



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

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**Office of Detention Oversight  
Compliance Inspection**

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

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

**December 6-9, 2021**

**COMPLIANCE INSPECTION**  
**of the**  
**T. DON HUTTO RESIDENTIAL CENTER**  
Taylor, Texas

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## COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Team Lead	ODO
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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 December 6 to 9, 2021.<sup>1</sup> 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 TDHRC 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 assigned deportation officers to the facility. A warden handles daily facility operations and manages █████ support personnel. Trinity Service Group provides food services, and ICE Health Services Corps provides medical services for the facility. The facility was accredited by the National Commission on Correctional Health Care 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 Bed Capacity <sup>2</sup>	████
Average ICE Population <sup>3</sup>	████
Adult Male Population (as of December 6, 2021)	████
Adult Female Population (as of December 6, 2021)	████

During its last inspection, in Fiscal Year (FY) 2021, ODO found 11 deficiencies in the following areas: Admission and Release (2); Custody Classification System (4); Funds and Personal Property (2); and Staff-Detainee Communication (3).

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

<sup>2</sup> Data Source: ERO Facility List as of December 6, 2021.

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

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 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.<sup>4</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as "deficiencies." ODO highlights instances when 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 its 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.

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<sup>4</sup> ODO reviews the facility's compliance with selected standards in their entirety.

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

PBNDS 2011 (Revised 2016) Standards Inspected <sup>5,6</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Emergency Plans	2
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Use of Force and Restraints	0
Custody Classification System	0
Funds and Personal Property	0
Post Orders	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Voluntary Work Program	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Legal Rights Group Presentations	0
<b>Sub-Total</b>	<b>0</b>

<sup>5</sup> For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

<sup>6</sup> 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.

<b>Part 7 - Administration and Management</b>	
Detention Files	0
Detainee Transfers	0
Interviews and Tours	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>2</b>

## DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services. ODO attempted to conduct detainee interviews via video teleconference; however, ERO San Antonio and TDHRC were not able to accommodate this request due to technology issues. As such, ODO conducted the detainee interviews via telephone.

## COMPLIANCE INSPECTION FINDINGS

### **SAFETY**

#### **EMERGENCY PLANS (EP)**

ODO reviewed TDHRC's EP written policies and found the facility's policies did not specify procedures for providing immediate and follow-up medical care to detainees nor staff under every emergency scenario outlined in "E. Contingency-specific Plans." Specifically, the facility's plans did not identify procedures for a facility internal search, escape emergency, evacuation, staff work stoppage, nor adverse weather (**Deficiency EP-61**<sup>7</sup>).

ODO reviewed TDHRC's EP written policies and found the facility's procedures did not address professional conduct nor responsibility, including instructions and guidelines to follow if taken hostage (**Deficiency EP-65**<sup>8</sup>).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 24 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 23 of those standards. ODO found two deficiencies in the remaining one standard. ODO recommends ERO San Antonio work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the uniform corrective action plan for ODO's last inspection of TDHRC in July 2021.

<sup>7</sup> "The plan shall specify procedures for providing immediate and follow-up medical care to detainees and staff under every emergency scenario outlined in "E. Contingency-specific Plans." See ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plans, Section (V)(D)(11).

<sup>8</sup> "The plan shall address professional conduct and responsibility, including what to do if taken hostage, with instructions and guidelines." See ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plans, Section (V)(D)(14).

<b>Compliance Inspection Results Compared</b>	<b>FY 2021 (PBNS 2011) (Revised 2016)</b>	<b>FY 2022 (PBNS 2011) (Revised 2016)</b>
Standards Reviewed	14	24
Deficient Standards	3	1
Overall Number of Deficiencies	11	2
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	N/A	Superior