



U.S. Department of Homeland Security
Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
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**Office of Detention Oversight
Compliance Inspection**

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

**Bluebonnet Detention Facility
Anson, Texas**

February 1-8, 2022

COMPLIANCE INSPECTION
of the
BLUEBONNET DETENTION FACILITY
Anson, Texas

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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 Bluebonnet Detention Facility (BDF) in Anson, Texas, from February 1 to 8, 2022.^{1,2} 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 █████ 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.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ³	█████
Average ICE Population ⁴	█████
Adult Male Population (as of February 1, 2022)	█████
Adult Female Population (as of February 1, 2022)	█████

During its last inspection, in Fiscal Year (FY) 2021, ODO found five deficiencies in the following areas: Custody Classification System (1); Food Service (2); and Medical Care (2).

¹ This facility holds male and female detainees with security classification levels for periods greater than 72 hours.

² ODO started this inspection on-site at BDF on February 1, 2022; however, due to inclement weather moving into the region, ODO departed the region on February 2, 2022, and continued the inspection as a contingency inspection, closing out on February 8, 2022.

³ Data Source: ERO Facility List as of January 31, 2022.

⁴ *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.⁵

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 attempted to complete this inspection on-site; however, inclement weather moving into the region forced ODO to depart the facility prior to completing the inspection, and finish the inspection as a contingency inspection. During the contingency inspection, ODO completed interviewing facility staff, ERO Dallas staff, and reviewed the remaining files and detention records. ODO assessed compliance for at least 90 percent or more of the ICE National Detention Standards reviewed during the inspection.

⁵ 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 ^{6,7}	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
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	1
Special Management Units	0
Use of Force and Restraints	0
Sub-Total	1
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	1
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	1
Sub-Total	2
Part 5 - Activities	
Correspondence and Other Mail	1
Marriage Requests	0
Trips for Non-Medical Emergencies	0
Voluntary Work Program	0
Sub-Total	1
Part 6 - Justice	
Legal Rights Group Presentations	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	0

⁶ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

⁷ 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 Transfers	0
Interview and Tours	0
Sub-Total	0
Total Deficiencies	4

DETAINEE RELATIONS

ODO interviewed 20 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.

Correspondence and Other Mail: One detainee stated she did not know how to send mail to her family.

- Action Taken: ODO interviewed a BDF mail clerk and confirmed translator assistance for non-English speaking detainees at the facility. Additionally, the facility issued the detainees either print or electronic copies of the BDF detainee handbook and ICE National Detainee Handbook in their native language that included mail procedures. On February 4, 2022, the mail clerk explained to the detainee the mailing process and helped her in mailing court documents to her family.

Correspondence and Other Mail: One detainee stated he could not send mail from BDF to international addresses.

- Action Taken: ODO reviewed the detainee's detention file and found the detainee's signed receipt for the BDF detainee handbook and the ICE National Detainee Handbook. ODO reviewed the BDF detainee handbook and found it did not address mailing international mail, which the PBNDS 2011 (Revised 2016) does not specifically require. ODO brought this to the attention of facility staff, and on February 7, 2022, BDF staff met with the detainee, explained the facility's mailing procedures, and expected delivery times of international mail to the detainee.

Medical Care: One detainee stated he is still waiting to receive his reading glasses. He also stated he submitted a sick call request for reading glasses in October 2021 and facility staff denied it. However, he resubmitted the sick call request for reading glasses to ERO Dallas and received approval in November 2021.

- Action Taken: ODO confirmed from the health services administrator (HSA), the detainee arrived at BDF on August 31, 2022, reported no vision problems, and recorded no eyeglasses in his property inventory. On September 10, 2021, the medical staff evaluated the detainee for a health assessment and vision screening and determined his visual acuity to be 20/50. On September 13, 2021, the clinical medical authority (CMA) referred the detainee to an off-site optometrist to obtain eyeglasses. Facility staff authorized the referral on September 14, 2021, approved it on September 17, 2021, and scheduled an appointment for March 31, 2022. On November 29, 2021, the detainee submitted a sick call request for the repair of an old pair of glasses, and BDF

medical staff met with him on the same day. A facility nurse informed him of the approval for his optometry appointment except that it would take 1 to 3 months for the appointment. On February 5, 2022, ERO Dallas released the detainee before the HSA could update him of his appointment for March 31, 2022.

Medical Care: One detainee stated he experienced chest pains during the interview. The facility medical staff examined him immediately and then sent him to the local hospital.

