



**U.S. Department of Homeland Security**

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight Division

Washington, DC 20536-5501

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**Office of Detention Oversight  
Compliance Inspection**

**Enforcement and Removal Operations**

**ERO San Antonio Office**

**East Hidalgo Detention Center**

**La Villa, Texas**

**August 2-4, 2016**

**COMPLIANCE INSPECTION  
for the  
EAST HIDALGO DETENTION CENTER  
LA VILLA, TEXAS**

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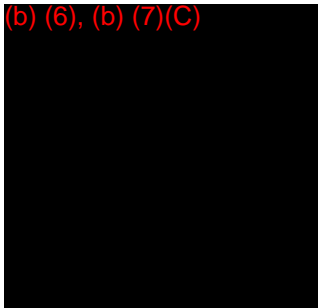
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**INSPECTION TEAM MEMBERS**



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## EXECUTIVE SUMMARY

The Office of Detention Oversight (ODO) conducted a compliance inspection of the East Hidalgo Detention Center (EHDC) in La Villa, Texas, from August 2-4, 2016.<sup>1</sup> EHDC opened in 1998 and is owned and operated by the GEO Group. The Office of Enforcement and Removal Operations (ERO) began housing detainees at EHDC in May 2010 pursuant to a United States Marshals Service (USMS) Intergovernmental Agreement (IGA), under the oversight of ERO's Field Office Director (FOD) in San Antonio.

ERO staff members are assigned to the facility. A Detention Services Manager is not assigned to the facility. A GEO Group Warden is responsible for oversight of daily facility operations and is supported by (b) (7) personnel. The GEO Group provides food services and Correct Care Solutions provides medical services. The facility holds no accreditations. The EHDC is not contractually obligated to comply with the ICE Performance-Based National Detention Standards (PBNDS) 2011, Sexual Abuse and Assault Prevention and Intervention (SAAPI) standard, although it has made efforts to comply<sup>4</sup>.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	200
Average ICE Detainee Population <sup>3</sup>	116
Male Detainee Population ( as of 8/2/2016)	83
Female Detainee Population (as of 8/2/2016)	1

## OVERALL FINDINGS

In February 2013, ODO conducted an inspection of the East Hidalgo Detention Center under the National Detention Standards (NDS) 2000, reviewing the facility's compliance with 16 standards and found the facility compliant with 13 standards. There were a total of five deficiencies in the remaining three standards.

Inspection Results Compared	FY 2013 (NDS 2000)	FY 2016 (NDS 2000)
Standards Reviewed	16	15
Deficient Standards	3	5
Overall Number of Deficiencies	5	8
Corrective Action	0	4

In FY2016, ODO conducted an inspection of EHDC under the NDS 2000. ODO reviewed the facility's compliance with 15 standards and found the facility compliant with ten standards. ODO found eight deficiencies in the remaining five standards, one of which was a repeat deficiency. Finally, ODO identified four instances where the facility initiated corrective action during the course of the inspection.<sup>5</sup>

<sup>1</sup> Male and female detainees with low, medium low, medium high and high security classifications levels are detained at the facility for longer than 72 hours.

<sup>2</sup> Data Source: ERO Facility List Report as of August 1, 2016.

<sup>3</sup> *Ibid.*

<sup>4</sup> EHDC maintains a zero tolerance policy related to sexual abuse and assault prevention.

<sup>5</sup> Corrective actions were immediately implemented, best practices and ODO recommendations, as applicable have been identified in the Inspections Finding section and annotated with aa "C", "BP" or "R", respectively.

## FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED <sup>6</sup>	DEFICIENCIES
<b>Part 1 – Detainee Services</b>	
Access to Legal Material	0
Admission and Release	1
Detainee Classification System	0
Detainee Grievance Procedures	0
Detainee Handbook	1
Food Service	0
Funds and Personal Property	0
Staff-Detainee Communication	2
Telephone Access	2
<b>Sub-Total</b>	<b>6</b>
<b>Part 2 – Security and Control</b>	
Environmental Health and Safety	0
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 3 – Health Services</b>	
Medical Care	2
Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>2</b>
<b>Total Deficiencies</b>	<b>8</b>

<sup>6</sup> For greater detail on ODO’s findings, see the *Inspection Findings* section of this report.

## COMPLIANCE INSPECTION PROCESS

Every fiscal year, the ODO, a unit within U.S. Immigration and Customs Enforcement's (ICE) Office of Professional Responsibility (OPR), conducts compliance inspections at detention facilities in which detainees are accommodated for periods in excess of 72 hours and with an average daily population greater than ten to determine compliance with the ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable.

