



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 Dallas Field Office

Bluebonnet Adult Detention Facility
Anson, Texas

August 31 – September 3, 2020

COMPLIANCE INSPECTION
of the
BLUEBONNET ADULT DETENTION FACILITY
Anson, Texas

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COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Acting Team Lead	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections

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 Bluebonnet Adult Detention Facility (BADF) in Anson, Texas, from August 31 to September 3, 2020.¹ The facility opened in 2019 and is owned by Jones County, and operated by Management Training Corporation (MTC). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at BADF in 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).

ERO has assigned deportation officers and a detention services manager to the facility. An BADF warden handles daily facility operations and is supported by █████ personnel. MTC provides food services, MTC medical care, and Union Supply Group provides commissary services at the facility. The facility held no national accreditations.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	1000
Average ICE Detainee Population ³	335
Male Detainee Population (as of 8/31/2020)	300
Female Detainee Population (as of 8/31/2020)	21

This is ODO's first inspection of BADF; therefore, there are no previously noted deficiencies.

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

² Data Source: ERO Facility List Report as of August 31, 2020.

³ *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.⁴

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.

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	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	1
Custody Classification System	0
Funds and Personal Property	1
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	1
Sub-Total	3
Part 4 – Care	
Food Service	1
Medical Care	3
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	4
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	0
Sub-Total	0
Part 6 – Justice	
Grievance System	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	7

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

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each 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 concern listed below. ODO conducted detainee interviews via video teleconference.

Medical Care: One detainee complained she has been losing her hair since being detained by ICE.

- Action Taken: ODO reviewed the detainee's medical record and spoke with the facility medical staff. Medical records indicated the detainee received an oral antifungal treatment while detained at the ICE Alvarado Detention facility, Alvarado, Texas (date not disclosed). On August 4, 2020, the detainee submitted a sick call request concerning hair loss, which a nurse practitioner (NP) evaluated the detainee and requested lab work. The NP prescribed a medication and educated the detainee on the referral process for an external consultation with a dermatologist; however, the detainee's interview with the health service administrator (HSA) was denied due to the COVID-19 pandemic. On September 2, 2020, the HSA indicated an external medical appointment will be scheduled on September 3, 2020.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (A&R)

ODO interviewed facility staff members and reviewed the A&R program, and discovered the facility does not fingerprint newly admitted detainees (**Deficiency A&R-1⁶**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO interviewed facility staff members and found [REDACTED] did not [REDACTED] of resident funds (**Deficiency F&PP-1⁷**).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed four calculated UOF&R incidents and found two out of four incident audiovisual recordings ceased prior to a medical professional examination of the detainees (**Deficiency UOF&R-1⁸**).

CARE

FOOD SERVICE (FS)

ODO reviewed photos of the facility's kitchen, interviewed the food service administrator, and found the meat slicer is not equipped with an anti-restart device (**Deficiency FS-1⁹**).

MEDICAL CARE (MC)

ODO reviewed 12 medical records and found eight out of 12 detainee records were not reviewed and signed by the clinical medical authority within 14-days of the detainee's arrival to assess their priority for treatment (**Deficiency MC-1¹⁰**).

⁶ "Admission processes for a newly admitted detainee shall include, but not limited to:

c. photographing and fingerprinting, including notation of identifying marks or other unusual physical characteristics;" See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(B)(1)(c).

⁷ "Both on-coming and off-going supervisors shall simultaneously conduct an audit of detainee funds, property envelopes and large valuables where physical custody of, or access to such items changes with facility shift changes." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(J).

⁸ "Whether a medical professional promptly examined the detainee, with the findings reported on the audiovisual record." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(P)(4)(l).

⁹ "Machines shall be guarded in compliance with OSHA standards:

4.) Meat saws, slicers and grinders shall be equipped with anti-restart devices." See ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(12)(c)(4).

¹⁰ "Each facility's health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival unless more immediate attention is required due to an acute or identifiable chronic condition. Physical examinations shall be performed by a physician, physician assistant, nurse practitioner, RN (with documented training provided by a physician) or other health care practitioner as permitted by law. The CMA shall be responsible for review of all

ODO reviewed 12 medical records and found two out of the 12 detainees enrolled in the mental health chronic care clinic with prescribed psychotropic medication(s), did not have a consent form for psychotropic medication or medication education prior to initiation of treatment on file (**Deficiency MC-2¹¹**).

ODO reviewed 12 medical records and found two out of the 12 detainee refusal forms were not completed for detainees who did not show up to receive their scheduled medication(s) (**Deficiency MC-3¹²**).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 19 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 14 of those standards. ODO found seven deficiencies in the remaining five standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2019 (PBNDS 2011)	FY 2020 (PBNDS 2011-Revised 2016)
Standards Reviewed	N/A	19
Deficient Standards	N/A	5
Overall Number of Deficiencies	N/A	7
Repeat Deficiencies	N/A	0
Corrective Actions	N/A	0

comprehensive health assessments to assess the priority for treatment.” See ICE PBNDS 2011, Standard, Medical Care, Section (V)(M).

¹¹ “Prior to administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication’s side effects, shall be obtained.” See ICE PBNDS 2011, Standard, Medical Care, Section (V)(AA) (4).

¹² “Medical staff shall explain the medical risk if treatment is declined and shall document their treatment efforts and refusal of treatment in the detainee’s medical record. Detainees will be asked to sign a translated form that indicates that they have refused treatment.” See ICE PBNDS 2011, Standard, Medical Care, Section (V)(AA) (9).