- Action Taken: ODO spoke with the HSA and confirmed the detainee's prior medication for hypertension, high cholesterol, and diabetes upon his arrival at BDF on January 15, 2022, his positive test result for COVID-19, and his complaint of pain in his left arm. The medical staff completed and reviewed an electrocardiogram of the detainee and sent him via ambulance to the emergency room (ER) of a local hospital. On January 17, 2022, the hospital discharged the detainee with a diagnosis of COVID-19 and chest pains. Hospital staff prescribed a COVID-19 medication protocol and an additional hypertensive medication. BDF medical staff examined the detainee upon his return to the facility, dispensed all medications, and housed him in the medical department isolation unit as per COVID-19 protocols. On January 18, 2022, a nurse practitioner (NP) examined the detainee for follow-up medical care and his first chronic care clinic (CCC) appointment and found all vital signs to be normal. The NP ordered a baseline chest x-ray and blood tests. After confirmation of his negative COVID-19 test results, the facility discharged the detainee from isolation on January 28, 2022. During the ODO interview on February 1, 2022, the detainee developed chest pain, and the BDF medical staff examined and sent him to the local hospital ER via BDF van. The hospital staff diagnosed him with inflammation of the cartilage between his ribs due to persistent coughing provoked by his previous COVID-19 infection. The detainee returned to BDF on the same day, and a BDF NP examined him. He received additional prescriptions for steroidal medication (anti-inflammatory) and ibuprofen (pain) and more lab testing, which the detainee declined. The medical staff dispensed the new medications to the detainee and rescheduled him for blood work. The staff scheduled his next appointment for February 9, 2022.

Medical Care: One detainee stated her concern over her diagnosis of diabetes and no testing of her blood sugar.

- Action Taken: ODO spoke with the HSA and confirmed the detainee's arrival on December 20, 2021, and her medications at intake included Lisinopril, Metformin, and Pravastatin for diabetes and high cholesterol. On December 21, 2021, an NP performed her physical exam and ordered blood tests to monitor her diabetes and cholesterol. On December 26, 2021, the NP reviewed the results of the blood work and scheduled a follow-up appointment for December 30, 2021. The detainee also received information on her diet, exercise, medical condition, and medication compliance. On December 30, 2021, the medical staff did not see the detainee for the follow-up appointment, and the HSA had no explanation for the missed appointment. On January 29, 2022, the detainee submitted a sick call request for a blood sugar test, and the medical staff scheduled an appointment for her with an NP and ordered blood sugar testing to occur

from February 1 to 8, 2022. On February 2, 2022, an NP conducted a diabetic foot exam, reviewed the lab result, and submitted a referral for a dilated diabetic eye exam. The NP scheduled additional lab work for the detainee to complete within 90 days of the follow-up appointment. The detainee received more information on her condition, the stability of her diabetes, and access to medical care. On February 11, 2022, the detainee had a follow-up appointment to review her blood sugar results and discuss the need for further testing.

Medical Care: One detainee stated she needed physical therapy for her left leg due to an accident.

- Action Taken: ODO spoke with the HSA and confirmed the detainee arrived at BDF on December 20, 2021, and stated during the medical screening, she had surgery to her left knee in May 2021 due to a fall and continued to take pain medication. During her intake at BDF, medical staff assigned her to a lower bunk and issued her crutches. On December 22, 2021, the NP completed the detainee's initial physical exam and ordered an x-ray and ultrasound of the detainee's left leg. The facility completed the tests on December 29, 2021. On January 11, 2022, the detainee submitted a sick call request for physical therapy on her leg, to review her test results with facility medical staff, and to seek advice from facility medical staff. On January 12, 2022, an NP reviewed the test results with the detainee and confirmed the effectiveness of the pain medication. The x-ray and ultrasound images showed no acute fractures, swelling, shifting of the metal plate in her shin, no dislocation, nor vascular problems. The NP demonstrated therapy exercises to the detainee and advised her to submit a sick call request if the pain persisted.

Searches of Detainees: Six female detainees stated facility staff strip-searched them at BDF.

- Action Taken: ODO interviewed the BDF compliance manager and confirmed the facility never conducted strip-searches at any time at BDF. On February 3, 2022, the compliance manager spoke with each detainee and found all of them confirmed facility staff told them to remove their clothing and change into BDF-issued uniforms. The detainees had the privacy of the shower area to change their clothing and the facility staff never searched them. On February 7, 2022, ODO interviewed the BDF chief of security who stated BDF staff had not strip-searched any female detainee at any time.

Staff-Detainee Communication: One detainee stated his frustration over communicating with BDF staff.

- Action Taken: ODO interviewed the BDF deputy warden and reviewed BDF's grievance log. On December 17, 2021, the detainee submitted a grievance in reference to non-communication with BDF staff and on the same day the information technology (IT) department resolved the detainee's grievance. On February 7, 2022, the BDF staff spoke with the detainee about the facility translation service and how to use it in speaking with the staff. Additionally, BDF IT personnel educated the detainee on how to use the tablets in his native language.

