



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
Washington, DC 20536-5501

**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
ERO Dallas Field Office**

**Bluebonnet Detention Facility
Anson, Texas**

February 8-12, 2021

COMPLIANCE INSPECTION
of the
BLUEBONNET DETENTION FACILITY
Anson, Texas

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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Bluebonnet Detention Facility (BDF) in Anson, Texas, from February 8 to 12, 2021.¹ The facility opened in 2019 and is owned by Jones County and operated by Management & Training Corporation (MTC). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at BDF in 2019 under the oversight of ERO’s Field Office Director (FOD) in Dallas (ERO Dallas). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers and a detention services manager to the facility. A BDF warden handles daily facility operations and is supported by [REDACTED] personnel. MTC provides food services and medical care and Union Supply Group provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	1000
Average ICE Detainee Population ³	[REDACTED]
Male Detainee Population (as of February 8, 2021)	[REDACTED]
Female Detainee Population (as of February 8, 2021)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2020, ODO found seven deficiencies in the following areas: Admission and Release (1); Funds and Personal Property (1); Use of Force and Restraints (1); Food Service (1); and Medical Care (3).

¹ This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods longer than 72 hours.

² Data Source: ERO Facility List Report as of February 1, 2021.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

**FINDINGS BY PERFORMANCE-BASED NATIONAL
DETENTION STANDARDS 2011 (REVISED 2016)
MAJOR CATEGORIES**

PBNDS 2011 (Revised 2016) Standards Inspected⁵	Deficiencies
Part 1 – Safety	
Emergency Plans	2
Environmental Health and Safety	0
Sub-Total	2
Part 2 – Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	2
Funds and Personal Property	0
Population Counts	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	1
Use of Force and Restraints	1
Sub-Total	4
Part 4 – Care	
Food Service	0
Hunger Strikes	2
Medical Care	3
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	1
Disability Identification, Assessment, and Accommodation	0
Sub-Total	6
Part 5 – Activities	
Religious Practices	1
Telephone Access	0
Sub-Total	1
Part 6 – Justice	
Grievance System	1
Law Libraries and Legal Material	0
Sub-Total	1
Total Deficiencies	14

⁵ For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video.

Admission and Release: One detainee stated he arrived at the facility and the facility housed him in a housing unit monitored for COVID-19 but there were other detainees who arrived two months prior to himself, still housed in the same medical unit.

- Action Taken: ODO interviewed the classification supervisor (CS) and found facility staff assigned all newly arriving detainees to a medical observation unit for a 14-day quarantine due to COVID-19. ODO found the detainee arrived at the facility on February 2, 2021, and staff assigned him to a medical observation unit for high custody detainees. The other detainees in the medical observation unit had also just arrived at the facility and no detainee had been in the unit for two months. The CS informed ODO and the detainee, his quarantine period would end on February 18, 2021, and at that time facility staff would reassign all the quarantined detainees to their permanent housing units.

Environmental Health and Safety: One detainee stated one of the toilets in his housing unit did not flush properly and another toilet had a loose toilet seat.

- Action Taken: ODO interviewed the facility's risk manager, reviewed a completed work order for the repair of toilets, and found the risk manager notified the maintenance supervisor of the detainee's complaint. Due to ODO's referral, the maintenance supervisor repaired both toilets on February 8, 2021.

Medical Care: One detainee stated although detainees can request medication from the facility for headaches or pain, the facility takes two to three days to provide the requested medication, and detainees will instead buy the medication from the commissary.

- Action Taken: ODO interviewed the health service administrator (HSA), who conducted a medical record review, and found since the detainee's arrival on June 2, 2020, the facility's medical staff evaluated the detainee during sick call five times for tooth pain. In each of the detainee's sick call visits, medical staff prescribed him Tylenol and/or ibuprofen for pain management, and provided him with the medication on the same day of his appointment. The detainee had not made any further sick call requests since December 2020; however, the HSA met with the detainee on February 10, 2021, and educated the detainee on pain medication and sick call procedures.

Medical Care: One detainee stated he requested to see the dentist multiple times, including the morning of February 8, 2021, still had tooth pain; however, a dentist had not evaluated him. Additionally, the detainee stated he needed a medical diet because he was unable to eat spicy food, he had COVID-19 and was awaiting results from the chest x-rays and other medical exams medical staff had performed.

