



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 San Antonio Field Office**

**T. Don Hutto Residential Center
Taylor, Texas**

February 1-4, 2021

COMPLIANCE INSPECTION
of the
T. DON HUTTO RESIDENTIAL CENTER
Taylor, 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 T. Don Hutto Residential Center (TDHRC), in Taylor, Texas, from February 1-4, 2021.¹ The facility opened in January 1997 and is owned and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at TDHRC in 2006 under the oversight of ERO’s Field Office Director (FOD) in San Antonio (ERO San Antonio). The facility operates under the Performance Based National Detention Standards (PBNDS) 2011 (Revised 2016).²

ERO has deportation officers assigned to the facility. A facility warden handles daily facility operations and is supported by █ personnel. Trinity Services Group manages TDHRC’s food services and ICE Health Services Corps (IHSC) supplies TDHRC’s medical services. The National Commission on Correctional Health Care accredited the facility in February 2017. In May 2018, TDHRC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA Certified.

Capacity and Population Statistics	Quantity
ICE Resident Bed Capacity ³	512
Average ICE Resident Population ⁴	█
Male Resident Population (as of 2/25/2020)	N/A
Female Resident Population (as of 2/25/2020)	█

During its last inspection, in Fiscal Year 2020, ODO found 14 deficiencies in the following areas: Environmental Health and Safety (2), Admission and Release (1), Funds and Personal Property (1), Use of Physical Control Measures and Restraints (1), Discipline and Behavioral Management (1), Food Service (1), Medical Care (4), Suicide Prevention and Intervention (2), Visitation (1).

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

² In July 2020, the facility transitioned from a family residential center to an adult female facility. As such, the applicable detention standards are PBNDS 2011 (Revised 2016).

³ Data Source: ERO Facility List Report as of January 25, 2021.

⁴ *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.⁵

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.

⁵ 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 Inspected ⁶	Deficiencies
Part 1 – Safety	
Emergency Plans	1
Environmental Health and Safety	0
Sub-Total	1
Part 2 – Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Sexual Abuse and Assault Prevention and Intervention	0
Hold Rooms in Detention Facilities ⁷	0
Population Counts	0
Staff-Detainee Communications	4
Use of Force and Restraints	0
Sub-Total	4
Part 4 – Care	
Food Service	3
Hunger Strikes	0
Medical Care	0
Medical Care Women	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessments, and Accommodation	1
Sub-Total	4
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance System	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	9

⁶ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

⁷ ODO reviewed the Hold Rooms in Detention Facilities standard, in lieu of the Special Management Unit (SMU) standard, as TDHRC did not have an SMU.

DETAINEE RELATIONS

ODO interviewed 13 detainees, each of whom 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. However, one detainee expressed concern of harming herself and ODO immediately notified the facility staff who escorted her to medical. ODO also attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, ODO conducted the detainee interviews via telephone.

Medical Care Women: One detainee expressed concern about a currently prescribed medication, which caused her headaches. The detainee stated she informed the medical staff about the negative side effect several weeks ago during her last medical visit in December 2020 or January 2021.

- Action Taken: ODO reviewed the detainee's medical record, interviewed the health services administrator (HSA), and found the detainee had not filed a complaint or notified medical staff via the sick call process of any issues with her medication or of experiencing headaches. The detainee's last documented visit was with a nurse practitioner (NP) on January 3, 2021, for a follow-up about her Gastroesophageal Reflux disease (GERD) and seasonal allergies. During the visit, the detainee did not voice any complaints about headaches resulting from her medication regimen at that time. However, during the visit she complained about breast pain, which medical staff addressed and prescribed Tylenol. The medical staff recommended the detainee return to the clinic for any GERD or breast pain issues. Additionally, the medical staff advised they would monitor the detainee's seasonal allergies with use of a new medication, Fluticasone. As a result of ODO's referral, on February 3, 2021, the advanced practice providers (APP) evaluated the detainee for headache complaints, due to her prescribed medication. During this evaluation, the detainee stated the Flonase caused her headaches, and she no longer wanted to use the Flonase. She also reported difficulty breathing at night due to nasal congestion and the Loratadine did not help but she felt some relief with saline nasal spray. She denied any other associated symptoms. The APP noted bilateral nasal turbinate edema with boggy appearance, and bilateral clear nasal drainage. The medical record showed the detainee declined the saline nasal spray, discontinued use of the Flonase, and switched the Loratadine daily tablet for Cetirizine. The APP educated the detainee on medication, reviewed her treatment plan, and recommended she return to sick call if her symptoms worsened. Before ODO concluded the inspection, the HSA scheduled the detainee for another follow-up appointment for February 12, 2021.

