizens a safe, secure, and humane environment and their recommendation that ICE immediately relocate all detained noncitizens from TCDF. Since OIG's inspection, ICE has worked continually to enhance and improve conditions at TCDF. The facility completed a majority of the repairs to address conditions identified prior to the conclusion of the OIG's inspection and the remaining repairs were completed by April 30, 2022. ICE provided documentation to OIG demonstrating completion of these repairs. ICE finds it concerning that these issues have not been acknowledged by OIG.

ICE remains committed to ensuring that detained noncitizens in its custody reside in safe, secure, and humane environments, and under appropriate conditions of confinement. ICE's detention standards, recurring inspections, and comprehensive oversight mechanisms ensure that TCDF and other facilities provide a high quality and efficient level of care. Notably, ICE leadership, which included the ICE Chief of Staff, the ICE ERO Assistant Director of Field Operations, and the ICE ERO Acting Field Office Director, visited the TCDF on September 9, 2022, and will continue to closely engage with detention operations.

The draft report contained 14 recommendations, with which ICE concurs. Enclosed, find our detailed response to each recommendation. ICE previously submitted technical comments addressing several inaccuracies, contextual issues, and other concerns under a separate cover for OIG's consideration.

Again, thank you for the opportunity to review and comment on this draft report. Please feel free to contact me if you have any questions.

Enclosure

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<sup>2</sup> <https://www.ice.gov/coronavirus/prr>

<sup>3</sup> <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>

<sup>4</sup> OIG-22-31, "Management Alert – Immediate Removal of All Detainees from the Torrance County Detention Facility," dated March 16, 2022.



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**Enclosure: Management Response to Recommendations  
Contained in Project No. 22-005-ISP-ICE(c)**

OIG recommended that the Executive Associate Director of ICE ERO direct the El Paso Field Office responsible for Torrance to:

**Recommendation 1:** Take the necessary and progressive steps needed to hold the contractor accountable for obtaining a staffing level of at least 85 percent of the contractually-obligated amount, including the medical department.

**Response:** Concur. ICE ERO considers TCDF to be in compliance with relevant detention standards and has only housed a number of detained noncitizens at this facility that is commensurate with appropriate staffing levels at any given time. It is important to clarify the detention facility is currently housing less than 20 percent of its maximum capacity, and the facility staffing level is 66 percent, according to the latest staffing report in July 2022, which is appropriate for the reduced detained noncitizen population. TCDF has detailed additional staff to the facility and is also using overtime to ensure coverage of shifts, as appropriate. ICE ERO acknowledges there has been continued contractual staffing challenges but has mitigated these challenges with the El Paso Field Office, decreasing the population at TCDF to approximately 200 ICE detained noncitizens. ICE ERO is only allowing a population in the facility that can be managed by existing staffing levels.

CoreCivic continues to hire and train new staff, including seven new employees who are pending clearance and eight pending entrance on duty. These new hires, along with contract staff detailed from other facilities to TCDF, ensure the detention facility is appropriately staffed. In February 2022, CoreCivic leadership also provided ICE ERO with a staffing plan to address the staffing requirements outlined in the contract. Estimated Completion Date (ECD): February 28, 2023.

**Recommendation 2:** Ensure repairs identified are completed to provide a clean and safe living environment.

**Response:** Concur. TCDF substantially completed and scheduled the repairs to address all conditions identified in the OIG's report prior to the conclusion of the inspection. On February 28, 2022, the ICE ERO El Paso Field Office leadership toured the facility with CoreCivic executive leadership and verified these items had already been corrected or were scheduled for completion by April 30, 2022. On March 29, 2022, the ICE ERO El Paso Field Office leadership again toured the facility during an inspection by the Nakamoto Group to verify the items were on track for completion. All repairs to the conditions identified by OIG were completed by April 30, 2022. ICE provided OIG documentation corroborating this action under a separate cover on March 7, 2022, and





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### Enclosure: Management Response to Recommendations Contained in Project No. 22-005-ISP-ICE(c)

OIG recommended that the Executive Associate Director of ICE ERO direct the El Paso Field Office responsible for Torrance to:

**Recommendation 1:** Take the necessary and progressive steps needed to hold the contractor accountable for obtaining a staffing level of at least 85 percent of the contractually-obligated amount, including the medical department.