- Action Taken: ODO interviewed the HSA, who conducted a medical record review, and found the detainee first complained of a toothache on January 29, 2021, when he was in isolation due to a positive COVID-19 test. A nurse saw the detainee on January 29, 2021, prescribed him ibuprofen, and made a referral to the dentist. On February 8, 2021, the dentist saw the detainee, referred him to an offsite specialist for removal and recement of his dental bridge. Prior to the inspection's conclusion, medical staff advised ODO they had not received a response to the detainee's referral. Due to ODO's referral, a nurse evaluated the detainee on February 9, 2021, the detainee received a new prescription for ibuprofen, and the nurse advised him medical staff would monitor him until his offsite appointment.

Regarding the detainee's request for a medical diet, ODO found the detainee received his initial health assessment on January 5, 2021, but did not voice a complaint of any dietary needs and therefore no changes were made to his regular diet. During the same visit, medical staff met with the detainee for his first chronic care clinic visit and medical staff ordered blood tests. On January 13, 2021, the nurse practitioner met with the detainee and informed him of the results of the blood tests, which were mainly within normal limits. On February 9, 2021, medical staff confirmed with the food service administrator (FSA) the regular diet did not consist of heavily seasoned or spicy food; however, out of precaution, the facility placed the detainee on a bland diet, which places seasonings on the tray to be used at the detainee's discretion.

The detainee tested positive for COVID-19 and the facility isolated him from the general population from January 29, 2021, until February 6, 2021. During his isolation, medical staff ordered a chest x-ray and staff completed the x-ray on February 4, 2021. On February 10, 2021, the nurse practitioner (NP) met with the detainee and educated him on the negative x-ray result. During the visit, the detainee complained of blurry vision and the NP referred him for optometry services offsite, educated him on the offsite procedure, and how to access medical for follow-up, as needed.

Special Management Units: One detainee stated on one occasion he left the facility for outside medical care and medical staff placed him in a segregation room as punishment, instead of a medical room upon his return to the facility. The detainee stated the segregation rooms were dirty and he was not able to access the telephone nor tablets, as he would have been able to in his housing unit.

- Action Taken: ODO interviewed the chief of security (COS), reviewed the detainee's housing assignment records, and found the detainee left the facility on December 15, 2020, for a medical appointment in the community and returned to the facility on the same day. Upon his return, staff placed the detainee in a medical observation room located in the medical department, in accordance with the facility's COVID-19 protocol. Medical staff cleared the detainee on December 19, 2020, and he returned to the general population housing unit. The COS confirmed detainees housed in the medical observation rooms had access to both telephones and tablets, upon the detainee's request. ODO reviewed two videos from December 2020 showing the medical area and observed a high-level of sanitation; however, because this was a contingency inspection, ODO was not on-site and was unable to assess the cleanliness of the medical observation rooms.

COMPLIANCE INSPECTION FINDINGS

SAFETY

EMERGENCY PLANS (EP)

ODO reviewed the facility's emergency plans and found the emergency plans did not include procedures for rendering emergency assistance to another ICE/ERO facility (**Deficiency EP-7⁶**).

ODO reviewed the facility's hostage emergency plans and found the emergency plans did not specify procedures to screen freed hostages for medical and psychological problems (**Deficiency EP-122⁷**).

SECURITY

FACILITY SECURITY AND CONTROL (FS&C)

ODO reviewed the facility's visitation log and found it did not include a location to record the address of the visitor (**Deficiency FS&C-25⁸**).

ODO reviewed the facility's visitation log and found facility staff did not require visitors to sign their names in the log (**Deficiency FS&C-26⁹**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed ERO Dallas telephone serviceability logs and found ERO Dallas staff did not consistently test the detainee telephones at least weekly (**Deficiency SDC-24¹⁰**).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed six immediate UOF incident videos and found in three out of six videos, after regaining control of the situation, the facility staff did not follow the procedures applicable to calculated UOF incidents. Specifically, the three videos did not contain the date of the incident, identification of the camera operator, a debrief of the incident with a full discussion, analysis, nor

⁶ "Each plan shall include procedures for rendering emergency assistance (e.g., supplies, transportation and temporary housing for detainees, personnel and/or TDY staff) to another ICE/ERO facility." See ICE PBNDs 2011 (Revised 2016), Standard, Emergency Plans, Section (V)(C)(1)(a)(1).

⁷ "Emergency plans shall specify procedures for screening freed hostages for medical and psychological problems." See ICE PBNDs 2011 (Revised 2016), Standard, Emergency Plans, Section (V)(E)(5)(f)(3).

⁸ "The entry for a person visiting a detainee shall also include the name and A-number of the detainee being visited, and the address and relationship to the detainee." See ICE PBNDs 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(C)(1)(b)(3).

⁹ "The post officer shall require the visitor to print and sign his/her name in the visitor logbook." See ICE PBNDs 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(C)(1)(b)(3).

