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Office of Detention Oversight
Unannounced Follow-Up Compliance
Inspection
2023-002-187

Enforcement and Removal Operations
ERO Houston Field Office

Houston Contract Detention Facility
Houston, Texas

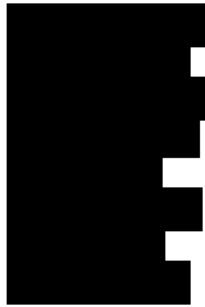
July 18-20, 2023

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION
of the
HOUSTON CONTRACT DETENTION FACILITY
Houston, Texas

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



Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Section Chief	ODO
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 Houston Contract Detention Facility (HCDF) in Houston, Texas, from July 18 to 20, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of HCDF from January 24 to 26, 2023. The facility opened in 1984 and is owned and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at HCDF in 1986 under the oversight of ERO’s Field Office Director in Houston (ERO Houston). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

[REDACTED] in HCDF warden handles daily facility operations and manages [REDACTED] support personnel. Trinity Services Group provides food services, Immigration Health Service Corps provides medical care, and CoreCivic provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in February 2021 and the American Correctional Association in April 2022. In June 2021, HCDF 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 July 18, 2023)	[REDACTED]
Adult Female Population (as of July 18, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found six deficiencies in the following areas: Environmental Health and Safety (1); Key and Lock Control (4); and Medical Care (1).

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 July 17, 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**

PBNDS 2011 (Revised 2016) Standards Inspected^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	1
Sub-Total	1
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	1
Special Management Units	10
Staff Detainee Communication	0
Key and Lock Control	3
Post Orders ⁷	1
Use of Force and Restraints	0
Sub-Total	15
Part 4 - Care	
Food Service	1
Medical Care	6
Medical Care (Women)	2
Significant Self-harm and Suicide Prevention and Intervention	2
Terminal Illness, Advance Directives and Death	0
Sub-Total	11
Part 5 - Activities	
Recreation	0
Telephone Access	1
Sub-Total	1
Part 6 - Justice	
Grievance System	1
Sub-Total	1
Total Deficiencies	29

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 standards.

⁷ The deficiency cited under Post Orders standard was identified through observations made during the inspection, the Post Orders standard was not reviewed in its entirety.

DETAINEE RELATIONS

ODO interviewed 27 detainees, who each voluntarily agreed to participate. ODO attempted to interview another 13 detainees; however, all 13 detainees declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

Law Libraries and Legal Materials: One detainee stated the tablet does not display information in Spanish when he selects Spanish.

- Action Taken: ODO reviewed the electronic content on the tablet, interviewed HCDF staff, and found the facility is in the process of uploading an updated Lexis Nexus with a Spanish language option to the tablets. On July 20, 2023, the facility advised the detainee to submit a request to the law library for legal materials in Spanish.

Medical Care: One detainee stated she received one dose of medication after complaining of heart issues but did not receive any additional medication since the initial dosage.

- Action Taken: ODO reviewed the detainee's medical record, interviewed a nurse manager (NM), and found on July 17, 2023, the detainee complained of heartburn while the staff issued medication at her unit. Medical staff issued the detainee a one-time dose of liquid heartburn medicine. On July 20, 2023, medical staff educated the detainee on the sick call request process and instructed her to submit a sick call request if symptoms returned. As of the same date the detainee had not submitted a sick call request for additional treatment.

Medical Care: One detainee stated she has not received medication for recurring headaches.

- Action Taken: ODO reviewed the detainee's medical record, interviewed an NM, and found no record of a sick call request for headaches. On July 20, 2023, the HCDF medical staff met with the detainee, and the detainee informed medical staff of her recurring headache concern. Medical staff educated the detainee on the sick call process and instructed her to submit a sick call request if symptoms returned. The detainee stated she understood.

Medical Care: One detainee stated he felt ill and had not been seen by medical staff.

- Action Taken: ODO reviewed the detainee's medical record, interviewed an NM, and found the detainee had not submitted a sick call request form. On July 20, 2023, medical staff examined the detainee for heartburn, prescribed medication for 7 days, and educated him on the sick call process.