Medical Care: One detainee stated around December 2020, she burned herself by accidentally spilling hot water on her leg. The detainee stated she went to medical and was told by medical staff, the clinic did not have supplies to address the burn.

- Action Taken: ODO reviewed the detainee's medical record, interviewed the facility's health program manager, and found there was no documentation any medical staff member examined the detainee in sick call or for an urgent evaluation related to a burn. ODO requested the HSA schedule an appointment as soon as possible with the detainee to address this complaint. A review of the medical record revealed medical staff examined the detainee several times in December 2020. The medical record also showed the detainee

was prescribed Ibuprofen, as needed from November 30, 2020 to December 7, 2020, unrelated to the burn. On February 4, 2021, the APP examined the detainee for a leg burn. During the evaluation, the APP noted a small red scar on the detainee's left lower leg, with no signs of open skin lesions, infection, or inflammation, but the detainee was not experiencing any pain. The detainee told the APP the burn incident occurred around the beginning of December 2020, after which she notified the dorm officer, who escorted her to medical, where she was evaluated by the front desk nurse. The nurse instructed the detainee to apply ice to the skin and provided the detainee with two packets of antibiotic ointment to apply to the affected area. The detainee also informed the APP she never mentioned the burn to other providers or complained further about the burn.

On February 4, 2021, the detainee informed the APP the nurse who was working the front desk looked like the nurse who evaluated the detainee for the burn in December 2020. Subsequently, the APP asked the nurse if she recalled seeing the detainee for a burn incident. The APP advised ODO the nurse appeared to recall the incident and said just prior to a shift change, she evaluated the detainee's leg, did not notice any signs of a burn but instructed the detainee to wrap her leg with a cold cloth. The nurse admitted to the APP she did not enter a note into the electronic medical record because she did not see any signs of a burn at that time. The APP informed ODO, the nurse received on the spot education concerning how to properly evaluate detainees, the necessity to document patient encounters and patient education in the electronic medical record, all of which the nurse verbalized understanding. Before ODO concluded the inspection, the HSA scheduled the detainee for another follow-up appointment for April 1, 2020.

Significant Self-harm and Suicide Prevention and Intervention: One detainee was asked if she had thoughts of harming herself or others and she responded, "yes." She had thoughts of harming herself three days prior but did not want to report it. The detainee explained she had these thoughts for nine months, was currently on medication, and spoke with the psychiatrist once a month. She also mentioned her thoughts of harming herself changed often but remained even while on her current medication. She further stated the Skype sessions with the psychiatrist and the medication were not working.

- **Action Taken:** ODO immediately notified the HSA about the detainee's thoughts of harming herself, via email during the interview. At the conclusion of the interview, ODO requested the facility staff escort the detainee directly to medical for a mental health evaluation. Subsequently, ODO reviewed the detainee's medical record, interviewed the HSA, and found according to the HSA, on February 1, 2021, upon ODO's referral, the licensed certified social worker (LCSW) immediately saw the detainee, and asked her questions to ascertain her risk of self-harm. The detainee answered in the negative to all questions and stated she felt well. The detainee's medical record showed she was currently on psychotropic medication and reported compliance with her medication regimen. The detainee's medical record also indicated the LCSW diagnosed the detainee with an adjustment disorder with mixed anxiety/depressed moods and problems related to living in a residential institution. The detainee was scheduled for a follow-up appointment with the LCSW on February 15, 2021, for further mental health assessment, and the LCSW informed the detainee to follow-up sooner if she had any feelings of self-harm.

COMPLIANCE INSPECTION FINDINGS

SAFETY

EMERGENCY PLANS (EP)

ODO reviewed the facility's emergency plans and found the facility did not compile individual specific emergency plans, as needed, to address a work strike, nor were the emergency plans approved by the field office director (**Deficiency EP-71⁸**).

SECURITY

HOLD ROOMS IN DETENTION FACILITIES (HRDF⁹)

ODO noted an **Area of Concern** regarding the facility not having a hold room for detainees possibly needing an immediate transfer for administrative or disciplinary segregation purposes, due to the facility not having a special management unit (SMU). Although the facility did not have an SMU, it was in the process of constructing one.