**Response:** Concur. ICE ERO considers TCDF to be in compliance with relevant detention standards and has only housed a number of detained noncitizens at this facility that is commensurate with appropriate staffing levels at any given time. It is important to clarify the detention facility is currently housing less than 20 percent of its maximum capacity, and the facility staffing level is 66 percent, according to the latest staffing report in July 2022, which is appropriate for the reduced detained noncitizen population. TCDF has detailed additional staff to the facility and is also using overtime to ensure coverage of shifts, as appropriate. ICE ERO acknowledges there has been continued contractual staffing challenges but has mitigated these challenges with the El Paso Field Office, decreasing the population at TCDF to approximately 200 ICE detained noncitizens. ICE ERO is only allowing a population in the facility that can be managed by existing staffing levels.

CoreCivic continues to hire and train new staff, including seven new employees who are pending clearance and eight pending entrance on duty. These new hires, along with contract staff detailed from other facilities to TCDF, ensure the detention facility is appropriately staffed. In February 2022, CoreCivic leadership also provided ICE ERO with a staffing plan to address the staffing requirements outlined in the contract. Estimated Completion Date (ECD): February 28, 2023.

**Recommendation 2:** Ensure repairs identified are completed to provide a clean and safe living environment.

**Response:** Concur. TCDF substantially completed and scheduled the repairs to address all conditions identified in the OIG's report prior to the conclusion of the inspection. On February 28, 2022, the ICE ERO El Paso Field Office leadership toured the facility with CoreCivic executive leadership and verified these items had already been corrected or were scheduled for completion by April 30, 2022. On March 29, 2022, the ICE ERO El Paso Field Office leadership again toured the facility during an inspection by the Nakamoto Group to verify the items were on track for completion. All repairs to the conditions identified by OIG were completed by April 30, 2022. ICE provided OIG documentation corroborating this action under a separate cover on March 7, 2022, and





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August 17, 2022. We request that OIG consider this recommendation resolved and closed, as implemented.

**Recommendation 3:** Ensure facility security staff are present to supervise detainee housing units and address emergencies as they arise according to the staffing conditions in the current contract.

**Response:** Concur. TCDF completes daily assignments for all Detention Officers to ensure staffing and supervision of detained noncitizen housing units and that emergencies are appropriately addressed. At the direction of ICE ERO El Paso Field Office management on April 30, 2022, CoreCivic provides a daily attendance staffing schedule to ensure compliance with contract requirements and will continue to do so. ICE provided OIG documentation corroborating this action under a separate cover on March 7, 2022, and August 17, 2022. We request that OIG consider this recommendation resolved and closed, as implemented.

**Recommendation 4:** Ensure each detainee receives both an intake dental screening as well as an initial dental screening.

**Response:** Concur. All detained noncitizens in ICE ERO custody receive a comprehensive medical, dental, and mental health screening upon intake by a qualified, licensed health care professional no later than 12 hours after arrival at a detention facility, pursuant to 2011 PBNDS Section 4.3 addressing “Medical Care.” The comprehensive medical examination is performed by a qualified licensed health provider that includes a physician, physician assistants, nurses, nurse practitioners, or others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for patients.

The initial dental screening is also conducted within 14 days of arrival and is performed by a dentist or a properly trained qualified health provider in compliance with 2011 PBNDS. The dental screening includes an examination of the teeth and further evaluation if there are positive findings. In addition, the TCDF Health Assessment form includes an examination section that includes an oral/dental assessment. Detained noncitizens who appear upon arrival to raise urgent medical or mental health concerns receive priority during in the intake screening process.

