



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

**Office of Detention Oversight
Follow-Up Compliance Inspection**

**Enforcement and Removal Operations
ERO Dallas Field Office**

**Bluebonnet Detention Facility
Anson, Texas**

August 2-4, 2022

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

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
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Inspections and Compliance Specialist	ODO
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 follow-up inspection of the Bluebonnet Detention Facility (BDF) in Anson, Texas, from August 2 to 4, 2022.¹ This inspection focused on the standards found deficient during ODO’s last inspection of BDF from February 1 to 3, 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).

ERO has assigned deportation officers to the facility. A 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. In January 2022, BDF was accredited by the American Correctional Association. 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 August 2, 2022)	[REDACTED]
Adult Female Population (as of August 2, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2022, ODO found four deficiencies in the following areas: Correspondence and Other Mail (1); Medical Care (1); Sexual Abuse and Assault Prevention and Intervention (1); and Significant Self-harm and Suicide Prevention and Intervention (1).

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

² Data Source: ERO Facility List as of July 25, 2022.

³ *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 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.

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

PBNDs 2011 (Revised 2016) Standards Inspected ^{4,5}	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
Funds and Personal Property	0
Sexual Abuse and Assault Prevention and Intervention	1
Special Management Units	1
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	2
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	1
Sub-Total	1
Part 5 - Activities	
Correspondence and Other Mail	0
Recreation	0
Telephone Access	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	3

⁴ For greater detail on ODO's findings, see the *Follow-up Inspection Findings* section of this report.

⁵ 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.

DETAINEE RELATIONS

ODO interviewed 19 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 concerns listed below.

Law Library and Legal Service: One detainee stated she required assistance in completing her legal asylum application because she understands only Turkish and Kurdish.

- Action Taken: ODO interviewed the BDF compliance manager, classification supervisor, ERO staff, and found the detainee had not submitted any prior requests for assistance concerning this issue. On August 3, 2022, BDF staff attempted to provide the detainee document assistance with interpreters via the language line in Turkish and Kurdish; however, a Turkish interpreter was not available. BDF staff followed up by obtaining a Kurdish interpreter via the language line, but the Kurdish interpreter and detainee did not understand each other. BDF staff provided the detainee with a Turkish-English dictionary and pro bono legal services contact information, translated into Turkish. On August 4, 2022, the detainee stated she completed her asylum application and on August 5, 2022, BDF staff assisted her with sending the application to the court.

Medical Care: One detainee stated she has an ongoing toothache and no dental appointment to remove the tooth at the facility.

- Action Taken: ODO interviewed the deputy warden and director of nurses and found, on May 26, 2022, the detainee reported the tooth pain and medical staff examined her on the same day. Medical staff referred the detainee to the facility dentist and the dentist examined her on May 31, 2022. The facility dentist referred the detainee to an oral surgeon and prescribed pain medication until her appointment. On June 30, 2022, the medical staff informed her that ERO Dallas had yet to approve her oral surgery request. In September 2022, ODO followed-up with the field office and learned ERO Dallas released the detainee from ICE custody prior to an oral surgeon evaluating the detainee.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed BDF SAAPI reporting requirements and one administrative investigation file and found BDF staff did not immediately report knowledge, suspicion, or information regarding a SAAPI incident. Specifically, ODO found a BDF staff member received an allegation from a detainee on March 16, 2022, but did not report the allegation until March 17, 2022 (**Deficiency**

SAAPI-129⁶).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed 12 detainee disciplinary segregation files and found in 4 out of 12 files, neither the chair of the institution disciplinary panel nor the disciplinary hearing officer signed segregation orders prior to placing the detainees into disciplinary segregation (**Deficiency SMU-64**⁷).

CARE

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

ODO reviewed the medical records of seven detainees placed on continuous monitoring during the inspection period and found in four out of seven records, clinical staff did not conduct welfare checks at least every 8 hours. Specifically, ODO found in four out of seven records, staff conducted welfare checks between 9 and 16 hours (**Deficiency SSHSPI-35**⁸).

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 16 of those standards. ODO found three deficiencies in the remaining three 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. ERO provided ODO with the UCAP for ODO's last inspection of BDF on June 23, 2022.

⁶ "Staff members who become aware of alleged sexual abuse shall immediately follow the reporting requirements set forth in the facility's written policies and procedures." *See* ICE PBNDS 2011 (Revised 2016), Standard, Sexual Abuse and Assault

Prevention and Intervention, Section (V)(L).

⁷ "A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed into disciplinary segregation." *See* ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(B)(2).

⁸ "All suicidal detainees placed in an isolated confinement setting will receive continuous one-to-one monitoring, welfare checks at least every 8 hours conducted by clinical staff, and daily mental health treatment by a qualified clinician." *See* ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

Compliance Inspection Results Compared	First FY 2022 (PBNDS 2011) (Revised 2016)	Second FY 2022 (PBNDS 2011) (Revised 2016)
Standards Reviewed	24	19
Deficient Standards	4	3
Overall Number of Deficiencies	4	3
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	3	0
Facility Rating	Superior	N/A