Medical Care: One detainee stated her prescribed medication for abdominal pain was not working.

- Action Taken: ODO reviewed the detainee's medical record, interviewed an NM, and found the detainee submitted a sick call request on July 7, 2023. On July 8, 2023, medical staff diagnosed menstrual cramps and prescribed pain medication for 4 days. On July 23, 2023, the HCDF nurse practitioner (NP) examined the detainee and ordered blood work. On July 26, 2023, the NP discussed with the detainee an infection confirmed from the blood work results and prescribed an antibiotic for the detainee.

Significant Self-harm and Suicide Prevention and Intervention: One detainee stated she had thoughts of harming herself.

- Action Taken: During the detainee interview, the detainee stated that prior to entering ICE custody, she had suicidal thoughts. ODO immediately notified the HCDF warden and an ERO Houston assistant field office director (AFOD). An HCDF officer escorted the detainee to medical for a mental health evaluation. On July 18, 2023, a behavioral health provider evaluated the detainee and found she had a plan in place for intentional self-harm. The detainee reported a history of suicide attempts and a family history of suicide. Medical staff placed the detainee on suicide watch with 15-minute welfare checks. On July 20, 2023, medical staff downgraded the detainee to constant watch. On July 24, 2023, medical staff removed the detainee from constant watch and returned her to general population. The HCDF behavioral health provider monitored the detainee daily.

Special Management Units: One detainee stated he felt unsafe to return to his housing unit due to verbal abuse and threats of physical violence from other detainees.

- Action Taken: After the detainee interview, ODO notified the HCDF warden and an ERO Houston AFOD of the detainee's concern for his safety. Facility staff did not return the detainee to the housing unit. On July 18, 2023, the HCDF chief of security investigated the allegation, and the detainee stated he did not feel safe in the unit because of so few detainees from his country in the unit. On the same day, facility staff reassigned the detainee to another housing unit.

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the HCDF safety manager, toured the facility, and found HCDF did not maintain a high standard of facility sanitation and general cleanliness in the intake area and in 12 out of 25 housing units. Specifically, ODO found in 29 out of 121 showers, broken or chipped tiles and/or

discolored or stained grout (**Deficiency EHS-11⁸**).

SECURITY

SPECIAL MANAGEMENT UNITS (SMU)

ODO toured the HCDF SMU, reviewed the SMU policy, interviewed the chief of security, and found facility staff did not maintain a permanent log in the SMU to record all activities concerning SMU detainee activities (e.g., meals served, recreation time, visitors, etc.) (**Deficiency SMU-92⁹**).

ODO reviewed five SMU detainee files and found in five out of five files:

- No immediate preparation of an SMU record or comparable form upon the detainee's placement in the SMU (**Deficiency SMU-97¹⁰**);
- No immediate recording by a housing unit officer on a detainee's diet, personal hygiene, recreation, medication intake, and any additional information, such as health issues or noticeable suicidal or assaultive behavior (**Deficiency SMU-98¹¹**);
- The officer conducting the activity did not print his/her name and sign the record (**Deficiency SMU-99¹²**);
- The HCDF medical officer did not sign each individual's record when he/she visited the detainee in the SMU (**Deficiency SMU-100¹³**);
- The housing officer did not initial the record after completion of medical visits. Specifically, ODO found no SMU records or comparable forms in the five detainee files (**Deficiency SMU-101¹⁴**);
- No creation of a new form for each week of the detainee in SMU (**Deficiency SMU-**

⁸ "The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(A)(3).

⁹ "A permanent log shall be maintained in the SMU to record all activities concerning SMU detainees (e.g., meals served, recreational time, visitors, etc.)." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(1).

¹⁰ "The Special Management Housing Unit Record or comparable form shall be prepared immediately upon the detainee's placement in the SMU." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(3).

¹¹ "The special housing unit officer shall immediately record:

- 1) Whether the detainee ate, showered, recreated and took any medication; and
- 2) Any additional information, such as whether the detainee has a medical condition, or has exhibited suicidal/assaultive behavior."