During the compliance inspection, ODO reviews each facility's compliance with those detention standards that directly affect detainee health, safety, and/or well-being.<sup>7</sup> Any violation of written policy specifically linked to ICE detention standards, ICE policies, or operational procedures that ODO identifies is noted as a deficiency. ODO also highlights any deficiencies found involving those standards that ICE has designated under either the PBNDS 2008 or 2011, to be "priority components."<sup>8</sup> Priority components have been selected from across a range of detention standards based on their critical importance to facility security and/or the health and safety, legal rights, and quality of life of detainees in ICE custody.

Immediately following an inspection, ODO hosts a closeout briefing in person with both facility and ERO field office management to discuss their preliminary findings, which are summarized and provided to ERO in a preliminary findings report. Thereafter, ODO provides ERO with a final compliance inspection report to: (i) assist ERO in working with the facility to develop a corrective action plan to resolve identified deficiencies; and (ii) provide senior ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. The reports enable senior agency leadership to make decisions on the most appropriate actions for individual detention facilities nationwide.

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<sup>7</sup> ODO reviews the facility's compliance with selected standards in their entirety.

<sup>8</sup> Priority components have not been identified for the NDS.

## DETAINEE RELATIONS

ODO interviewed 25 detainees, each of whom volunteered to participate. None of the detainees made allegations of mistreatment, or discrimination. The majority of detainees reported being satisfied with facility services, with the exception of the below complaints.

***Detainee Handbook:*** Four detainees claimed they did not receive either the ICE National Detainee Handbook or the facility handbook.

- **Action Taken:** ODO interviewed a facility admissions staff member who stated that detainees receive the ICE National Detainee Handbook and facility handbook during admission. ODO reviewed the detention files for each of the detainees and found all signed for the both the ICE National Detainee Handbook and the local supplement during the admissions process. ODO also noted that the intake area had a large quantity of English and Spanish handbooks readily available for distribution upon a detainee's arrival.

***Medical Care:*** One detainee stated he filed a medical grievance because he asked to see the doctor but was never seen.

- **Action Taken:** ODO reviewed the medical grievance log to verify if a medical grievance had been filed; no grievance was found. A review of the detainee's record found no medical concerns were reported during the initial intake screening, and no concerns were identified during the detainee's physical exam, which was conducted a week after intake. No sick call requests were noted in his record. Upon inquiring with medical staff about the detainee's claim, medical staff scheduled an appointment with the Health Services Administrator (HSA) for the detainee the next day. During the appointment the Health Services Administrator (HSA) explained access to care to the detainee and asked if he had any current concerns. The detainee stated that occasionally, he was experiencing shortness of breath, chest discomfort and irregular heartbeats. The Clinical Director evaluated the detainee and ordered an electrocardiogram (EKG) which showed possible pericarditis. The detainee was stable and without symptoms but was immediately transported to the local emergency room for further evaluation. The detainee was returned to EHDC the same day and a follow-up evaluation was scheduled with a physician.

***Staff Detainee Communication:*** One detainee complained he was unable to retrieve his brother's phone number from stored facility property. The detainee informed ODO he had not submitted a detainee request to retrieve the number.

- **Action Taken:** ODO conveyed to the detainee the local policy for making a facility request and explained to the detainee how to initiate the process. ODO also informed the SDDO and the facility Compliance Officer of the detainee's concern. The detainee was subsequently permitted to access his stored property and retrieve his brother's phone number prior to the close of business, the same day of this interview.

***Staff Detainee Communication:*** One detainee complained that his brother is hospitalized in Honduras and that he submitted a written request not to be deported in order to financially care for him.

- Action Taken: ODO reviewed the detainee's file and determined he did not submit a request regarding this issue. ODO contacted the ERO staff and advised them of the detainee's request. ERO staff subsequently contacted the detainee and informed him that his request will be forwarded to his assigned deportation officer who will meet with him.

# INSPECTION FINDINGS

## DETAINEE SERVICES

### ADMISSION AND RELEASE (AR)

ODO's review of the EHDC admissions process and interview of an admissions staff member found that the American Bar Association's "Know Your Rights" video and the EHDC orientation video are shown to detainees during the admissions process. However, at the time of inspection, there was no documentation provided to verify that the EHDC's orientation procedures were approved by the local ERO field office (**Deficiency AR-1**<sup>9</sup>).

*Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by obtaining a memorandum dated August 3, 2016 from the ERO field office approving the EDHC orientation procedures (**C-1**).

### DETAINEE HANDBOOK (DH)

ODO reviewed the facility handbook and determined it did not contain information on educational opportunities available to detainees (**Deficiency DH-1**<sup>10</sup>).

*Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action by updating the local handbook supplement for inclusion in the next reprint. The facility also posted memos throughout the detainee housing units and other prominent detainee common areas to make the change known to the detainees (**C-2**).