Routine dental treatment is provided to detained noncitizens in ICE custody for whom dental treatment is inaccessible for prolonged periods because of detention for over six months, including amalgam and composite restorations, prophylaxis, root canals, extractions, x-rays, the repair and adjustment of prosthetic appliances, and other procedures required to maintain the detained noncitizen’s health. Dental exams and treatment are performed only by licensed dental personnel. Emergency dental treatment is provided for immediate relief of pain, trauma, and acute oral infection.



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On May 4, 2022, CoreCivic provided training to all TCDF nursing staff regarding Intake and Health Assessment screening policies and processes which included oral/dental standards. On May 4, 2022, the annual dental training was also completed by the contracted dental provider for all medical staff. Starting July 18, 2022, continuous quality improvement (CQI) reviews have been performed weekly by medical supervisors to ensure compliance of appropriate screenings until compliance is obtained for one month. ECD: November 30, 2022.

**Recommendation 5:** Evaluate and amend the dental referral process to ensure a timely response for dental pain cases, including timely evaluation of quarantined patients by dentists.

**Response:** Concur. As soon as possible, but no later than 12 hours after arrival, all detained noncitizens receive an intake medical, dental, and mental health screening by a qualified licensed health care professional in accordance with 2011 PBNDS Section 4.3 addressing “Medical Care.” Detained noncitizens are also asked for information regarding any known acute or emergent medical conditions. Any detained noncitizen responding in the affirmative is sent for evaluation to a qualified licensed health care provider as quickly as possible, but in no later than two working days. Detained noncitizens who appear upon arrival to raise urgent medical or mental health concerns receive priority in the intake screening process. The initial dental screening is also conducted within 14 days of arrival and is performed by a dentist or a properly trained qualified health provider in compliance with the 2011 PBNDS. Emergency dental treatment is provided for immediate relief of pain, trauma, and acute oral infection.

Non-emergent dental cases were seen once the detained noncitizen completed a 14-day quarantine in accordance with COVID-19 guidelines. Further, the quarantine period has been decreased to 10-days, and any emergent cases are seen immediately by the dentist.

Further, on May 4, 2022, CoreCivic provided training to TCDF nursing staff on the facilities medical dental referral policies and procedures. Starting July 18, 2022, CQI reviews have been performed weekly by medical supervisors to ensure compliance of appropriate screenings until compliance is obtained for one month. ECD: November 30, 2022.

**Recommendation 6:** Ensure the chronic care guidelines are evaluated and updated to include the most current medical community standards. The guidelines should also be readily accessible to medical department staff and easy to find and use.



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**Response:** Concur. TCDF utilizes the Department of Justice's (DOJ) Bureau of Prisons (BOP) Clinical Care Guidelines<sup>5</sup>, and TCDF has reviewed the guidelines to ensure they are current, and any outdated guidelines were updated accordingly. On August 2, 2022, the HSA placed a copy of the guidelines in a binder located in the nurse's station for easy access and use. It is the best practice of TCDF medical staff to review the BOP Chronic Care Guidelines annually and stay up to date with the most current community standards. ICE provided OIG documentation corroborating this action under a separate cover on August 17, 2022. We request that OIG consider this recommendation resolved and closed, as implemented.

**Recommendation 7:** Ensure required documentation is promptly added to detainee medical files and that the documentation includes:

- notes from intake dental screening and follow-up dental evaluation(s);
- records of medication administration; and
- lab test results.

**Response:** Concur. A best practice of TCDF is to periodically review medical record filing practices and processes to ensure patient medical records are filed in a timely and efficient manner. Currently, TCDF nursing staff use the electronic health record system to complete dental intake screenings. The system includes lab results that are electronically sent to charts from the laboratories. The TCDF Medication Administration Record is also electronic and required documentation is recorded accordingly. On July 18, 2022, TCDF provided training for all Torrance nursing and medical record staff on the facilities medical recordkeeping policies and procedures. ICE provided OIG documentation corroborating this action under a separate cover on August 17, 2022. We request that OIG consider this recommendation resolved and closed, as implemented.

