



**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  
Follow-Up Compliance Inspection**

**Enforcement and Removal Operations  
ERO San Antonio Field Office**

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

**June 28 - July 1, 2021**

**FOLLOW-UP COMPLIANCE INSPECTION**  
**of the**  
**T. DON HUTTO DETENTION CENTER**  
Taylor, Texas

**TABLE OF CONTENTS**

<b>FACILITY OVERVIEW .....</b>	<b>4</b>
<b>FOLLOW-UP COMPLIANCE INSPECTION PROCESS.....</b>	<b>5</b>
<b>FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES.....</b>	<b>6</b>
<b>DETAINEE RELATIONS .....</b>	<b>7</b>
<b>FOLLOW-UP COMPLIANCE INSPECTION FINDINGS.....</b>	<b>7</b>
<b>SECURITY .....</b>	<b>7</b>
Admission and Release .....	7
Custody Classification System .....	8
Funds and Personal Property .....	8
Staff-Detainee Communication.....	9
<b>CONCLUSION .....</b>	<b>9</b>

---

## **FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS**



Acting Team Lead  
Contractor  
Contractor  
Contractor  
Contractor

ODO  
Creative Corrections  
Creative Corrections  
Creative Corrections  
Creative Corrections

## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a follow-up compliance inspection of the T. Don Hutto Detention Center (TDHDC) in Taylor, Texas, from June 28 to July 1, 2021.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of TDHDC from February 1 to 4, 2021. The facility opened in 2006 and is owned and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at TDHDC in 2006 under the oversight of ERO’s Field Office Director in San Antonio (ERO San Antonio). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

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

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	████
Average ICE Detainee Population <sup>3</sup>	████
Male Detainee Population (as of June 28, 2021)	████
Female Detainee Population (as of June 28, 2021)	████

During its last inspection, in Fiscal Year (FY) 2021, ODO found nine deficiencies in the following areas: Disability, Identification, Assessment, and Accommodation (1); Emergency Plans (1); Food Service (3); and Staff-Detainee Communication (4).

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

<sup>2</sup> Data Source: ERO Facility List Report as of June 14, 2021.

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

## **FOLLOW-UP COMPLIANCE INSPECTION PROCESS**

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's UCAP, and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

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.

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

<b>PBNDS 2011 (Revised 2016) Standards Inspected<sup>4</sup></b>	<b>Deficiencies</b>
<b>Part 1 – Safety</b>	
Emergency Plans	0
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 – Security</b>	
Admission and Release	2
Custody Classification System	4
Funds and Personal Property	2
Special Management Units	0
Staff-Detainee Communication	3
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>11</b>
<b>Part 4 – Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>11</b>

<sup>4</sup> For greater detail on ODO’s findings, see the *Follow-Up Compliance Inspection Findings* section of this report.

## DETAINEE RELATIONS

ODO interviewed 12 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. ODO attempted to conduct detainee interviews via video teleconference; however, ERO San Antonio and the facility were not able to accommodate this request due to technology issues. As such, ODO conducted the detainee interviews via telephone.

*Medical Care:* One detainee stated she had an ovarian cyst, which caused bleeding and vomiting after meal consumption. She stated the facility medical staff examined her several times regarding the problem and failed to provide her with proper treatment. The detainee also stated the medical staff prescribed medication seven days before the interview, but the pain persisted.

- Action Taken: ODO confirmed through interview and review of medical records with the facility health program manager (FHPM) the registered nurse (RN) completed the detainee's initial health assessment on May 31, 2021, and the detainee reported no issues. On May 29, 2021, the RN evaluated the detainee pursuant to a sick call request for constipation and left abdominal pain. The detainee stated she had pain due to a cyst she developed two years ago, and a previous sonogram confirmed this issue. During this encounter, the detainee did not mention she was vomiting. On May 30, 2021, the detainee saw the nurse practitioner (NP) for a follow-up appointment for constipation and irregular menstruation. During the evaluation, the detainee declined pain medication. The NP ordered laboratory tests and gave the detainee polyethylene glycol (laxative) for the constipation. On June 11, 2021, the detainee saw the NP for a follow-up appointment. During the evaluation, the detainee denied any pain, stated the constipation had resolved itself, and declined medication. On June 17, 2021, the NP followed up with the detainee for heavy menstrual flow and cramps. The NP prescribed two hormones, estrogen, and progestin (Levora), as well as ibuprofen for the detainee's heavy menstrual flow and cramps and instructed the detainee on the medication. ODO requested the facility follow-up with the detainee regarding the outcome of her complaint for recurrence of pain and medication. On June 29, 2021, the FHPM notified ODO they had scheduled the detainee for another follow-up with the NP and the detainee denied being in any pain. After the follow-up appointment, the facility medical staff instructed the detainee to submit a sick call request should she need further evaluation.

## FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### ADMISSION AND RELEASE (AR)

ODO reviewed five detainee release files and found all files did not include a signed property inventory form (**Deficiency AR-91<sup>5</sup>**).

---

<sup>5</sup> "If all property is correctly accounted for, the detainee shall sign the inventory sheet, a copy of which the officer

ODO reviewed five detainee release files and found three out of five files did not contain a signed G-589 or equivalent (**Deficiency AR-98**<sup>6</sup>).

### **CUSTODY CLASSIFICATION SYSTEM (CCS)**

ODO reviewed [REDACTED] detainee detention files, interviewed staff, and found ICE/ERO did not provide the facility with the information necessary to complete the classification process (**Deficiency CCS-4**<sup>7</sup>).

ODO reviewed [REDACTED] detainee detention files, interviewed staff, and found staff did not reference objective, credible evidence documented in the detainee's migrant file, ICE automated system, criminal history checks, or other objective sources to support classification decisions. Instead, the facility relied on detainee responses to questions for criminal/incarceration history (**Deficiency CCS-12**<sup>8</sup>).

ODO reviewed [REDACTED] detainee detention files, interviewed staff, and found ICE/ERO does not provide the facility with relevant information to classify detainees (**Deficiency CCS-22**<sup>9</sup>).

ODO reviewed [REDACTED] classification files and found [REDACTED] classification files were not reviewed and approved by a supervisor prior to their assignment to a housing unit (**Deficiency CCS-31**<sup>10</sup>).

### **FUNDS AND PERSONAL PROPERTY (FPP)**

ODO reviewed [REDACTED] baggage check forms (Form I-77) and found all the forms did not include the date and time of admission (**Deficiency FPP-85**<sup>11</sup>).

ODO reviewed [REDACTED] detainee release files and found the G-589s were absent from all [REDACTED] of the files, resulting in an inability to ascertain if the detainees signed forms reflecting the property transactions (**Deficiency FPP-136**<sup>12</sup>).

---

shall place in the detainee's detention file." See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(H)(9)(c).

<sup>6</sup> "The facility shall retain all three copies (blue, pink and white) of the closed-out G-589 in the detainee's detention file." See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(H)(11).

<sup>7</sup> "Each facility administrator shall require that the facility's classification system ensures the following:

1. ICE/ERO staff shall provide facilities the data needed from each detainee's file to complete the classification process." See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(A)(1).

<sup>8</sup> "During the classification process, staff shall reference facts and other objective, credible evidence documented in the detainee's A-file, work-folders, ICE automated records systems, criminal history checks, or other objective sources of information." See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(C).

<sup>9</sup> "As appropriate, ICE/ERO offices shall provide non-ICE/ERO facilities with the relevant information for the facility to classify ICE/ ERO detainees." See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(C).

<sup>10</sup> "The designated classification supervisor or facility administrator designee shall review the intake processing officer's classification files for accuracy and completeness and ensure that each detainee is assigned to the appropriate housing unit." See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(E).

<sup>11</sup> "The personal property inventory form must contain the following information at a minimum:

1. date and time of admission." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(I)(1).

<sup>12</sup> "The property log and inventory sheets shall reflect the transaction." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(K).



## STAFF-DETAINEE COMMUNICATION (SDC)

ODO interviewed ICE/ERO staff, reviewed the ICE/ERO Model Protocol Forms from March 2021 to July 2021, and found [REDACTED] in which ERO did not respond to detainee requests within three business days of receipt (**Deficiency SDC-16<sup>13</sup>**). **This is a repeat deficiency.**

ODO reviewed the detainee request log from February 2021 to July 2021 and found [REDACTED] instances in which the facility did not document a response date, staff action, nor the date ICE/ERO returned the response to the detainee (**Deficiency SDC-20<sup>14</sup>**). **This is a repeat deficiency.**

ODO interviewed ICE/ERO and facility staff, reviewed six months of the telephone serviceability logs, and determined facility staff did not document each weekly serviceability test on a form provided by ERO (**Deficiency SDC-26<sup>15</sup>**). **This is a repeat deficiency.**

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 14 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 10 of those standards. ODO found 11 deficiencies in the remaining 4 standards. ODO commends the facility staff for their responsiveness during this inspection. ODO recommends ERO San Antonio work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ERO provided ODO with the uniform corrective action plan for ODO's last inspection of TDHDC in February 2021.

Compliance Inspection Results Compared	FY 2021 (PBNDS 2011) (Revised 2016)	FY 2021 (PBNDS 2011) (Revised 2016)
Standards Reviewed	21	14
Deficient Standards	4	4
Overall Number of Deficiencies	9	11
Repeat Deficiencies	N/A	3
Areas of Concern	1	0
Corrective Actions	0	0

---

<sup>13</sup> "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).

<sup>14</sup> "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).

<sup>15</sup> "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).