### STAFF-DETAINEE COMMUNICATION (SDC)

Detainee requests are recorded into an electronic logbook and then distributed to the appropriate case officer to answer. ODO reviewed the electronic staff detainee request log and found staff-detainee requests are not consistently answered by ICE within 72 hours. ODO reviewed the staff-detainee request log from August 1, 2015 through August 2, 2016 and determined 31 responses exceeded the 72-hour time limit by periods ranging from five to nine days. Also, 22 of these 31 requests had no documentation indicating any response was provided at all (**Deficiency SDC-1**<sup>11</sup>).

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<sup>9</sup> "All facilities shall have a medium to provide INS detainees an orientation to the facility. In IGSA's, the INS office of jurisdiction shall approve all orientation procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

<sup>10</sup> "The overview will briefly describe individual programs and services and associated rules. Among others, these include recreation, visitation, education, voluntary work, telephone use, correspondence, library use, and the canteen/commissary." See ICE NDS 2000, Standard, Detainee Handbook, Section (III)(B).

<sup>11</sup> "The detainee requests shall be forwarded to the ICE office of jurisdiction within 72 hours and answered as soon as possible and practicable, but not later than within 72 hours from receiving the request. See ICE NDS 2000, Standard, Staff Detainee Communication, Section (III)(B)(1)(b).



ODO reviewed 26 weeks of Facility Liaison Checklists, dating from February 1, 2016 through August 2, 2016, and determined that these checks were not consistently completed. Based on the documentation provided, ODO was able to determine facility staff only completed the Facility Liaison Checklist, every other week, rather than weekly as required by the Model Protocol for Staff-Detainee Communications (**Deficiency SDC2**<sup>12</sup>).

#### TELEPHONE ACCESS

Although, ODO requested 52 weeks of Telephone Serviceability Worksheets, the facility was only able to provide the results of two serviceability checks. ODO's interview with a field office representative found that once the deportation officers turned their completed worksheets over to the field office, the administrative clerk would then discard the old worksheet after replacing it with the new one. He went on to state that the clerk was unaware of the Change Notice Memorandum which requires the field office to maintain the worksheets in a retrievable format for a three year period. Based on the documentation provided, ODO was unable to verify that telephone serviceability checks were conducted and documented on a weekly basis (**Deficiency TA-1**<sup>13</sup>).

The EHDC phone system is setup to electronically monitor all detainee telephone calls. Detainees can request to make unmonitored legal calls by submitting a detainee request. However, ODO's tour of the housing units found that procedures for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation is not posted at each monitored telephone (**Deficiency TA-2**<sup>14</sup>).

*Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by posting the procedures for requesting an unmonitored call at each monitored telephone (**C-3**).

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<sup>12</sup> "Model Protocol forms should be completed weekly for all Service Processing Centers (SPCs), and Contract Detention Facilities (CDFs). For Inter-Governmental Service Agreements (IGSAs) facilities housing ICE detainees the model protocol should be completed weekly for regularly used facilities and each visit for facilities, which are used intermittently." See Change Notice Staff-Detainee Communication, dated June 15, 2007.

<sup>13</sup> "The Field Office Director shall ensure that all phones in all applicable facilities are tested on a weekly basis. Each serviceability test shall be documented using the attached form. The field office shall maintain forms in a retrievable format, organized by month, for a three-year period. See Memorandum for Field Office Directors, "Detainee Telephone Services," dated April 04, 2007.

<sup>14</sup> "If telephone calls are monitored, the facility shall notify detainees in the detainee handbook or equivalent provided upon admission. It shall also place a notice at each monitored telephone stating the procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation." See ICE NDS 2000, Standard, Telephone Access, Section (III)(K)(2).

## HEALTH SERVICES

### MEDICAL CARE (MC)

ODO reviewed 27 detainee dental screening exams and found all were completed within 14 days of the detainee's arrival. However, the dental screenings were completed by Registered Nurses rather than by a physician, physician's assistant, or nurse practitioner as directed by the standard (Deficiency MC-1<sup>15</sup>).

Detainee medical records are stored in a separate and non-secure area. During the inspection, ODO observed a constant flow of EHDC non-medical staff walking in and out of the medical records section where confidential medical information is communicated and both written and electronic documents were being produced, thus violating patient provider confidentiality (Deficiency MC-2<sup>16</sup>).

*Corrective Action:* Prior to the completion of the inspection, the Warden initiated corrective action by directing that all doors to the medical records area be locked at all times, keys were issued to medical staff only, and restricted access signs were posted (C-4).

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<sup>15</sup> "An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant or nurse practitioner." See ICE NDS 2000, Standard, Medical Care, Section (III)(E).

<sup>16</sup> "All medical providers shall protect the privacy of detainees' medical information to the extent possible while permitting the exchange of health information required to fulfill program responsibilities and to provide for the well being of detainees." See ICE NDS 2000, Standard, Medical Care, Section (III)(M). **This is a repeat deficiency.**