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U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
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Office of Detention Oversight
Unannounced Follow-Up Compliance
Inspection
2023-002-104

Enforcement and Removal Operations
ERO Dallas Field Office

Bluebonnet Detention Facility
Anson, Texas

June 27-29, 2023

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION
of the
BLUEBONNET DETENTION FACILITY
Anson, Texas

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



Acting Team Lead	ODO
Inspections and Compliance Specialist	ODO
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Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted an unannounced follow-up compliance inspection of the Bluebonnet Detention Facility (BDF) in Anson, Texas, from June 27 to 29, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of BDF from December 20 to 22, 2022. The facility opened in December 2019 and is owned by Jones County and operated by the Management & Training Corporation (MTC). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at BDF in December 2019 under the oversight of ERO’s Field Office Director in Dallas (ERO Dallas). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

[REDACTED] A BDF warden handles daily facility operations and manages [REDACTED] support personnel. MTC provides food services and medical care, and Union Supply Group provides commissary services at the facility. The facility was accredited by the American Correctional Association in November 2021 and the National Commission on Correctional Health Care in March 2022. In April 2021, BDF 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 Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of June 27, 2023)	[REDACTED]
Adult Female Population (as of June 27, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found three deficiencies in the following areas: Hold Rooms in Detention Facilities (1) and Visitation (2).

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

² Data Source: ERO Facility List as of June 26, 2023.

³ *Ibid.*

UNANNOUNCED 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.⁴

While unannounced follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which may 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 uniform corrective action plan (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.

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**

PBND Standards 2011 (Revised 2016) Standards Inspected^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	1
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	1
Terminal Illness, Advance Directives and Death	0
Sub-Total	2
Part 5 - Activities	
Telephone Access	0
Visitation	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	2

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

⁶ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all inspections.

DETAINEE RELATIONS

ODO interviewed 35 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All 35 detainees interviewed reported satisfaction with the facility services and had no complaints.

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

CARE

MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found in █ out of █ records, no annual purified protein derivative (PPD) skin test administered according to the timeline established by the Center for Disease Control. Specifically, facility staff administered the PPD on November 30, 2022, missing the deadline of September 31, 2022, by 2 months (**Deficiency MC-31**⁷).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)

ODO reviewed the facility's suicide watch logs for █ detainees placed in isolation and found 9 instances where staff documented their monitoring of a detainee between 16 and 20 minutes (**Deficiency SSHSPI-34**⁸). **This is a priority component.**

CONCLUSION

During this unannounced follow-up compliance inspection, ODO assessed the facility's compliance with 19 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 17 of those standards. Since BDF's last full inspection in December 2022, the facility has maintained a high-level of compliance. BDF went from two deficient standards and three deficiencies in December 2022, to two deficient standards and two deficiencies during this most recent inspection. The facility completed a UCAP for ODO's last inspection of BDF in December 2022, which likely contributed to the facility having no repeat deficiencies during this unannounced follow-up inspection. ODO recommends ERO Dallas continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

⁷ "Annual or periodic TB testing shall be implemented in accordance with CDC guidelines; annual TB screening method should be appropriately selected with consideration given to the initial screening method conducted or documented during intake." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(C)(2).

⁸ "The qualified mental health professional may place the detainee in a special isolation room designed for evaluation and treatment with continuous monitoring that must be documented every 15 minutes or more frequently if necessary." See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

Compliance Inspection Results Compared	FY 2023 Full Inspection PBNDS 2011 (Revised 2016)	FY 2023 Follow-up Inspection PBNDS 2011 (Revised 2016)
Standards Reviewed	25	19
Deficient Standards	2	2
Overall Number of Deficiencies	3	2
Priority Component Deficiencies	1	1
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	N/A