See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(D)(3)(a)(1-2).

¹² "The officer that conducts the activity shall print his/her name and sign the record." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(3)(a)(3).

¹³ "The facility medical officer shall sign each individual's record when he/she visits a detainee in the SMU." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(3)(b).

¹⁴ "The housing officer shall initial the record after the medical visits are completed, but no later than the end of the shift." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(3)(b).

- **102¹⁵**;
- No retention of forms in SMU until the release of the detainee to general population (**Deficiency SMU-103¹⁶**);
- The releasing officer did not attach the detainees' entire housing unit records to either their administrative or disciplinary segregation orders nor forward it to the chief of security or equivalent for inclusion into the detainees' detention files (**Deficiency SMU-104¹⁷**); and
- No recording of medical visits on the SMU housing record or comparable form, nor any action taken documented in a separate logbook (**Deficiency SMU-134¹⁸**).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed three detainee files that contained foreign currency, interviewed the HCDF classification supervisor, and found in three out of three files, the G-589 Property-Receipt Form did not list the type of currency (**Deficiency FPP-56¹⁹**).

KEY AND LOCK CONTROL (KLC)

ODO observed the large security keys the facility used in the admission and release area and found HCDF did not use key covers for those large security keys (**Deficiency KLC-11²⁰**).

ODO reviewed the HCDF key inventory, interviewed the HCDF security chief, and found HCDF did not accurately inventory all keys in use. Specifically, ODO observed an emergency key used to access an area designated as a pharmacy was not listed on the inventory records as a restricted key. The key and lock control standard designates pharmacy keys as "restricted keys" (**Deficiency KLC-30²¹**). **This is a repeat deficiency.**

¹⁵ "A new form must be created for each week the detainee is in the SMU." *See* ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(3)(c).

¹⁶ "The completed weekly forms shall be retained at the SMU until the detainee is released from the SMU." *See* ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(3)(c).

¹⁷ "Upon a detainee's release from the SMU, the releasing officer shall attach that detainee's entire housing unit record to either the administrative segregation order or disciplinary segregation order and forward it to the Chief of Security or equivalent for inclusion into the detainee's detention file." *See* ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(3)(d).

¹⁸ "Medical visits shall be recorded on the SMU housing record or comparable form, and any action taken shall be documented in a separate logbook." *See* ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(P).

¹⁹ "The G-589 shall include: ...

f. In the "Description" column:

4) For foreign currency, the currency amount followed by the type (e.g., 140 Japanese Yen, 300 Euros, 4,000 Mexican Pesos)."

See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(G)(1)(f)(4).

²⁰ "Facilities shall use key covers for large security keys to prevent detainees or other unauthorized persons from observing and duplicating them." *See* ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(A)(9).

²¹ "The security key control officer maintains accurate inventories of all keys currently in use." *See* ICE PBNDS 2011

ODO reviewed the HCDF key and lock control policy, interviewed the HCDF chief of security, and found the HCDF control center officer did not receive supervisor approval prior to issuing a restricted key (**Deficiency KLC-82**²²).

POST ORDERS (PO)

ODO toured the central control post, reviewed the central control PO, interviewed HCDF staff, and found the central control PO located in the central control were not current. Specifically, the facility had not updated the central control PO since 2017 (**Deficiency PO-30**²³).

CARE

FOOD SERVICE (FS)

ODO interviewed the food service director (FSD), toured the FS area, observed foods prepared from ingredients at ambient temperature, and found FS did not cool reconstituted foods to 41 Fahrenheit (F) degrees within 2 hours of cooking or preparation. Specifically, ODO observed the temperature of reconstituted pudding at 47 F degrees. ODO interviewed the FSD and confirmed preparation of the reconstituted pudding on the previous day, July 18, 2023 (**Deficiency FS-143**²⁴).

MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found in █ out of █ records, HCDF health care personnel did not perform duties within their scope of practice for which they were credentialed. Specifically, an NP performed a detainee's initial dental screening without documented dental screening training (**Deficiency MC-21**²⁵). **This is a priority component.**

ODO reviewed █ medical staff credential records and found in █ out of █ records, no documentation of verifiable staff credentials. Specifically, facility staff did not primary-source verify two behavioral health technicians (**Deficiency MC-101**²⁶).