STAFF-DETAINEE COMMUNICATION (SDC)

ODO interviewed ICE ERO staff, reviewed the ERO alien request log, and found ERO staff did not always respond to detainee requests within three business days of receipt (**Deficiency SDC-16¹⁰**).

ODO also found ERO did not consistently document the following on the alien request log: response date, staff action, and the date ERO returned the response to the detainee (**Deficiency SDC-20¹¹**).

ODO reviewed 12 detainee detention files and found, in four out of 12 files, ERO staff did not include a copy of the detainee's completed request form in the detainee detention files (**Deficiency SDC-21¹²**).

ODO interviewed ERO and facility staff, reviewed the telephone serviceability log, and

⁸ "The facility shall compile individual contingency specific plans, as needed, and approved by the Field Office Director in the following order: 2. work/food strike;" *See* ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plans, Section (V)(E)(2).

⁹ ODO reviewed the Hold Rooms in Detention Facilities standard, in lieu of the Special Management Unit (SMU) standard, as TDHRC did not have an SMU.

¹⁰ "In Facilities with ICE/ERO Onsite Presence the ICE/ERO staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no later than within three (3) business days of receipt." *See* ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B)(1)(a).

¹¹ "At a minimum, the log shall record:

- f. date that the request, with staff response and action, was returned to the detainee;
- i. the date the request was forwarded to ICE/ERO and the date it was returned shall also be recorded."

See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B)(2)(f)(i).

¹² "A copy of each completed detainee request shall be filed in the detainee's detention file and be retained there for three years at minimum." *See* ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B)(2).

determined the facility staff did not document each weekly serviceability test on a form provided by ERO (**Deficiency SDC-26¹³**).

CARE

FOOD SERVICE (FS)

ODO interviewed the food service director (FSD) and found the facility's kitchen staff served reconstituted dry milk for drinking purposes, instead of buying and serving pasteurized milk from approved facilities only (**Deficiency FS-130¹⁴**).

ODO also determined the facility's kitchen staff used a reconstituted dry milk product for drinking purposes, instead of using it for cooking purposes only (**Deficiency FS-132¹⁵**).

The FSD was not able to provide ODO with documentation to ensure the manufactured milk product served to detainees for drinking purposes, met the federal standard (**Deficiency FS-131¹⁶**).

DISABILITY IDENTIFICATION, ASSESSMENT AND ACCOMMODATION (DIA&A)

The facility's orientation program did not notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request (**Deficiency DIAA-71¹⁷**).

CONCLUSION

ODO reviewed the facility's compliance with 21 standards under PBNDS 2011 (Revised 2016). ODO found the facility compliant with 17 standards and identified nine deficiencies in the remaining four standards. ODO commends facility staff for their responsiveness during this inspection, as TDHRC was undergoing major construction converting from a family residential center to an adult detention facility. Despite the recent changeover, ODO found the facility staff to be proficient and professional. ODO recommends ERO work with the facility to remedy any deficiencies, which remained outstanding as applicable and in accordance with contractual obligations.

¹³ "Staff shall document each serviceability test on a form that has been provided by ERO, and each Field Office shall maintain those forms, organized by month, for three years." *See* ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(C).

¹⁴ "The facility shall obtain pasteurized milk and milk products from approved facilities only." *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(F)(2).

¹⁵ "If reconstituted in-house, the dry milk and milk products shall be used for cooking purposes only." *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(F)(2).

¹⁶ "Manufactured milk products shall meet federal standards for quality." *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(F)(2).

¹⁷ "The facility orientation program required by standard 2.1, "Admission and Release," and the detainee handbook required by standard 6.1, "Detainee Handbook," shall notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request." *See* ICE PBNDS 2011 (Revised 2016), Standard, Disability Identification, Assessment, and Accommodation, Section (V)(J).

Compliance Inspection Results Compared	FY 2020 (FRS)¹⁸	FY 2021 (PBNS 2011) (Revised 2016)
Standards Reviewed	17	21
Deficient Standards	9	4
Overall Number of Deficiencies	14	9
Repeat Deficiencies	3	N/A
Areas of Concern	N/A	1
Corrective Actions	4	0

¹⁸ In July 2020, the facility transitioned from a family residential center to an adult female facility. As such, the applicable detention standards are PBNS 2011 (Revised 2016).