



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 Houston Field Office**

**Houston Contract Detention Facility
Houston, Texas**

August 2-4, 2022

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

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
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Contractor	Creative Corrections
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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 follow-up inspection of the Houston Contract Detention Facility (HCDF) in Houston, Texas, from August 2 to 4, 2022.¹ This report focused on the standards found deficient during ODO’s last inspection of HCDF from January 31 to February 3, 2022. 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).

ERO has an assigned detention services manager at the facility. An HCDF warden handles daily facility operations and manages [REDACTED] support personnel. Trinity Food Services Group provides food services, ICE Health Service Corps provides medical care, and CoreCivic provides commissary services at the facility. The facility was accredited by the American Correctional Association in April 2022 and the National Commission on Correctional Health Care in February 2021.

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 one deficiency in the following area: Funds and Personal Property (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 August 1, 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	1
Environmental Health and Safety	1
Sub-Total	2
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	0
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	0
Sub-Total	0
Part 5 - Activities	
Recreation	0
Telephone Access	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	2

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 25 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.

Medical Care: One detainee stated his preference for taking medication orally vice a suppository for his anal infection and requested to see a psychologist due to the suppository triggering a memory of a childhood sexual abuse incident.

- Action Taken: ODO interviewed the HSA and confirmed the detainee submitted a sick call request on July 23, 2022, for bloody stools and pain during bowel movements. A facility nurse practitioner (NP) examined him on the same day and noted his dehydration due to his daily intake of 32 ounces of water. The NP informed the detainee of his rectal hemorrhoid, prescribed fiber tablets (650 mg) twice per day for 5 days and a suppository hemorrhoid ointment and advised him to drink more water. On August 3, 2022, the NP followed up with the detainee, but despite the positive impact of the fiber tablets and hemorrhoid ointment, the detainee's water intake had dropped to 23 ounces per day. When the NP renewed his medications, the detainee stated the use of the suppository triggered a memory of sexual abuse during childhood. The HSA spoke with the detainee and explained how obesity and dehydration factor into his current condition that could be treated by regular physical exercise and the suppository. The HSA scheduled the detainee for a follow-up on August 8, 2022, and recommended the detainee to meet with a behavioral health specialist to discuss depression and trauma resulting from his childhood abuse. On August 3, 2022, the behavioral health specialist met with the detainee and discussed managing trauma and how to schedule appointments with a mental health specialist.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

EMERGENCY PLANS (EP)

ODO toured the control center, inspected 1 video camera, reviewed 10 weekly equipment inventory forms, and found the facility administrator did not ensure facility staff tested and maintained at least 1 video camera in the control center for use in emergency situations. Specifically, facility staff did not complete 32 entries on 10 weekly equipment inventory forms during the inspection period (**Deficiency EP-53**⁶).

⁶ "At least one video camera shall be maintained in the control center for use in emergency situations, and the facility administrator shall ensure that it is maintained, tested and supplied as required in 'K. Maintaining Audiovisual Recording Equipment and Records' found in standard '2.15 Use of Force and Restraints.'" See ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plans, Section (V)(D)(7).

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the daily visual inspection log and found the facility staff did not note the medical facility conditions in the daily visual inspections log. Specifically, facility staff did not note the conditions of floors, walls, windows, horizontal surfaces, and equipment in the medical facility for the following dates: July 4-7, 2022; July 18-22, 2022; and July 26-29, 2022 (**Deficiency EHS-155⁷**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 16 of those standards. ODO found two deficiencies in the remaining two standards. ODO commends facility staff members 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 HCDF on March 7, 2022

Compliance Inspection Results Compared	First FY 2022 (PBNDS 2011) (Revised 2016)	Second FY 2022 (PBNDS 2011) (Revised 2016)
Standards Reviewed	24	18
Deficient Standards	1	2
Overall Number of Deficiencies	1	2
Repeat Deficiencies	1	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	N/A

⁷ "The HSA or designee shall make a daily visual inspection of the medical facility, noting the condition of floors, walls, windows, horizontal surfaces and equipment." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(D)(6)(a).