ODO reviewed █ detainee medical records and found in █ out of █ records, the detainee did not receive an initial dental nor mental health screening within 12 hours of admission by a health care

(Revised 2016), Standard, Key and Lock Control, Section (V)(B)(3)(b).

²² "The control room officer must have authorization from the shift supervisor to issue a restricted key." See ICE PBNDS 2011(Revised 2016), Standard, Key and Lock Control, Section (V)(E)(2).

²³ "Post Orders shall be kept current at all times." See ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(G).

²⁴ "Foods prepared from ingredients at ambient temperature, such as reconstituted foods and canned tuna, must be cooled to 41 F degrees within two hours of cooking/preparation." See ICE PBNDS 2011(Revised 2016), Standard, Food Service, Section (V)(F)(3).

²⁵ "Health care personnel perform duties within their scope of practice for which they are credentialed by training, licensure, certification, job descriptions, and/or written standing or direct orders by personnel authorized by law to give such orders." See ICE PBNDS 2011(Revised 2016), Standard, Medical Care, Section (V)(B).

²⁶ "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).

provider or a specially trained detention officer. Specifically, a detainee arrived at HCDF on June 29, 2023, at 7:22 a.m., and did not receive her initial dental and mental health screening until June 30, 2023, at 10:30 p.m. (**Deficiency MC-103²⁷**). **This is a priority component.**

ODO reviewed the medical records of █ detainees referred for mental health treatment based on intake screening, the comprehensive health assessment, medical documentation, or subsequent observations by detention staff or medical personnel, and found in █ out of █ records, the detainee did not receive an evaluation by a qualified health care provider no later than 72 hours after the referral. Specifically, medical staff submitted the detainee’s mental health referral on June 30, 2023, and the detainee did not receive an evaluation and treatment until July 5, 2023 (**Deficiency MC-150²⁸**). **This is a priority component.**

ODO reviewed the 7 detainee medical records referred for mental health treatment and found in 1 out of 7 records, a qualified health care provider did not evaluate the detainee no later than 72 hours after the referral. Specifically, medical staff submitted the detainee’s mental health referral on June 30, 2023, and the detainee did not receive an evaluation and treatment until July 5, 2023 (**Deficiency MC-156²⁹**). **This is a priority component.**

ODO reviewed █ detainee medical records and found in █ out of █ records, a dentist or properly qualified health care provider did not perform the detainee’s initial dental screening. Specifically, an NP performed the initial dental screening without documentation of dental training on file (**Deficiency MC-177³⁰**).

MEDICAL CARE (WOMEN) (MCW)

ODO reviewed █ female detainee medical records and found in █ out of █ records, the detainee did not receive information on women’s health care as per accepted standards within 12 hours of arrival. Specifically, the detainee arrived at HCDF on June 29, 2023, at 07:22 a.m., and did not receive her initial medical screening until June 30, 2023, at 10:30 p.m. (**Deficiency MCW-3³¹**).

²⁷ “As soon as possible, but no later than 12 hours after arrival, all detainees shall receive, by a health care provider or a specially trained detention officer, an initial medical, dental and mental health screening and be asked for information regarding any known acute or emergent medical conditions.” See ICE PBNDs 2011 (Revised 2016), Standard, Medical Care, Section (V)(J).

²⁸ “Based on intake screening, the comprehensive health assessment, medical documentation, or subsequent observations by detention staff or medical personnel, any detainee referred for mental health treatment shall receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary.” See ICE PBNDs 2011(Revised 2016), Standard, Medical Care, Section (V)(O)(3).

²⁹ “Any detainee referred for mental health treatment shall receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary.” See ICE PBNDs 2011(Revised 2016), Standard, Medical Care, Section (V)(O)(4).

³⁰ “The initial dental screening may be performed by a dentist or a properly trained qualified health provider.” See ICE PBNDs 2011 (Revised 2016), Standard, Medical Care, Section (V)(R).