**Recommendation 8:** Ensure cabinets with controlled substances are locked when not in use and that only personnel needing access to the controlled substances have access.

**Response:** Concur. All controlled substances are secured in a medication room that requires an authorized key for entry. During the OIG inspection, one of the cabinet locks, located within the secure medication room, was not operational and a new lock was installed on March 1, 2022. TCDF has procedures in place, pre-existing the OIG's inspection, whereby at the start of each shift, the assigned pill line nurse and/or authorized staff signs out the keys with access to the controlled substance storage area and returns it once done.

Controlled substances are dispensed as ordered by the providers. The pill line nurse will sign out each ordered controlled substance medication. At the end of each shift, the

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<sup>5</sup> [https://www.bop.gov/resources/health\\_care\\_mngmt.jsp](https://www.bop.gov/resources/health_care_mngmt.jsp)





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incoming nurse inventories the controlled substances with the outgoing nurse and signs the log. The pill line nurse and/or authorized medical staff must keep the controlled substance storage locked at all times.

On August 10, 2022, CoreCivic provided training to all TCDF nursing staff regarding pharmaceutical management, pill line, and controlled substance policies and procedures. Starting on August 10, 2022, CQI reviews are performed by medical supervisors daily to ensure compliance with security and inventory of controlled substances until compliance is obtained for one month. ECD: November 30, 2022.

**Recommendation 9:** Ensure our other medical observations are addressed, including that:

- detainees have access to water and restrooms while they are in the medical waiting area;
- appropriate testing is provided for all asthma patients;
- medical evaluations match complaints submitted by detainees;
- appropriate medication is provided to detainees with high cholesterol; and
- expired medication is disposed of according to the disposition schedule and in a timely manner.

**Response:** Concur. The medical waiting area at TCDF provides detained noncitizens with access to a toilet and drinking fountain and is under the direct supervision of a custodial officer. A water jug with cups is also placed in the waiting room when detained noncitizens are present along with signs informing them to notify the custodial officer when they need to use the restroom. The restroom is located in close proximity to the waiting room.

TCDF uses the long-held community standard of peak flow measurements as the appropriate testing mechanism for patients diagnosed with asthma. TCDF medical providers order peak flows based on a patient's assessment, history, and diagnosis. On February 22, 2022, CoreCivic provided training to nurses on the use and protocols for administering the test. On April 5, 2022, the HSA also provided the nurse practitioner provider a copy of the DOJ BOP Chronic Care Guidelines for hyperlipidemia and asthma.

Starting on April 26, 2022, the TCDF pharmacy nurse completed weekly checks in the pharmacy to dispose of any expired medication and developed a spreadsheet for record keeping. Medications are obtained via a contract through Clinical Solutions. TCDF is required to follow the Clinical Solutions process of disposing medications. Medications that are expired are sent back to Clinical Solutions weekly, as appropriate.

On July 1, 2022, CoreCivic provided training to all TCDF nursing staff on TCDF pharmaceutical management policies and procedures to include proper disposal of

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medications. Starting on July 18, 2022, CQI reviews are performed weekly by medical supervisors to ensure compliance with medication disposal policies until compliance is obtained for one month. ECD: November 30, 2022.

**Recommendation 10:** Retain complete video records for all use of force incidents for at least 1 year after all investigative efforts have been completed.

**Response:** Concur. On April 30, 2022, ICE ERO instructed CoreCivic to provide video records for all use of force incidents involving ICE detained noncitizens directly to ICE ERO for recordkeeping. ICE ERO maintains video records of all use of force incidents involving ICE detained noncitizens up to one year after all investigative efforts have been completed. TCDF has provided a retention schedule to ICE ERO that states: “all incident information which includes this incident is kept for a three (3) year period” excluding non- Prison Rape Elimination Act cases. CoreCivic will continue to provide this information to the ICE ERO El Paso Field Office management to ensure compliance. ICE will provide OIG with information on the use of force incident, including the full video under a separate cover. ECD: October 31, 2022.