Visitation: One detainee stated the facility did not allow him to receive visitors.

- Action Taken: ODO informed the BDF deputy warden of the detainee’s visitation concerns. On February 7, 2022, the BDF staff spoke with the detainee about the current visitation protocols. The BDF staff explained the facility allowed non-contact visitation for detainees not under quarantine and informed him on the availability of virtual visitation procedures via tablet.

COMPLIANCE INSPECTION FINDINGS

SECURITY

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the BDF bulletin boards and found the local victim services poster did not have the SAAPI program’s mailing address (**Deficiency SAAPI-68⁸**).

Corrective Action: On February 8, 2022, BDF received the local victim services poster with the SAAPI program’s mailing address printed on it. On the same day, the facility posted the flyer in each housing unit and advised detainees by memo (**C-1**).

CARE

MEDICAL CARE (MC)

ODO reviewed the medical records of [REDACTED] detainees assigned to the CCC and found [REDACTED] out of [REDACTED] detainees did not receive care in the prescribed time frames as medically indicated. Specifically, facility medical staff saw one detainee on December 21, 2021, for his initial health assessment and scheduled him for a follow-up CCC appointment on December 30, 2021. The medical staff did not see the detainee for his CCC appointment on December 30, 2021, and the HSA had no reason to explain the missed appointment (**Deficiency MC-4⁹**).

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

ODO inspected the two suicide watch isolation cells in the medical observation unit (MOU) and found the MOU cells did not have a structurally suicide-resistant metal bed frame. The bed frame

⁸ “As cited earlier under “III. Standards Affected,” ICE/ERO has provided a sexual assault awareness notice to be posted on all housing-unit bulletin boards, as well as a “Sexual Assault Awareness Information” pamphlet to be distributed (see “Appendix 2.11.B: Sexual Abuse and Assault Awareness Brochure” in this standard). The facility shall post with this notice the name of the PSA Compliance Manager and information about local organizations that can assist detainees who have been victims of sexual assault, including mailing addresses and telephone numbers (including toll-free hotline numbers where available).” See ICE PBNDS 2011 (Revised 2016), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(F)(3).

⁹ “Every facility shall directly or contractually provide its detainee population with the following: ...

3. Comprehensive, routine and preventive health care, as medically indicated.”

See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(A)(3).

ODO observed had holes that a detainee could thread rope, string, twine, etc., through and then use to inflict self-harm (**Deficiency SSHSPI-36¹⁰**).

Corrective Action: BDF replaced the bed frame with a solid metal bed frame and relocated the bed towards the middle of the wall for a fully unobstructed view (**C-2**).

ACTIVITIES

CORRESPONDENCE AND OTHER MAIL (COM)

ODO reviewed the BDF's detainee handbook and found no mention of if facility staff find identity documents, such as passports, birth certificates, etc., in a detainee's possession the facility will confiscate as contraband and ICE/ERO may use as evidence against the detainee for other purposes authorized by law (**Deficiency COM-22¹¹**).

Corrective Action: On February 4, 2022, BDF added to its detainee handbook, "Any identity documents, such as passports, birth certificates, etc., in a detainee's possession are considered contraband and may be used by ICE/ERO as evidence against the detainee." The facility placed an updated BDF detainee handbook in each housing unit (**C-3**).

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 20 of those standards. ODO found four deficiencies in the remaining four standards. ODO commends BDF staff for its responsiveness during this inspection. ODO recommends ERO Dallas work with BDF to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ERO provided ODO with the uniform corrective action plan for ODO's last inspection of BDF on October 20, 2021.

¹⁰ "The isolation room must be suicide resistant, which requires that it be free of objects and structural elements that could facilitate a suicide attempt." See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

¹¹ "At a minimum, the notification shall specify: ...

8. That identity documents, such as passports, birth certificates, etc., in a detainee's possession are contraband and may be used by ICE/ERO as evidence against the detainee or for other purposes authorized by law (however, upon request, the detainee shall be provided a copy of each document, certified by an ICE/ERO officer to be a true and correct copy; the facility shall consult ICE/ERO with any and all requests for identity documents)." See ICE PBNDS 2011 (Revised 2016), Standard, Correspondence and Other Mail, Section (V)(C)(8).

Compliance Inspection Results Compared	FY 2021 (PBNDS 2011) (Revised 2016)	FY 2022 (PBNDS 2011) (Revised 2016)
Standards Reviewed	16	24
Deficient Standards	3	4
Overall Number of Deficiencies	5	4
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	3
Facility Rating	N/A	Superior