¹⁰ "Field Office Directors shall ensure that all phones for detainee use are tested at least weekly in accordance with standard "5.6 Telephone Access." See ICE PBNDs 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(C).

assessment of the incident (**Deficiency UOF&R-144**¹¹).

CARE

FOOD SERVICE (FS)

The FSA informed ODO due to the COVID-19 pandemic, the Texas Health Department had not conducted an official annual inspection of BDF during 2020. The FSA also advised ODO, the standard procedure for annual health inspections was for the facility to contact the Texas Health Department and request an inspection. However, the health inspector assigned to the facility's region had a different procedure, where she conducted unannounced inspections and determined when she would conduct the facility inspections. The facility contacted the health inspector during the contingency inspection. She informed the facility the Texas Health Department resumed inspections on February 1, 2021, and she would conduct an inspection at BDF as soon as possible. ODO cited the lack of an annual health department inspection as an **Area of Concern**.

HUNGER STRIKES (HC)

ODO reviewed four hunger strike files and found in two out of four files, the physician did not order the detainee's release from hunger strike treatment, nor document the physician's order in the detainee's medical record (**Deficiency HC-19**¹²).

ODO reviewed four hunger strike files and found in two out of four files, the physician did not order the termination of the detainee's hunger strike treatment (**Deficiency HC-35**¹³).

MEDICAL CARE (MC)

ODO reviewed [REDACTED] medical staff credential files and found in [REDACTED] files, medical staff were not verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements (**Deficiency MC-101**¹⁴).

ODO reviewed health assessment training files for [REDACTED] registered nurses and found in [REDACTED] files, registered nurses who performed physical examinations of detainees did not have documented training provided by a physician (**Deficiency MC-138**¹⁵).

ODO reviewed the facility's medical care policy, interviewed the HSA, and found the facility administrator did not consult with the designee for environmental health and safety to determine

¹¹ "After regaining control of the situation, staff shall follow the procedures applicable to calculated use-of-force incidents." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(O)(3).

¹² "Only a physician may order a detainee's release from hunger strike treatment and shall document that order in the detainee's medical record." See ICE PBNDS 2011 (Revised 2016), Standard, Hunger Strikes, Section (V)(C)(8).

¹³ "Only the physician may order the termination of hunger strike treatment." See ICE PBNDS 2011 (Revised 2016), Standard, Hunger Strikes, Section (V)(F).

¹⁴ "All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(I).

¹⁵ "Physical examinations shall be performed by a physician, physician assistant, nurse practitioner, RN (with documented training provided by a physician) or other health care practitioner as permitted by law." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(M).

the number, contents, nor placement of first aid kits, nor establish protocols for monthly inspections of first aid kits (**Deficiency MC-202**¹⁶).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSH&SP&I)

ODO reviewed [REDACTED] staff training records and found in [REDACTED] records, the facility staff did not complete annual suicide prevention training within the required timeframe (**Deficiency SSH&SP&I -8**¹⁷).

ACTIVITIES

RELIGIOUS PRACTICES (RP)

ODO reviewed 12 detainee files and found in 12 out of 12 files, detainees did not designate a religious preference, nor alternatively designate they had no religious preference, during their in-processing (**Deficiency RP-14**¹⁸).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO found the facility staff did not consistently forward a copy of grievances alleging staff misconduct to ERO Dallas nor the Joint Intake Center, as required (**Deficiency GS-93**¹⁹).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 21 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 12 of those standards. ODO found 14 deficiencies in the remaining nine standards. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

¹⁶ "The facility administrator, in consultation with the designee for environmental health and safety, determines the number, contents, and placement of first aid kits, and establishes protocols for monthly inspections of first aid kits." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(T)(5).

¹⁷ "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training, during orientation and at least annually." See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(A).

¹⁸ "Each detainee shall designate any religious preference, or none, during in processing." See ICE PBNDS 2011 (Revised 2016), Standard, Religious Practices, Section (V)(B).

¹⁹ "CDFs and IGSA facilities must also forward a copy of any grievances alleging staff misconduct to ICE/ERO in a timely manner with a copy going to ICE's Office of Professional Responsibility (OPR) Joint Intake Center and/or local OPR office for appropriate action." See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section, (V)(F).

Compliance Inspection Results Compared	FY 2020 (PBNS 2011) (Revised 2016)	FY 2021 (PBNS 2011) (Revised 2016)
Standards Reviewed	19	21
Deficient Standards	5	9
Overall Number of Deficiencies	7	14
Repeat Deficiencies	0	0
Areas of Concern	0	1
Corrective Actions	0	0