**Recommendation 11:** Update classification procedures to require an ICE Custody Classification Worksheet be completed and added to each detainee’s file at admission.

**Response:** Concur. At the time of OIG’s inspection, all ICE Custody Classification Worksheets and intake paperwork, to include I-213, I-216 and Risk Classification Assessments, were in the possession of the ICE ERO Classification Supervisor (CS) for review, who was located away from the detention area. This assignment location was corrected on the spot by the ICE ERO CS. Going forward, the CS will update the custody classification worksheet (TCDF Intake File Checklist) and place a copy in detention file at intake. ICE ERO El Paso Field Office management will continue to ensure compliance with the ICE Custody Classification Worksheet. ECD: November 30, 2022.

**Recommendation 12:** Provide timely responses to detainee requests and keep a log of detainee requests submitted via paper forms.

**Response:** Concur. ICE ERO Deportation Officers are assigned to TCDF and complete daily visits of all ICE detained noncitizen housing areas. ICE ERO Deportation Officers are required to check for any Staff/Detainee Communication Sheets (SDCs) and address them within three business days of receipt, in accordance with the 2011 PBNDS. The ICE ERO Albuquerque Sub-Office (ABQ) retains a log of all SDCs received and answered by officers. ICE ERO Deportation Officers will provide a hard copy of the response to the TCDF facility staff for placement in the detention file. The ICE ERO El Paso Field Office management will continue to ensure compliance with the ICE detained noncitizen requests and logs. ECD: November 30, 2022.





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**Recommendation 13:** Allow detainees access to legal calls as required.

**Response:** Concur. TCDF has posted legal visitation hours in all housing, medical, asylum, recreation areas, and any other common area. TCDF allows legal calls between the designated hours of 4:30 am and 10:00 pm local time. In addition, the TALTON tablets made available to detained noncitizens include a feature for submitting requests to make a legal phone call. The legal service provider for the ICE ERO ABQ Sub-Office has provided an email address for attorneys to request legal access and call requests to facility staff. The ICE ERO El Paso Field Office management will continue to ensure compliance with legal call access for ICE detained noncitizens. ICE provided OIG documentation corroborating this action under a separate cover on August 17, 2022. We request that OIG consider this recommendation resolved and closed, as implemented.

**Recommendation 14:** Ensure Torrance meets ICE's COVID-19 requirements for wearing masks and social distancing.

**Response:** Concur. TCDF medical staff have regularly provided guidance to detained noncitizens on COVID-19 precautions and procedures throughout the pandemic. Masks are required to be worn in all areas within the facility per the current ICE ERO COVID-19 Pandemic Response Requirements, dated June 13, 2022. Multi-lingual fliers/posters have been posted in all common areas of the facility providing information on COVID-19 procedures and hand washing techniques. In February 2022, Town Hall meetings with the warden were held to provide social-distancing and mask wearing guidance. TCDF officers also instruct detained noncitizens to wear masks in housing units. Detained noncitizens are also offered COVID-19 vaccinations upon intake and during their stay at TCDF on a volunteer basis. ICE provided OIG documentation corroborating this action under a separate cover on August 17, 2022. We request that OIG consider this recommendation resolved and closed, as implemented.



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**Appendix C**  
**Office of Inspections and Evaluations Major Contributors to**  
**This Report**

John Shiffer, Chief Inspector  
Stephanie Christian, Lead Inspector  
Gwen Schrade, Lead Inspector  
Ryan Nelson, Senior Inspector  
Ian Stumpf, Senior Inspector  
Brett Cheney, Inspector  
Lisa Knight, Communications Analyst  
Stephen Farrell, Independent Referencer



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**Appendix D**  
**Report Distribution**

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