³¹ “Within 12 hours of arrival, during their initial medical screening, all female detainees shall receive information on services related to women’s health care as provided for in this standard and standard “4.3 Medical Care.” See ICE PBNDs 2011 (Revised 2016), Standard, Medical Care (Women), Section (V)(B)(1).

ODO reviewed 2 female detainee medical records referred for mental health follow-up and found in 1 out of 2 records, no mental evaluation within 72 hours after referral. Specifically, medical staff referred the detainee for a mental health follow-up on June 30, 2023, and she did not receive a mental health evaluation until July 5, 2023 (**Deficiency MCW-5**³²).

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

ODO reviewed 1 detainee medical records and found in 0 out of 1 records, no initial mental health screening within 12 hours of admission by a qualified health care professional or health-trained correctional officer. Specifically, one detainee arrived at HCDF on June 29, 2023, at 7:22 a.m., and she received an initial mental health screening on June 30, 2023, at 10:30 p.m. (**Deficiency SSHSPI-13**³³).

ODO reviewed 1 detainee medical records with suicide watch during the inspection period and found in 0 out of 1 records, no documented, continuous monitoring every 15 minutes or more if necessary. Specifically, medical staff placed 3 detainees on suicide watch for 2 to 3 days, and ODO found 24 occasions where staff documented continuous monitoring between 16 and 96 minutes instead of the required 15 minutes (**Deficiency SSHSPI-34**³⁴). **This is a priority component.**

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO reviewed the required postings in the detainee housing units and found the consulate list was not current. Specifically, ODO observed the posted consulate list dated January 13, 2022 (**Deficiency TA-26**³⁵).

³² “Consistent with Standard ‘4.3 Medical Care,’ when a referral for medical follow-up is initiated, the detainee shall receive a health evaluation no later than two working days from the date of assessment, and when a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than 72 hours after the referral.” *See* ICE PBNDS 2011(Revised 2016), Standard, Medical Care (Women), Section (V)(B)(2).

³³ “All detainees shall receive an initial mental health screening within 12 hours of admission by a qualified health care professional or health-trained correctional officer who has been specially trained, as required by ‘J. Medical and Mental Health Screening of New Arrivals’ in Standard 4.3 ‘Medical Care.’” *See* ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(B)(1).

³⁴ “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).

³⁵ “Updated telephone and consulate lists shall be posted in detainee housing units.” *See* ICE PBNDS 2011(Revised 2016), Standard, Telephone Access, Section (V)(C).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the HCDF handbook grievance procedures section and found the procedures did not contain the availability of assistance for detainees with impairments or disabilities, interpretation/translation services for detainees with limited English proficiency, and assistance for detainees with limited literacy (**Deficiency GS-14**³⁶).

CONCLUSION

During this unannounced follow-up inspection, ODO assessed the facility's compliance with 19 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 8 of those standards. ODO found 29 deficiencies in the remaining 11 standards. Since HCDF's last full inspection in January 2023, HCDF has trended down. HCDF went from 3 deficient standards and 6 deficiencies in January 2023 to 11 deficient standards and 29 deficiencies during this most recent follow-up inspection, including 5 priority component deficiencies in the medical care standard. ODO also found one repeat deficiency in key and lock control. HCDF completed a UCAP for ODO's full inspection in January 2023; however, the corrective action for the control of restricted keys was insufficient to prevent recurrence of the deficiency. Many of the deficiencies cited during this unannounced follow-up inspection were administrative in nature. ODO recommends ERO Houston continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

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	3	11
Overall Number of Deficiencies	6	29
Priority Component Deficiencies	0	5
Repeat Deficiencies	0	1
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	N/A

³⁶ "... Standard "6.1 Detainee Handbook"), in which the grievance section provides notice of the following: ...

4. The procedures for filing and resolving a grievance, including the availability of assistance in preparing a grievance (assistance for detainees with impairments or disabilities, interpretation/translation services for detainees with limited English proficiency (LEP) and assistance for detainees with limited literacy).

See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(B)(4).