



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

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**Office of Detention Oversight  
Compliance Inspection**

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

**Houston Contract Detention Facility  
Houston, Texas**

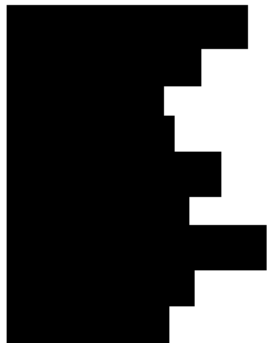
**January 24-26, 2023**

**COMPLIANCE INSPECTION**  
**of the**  
**HOUSTON CONTRACT DETENTION FACILITY**  
Houston, Texas

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## COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Assistant Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Contractor	Creative Corrections
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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 compliance inspection of the Houston Contract Detention Facility (HCDF) in Houston, Texas, from January 24 to 26, 2023.<sup>1</sup> 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 assigned a detention services manager to the facility. An HCDF warden handles daily facility operations and manages [REDACTED] support personnel. Trinity Services provides food services, ICE Health Service Corps provides medical care, and CoreCivic provides commissary services at the facility. The facility received accreditation from the National Commission on Correctional Health Care in April 2018 and the American Correctional Association in August 2019. In August 2021, HCDF 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>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of January 24, 2023)	[REDACTED]
Adult Female Population (as of January 24, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2022, ODO found one deficiency in the following area: Funds and Personal Property (1).

<sup>1</sup> This facility holds male and 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 January 23, 2023.

<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 their decision-making to better allocate resources across the agency’s entire detention inventory.

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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 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDs 2011 (Revised 2016) Standards Inspected <sup>5,6</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Emergency Plans	0
Environmental Health and Safety	1
Transportation (by Land)	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 2 – Security</b>	
Admission and Release	0
Custody Classification System	0
Contraband	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Key and Lock Control	4
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Tool Control	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>4</b>
<b>Part 3 – Order</b>	
Disciplinary System	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 – Care</b>	
Food Service	0
Medical Care	0
Medical Care (Women)	1
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 5 – Activities</b>	
Correspondence and Other Mail	0
Recreation	0
Visitation	0

<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 standards.

<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Detainee Handbook	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 7 - Administration and Management</b>	
Staff Training	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>6</b>

## DETAINEE RELATIONS

ODO interviewed 27 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 a facility nurse at the medical station did not provide any medication for her abdominal discomfort on January 24, 2023, and she felt the facility did not treat her medical complaint.

- Action Taken: ODO reviewed the detainee’s sick call request and confirmed a nurse practitioner (NP) examined her on January 24, 2023. The NP used a Spanish translator, and according to medical facility notes, the detainee stated she had abdominal pain due to constipation or hard stools. The NP advised the detainee to drink water and to return to sick call for any recurrence of abdominal pain. After reviewing the detainee’s medical record and speaking with the NP, ODO followed-up with the detainee to ensure the detainee was aware and understood what the NP advised the detainee at the time of the examination. The detainee acknowledged understanding.

## COMPLIANCE INSPECTION FINDINGS

### SAFETY

#### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the facility’s quarterly fire drills, interviewed the safety manager, and found the facility did not conduct nor document fire drills from October to December 2022 for 17 out of 26 housing pods (A1, A3, A4, A5, A9, A12, B1, B3, B4, B5, B7, B9, B10, B12, B15, B16, B17), and the Food Service, Medical, and Receiving and Discharge areas (**Deficiency EHS-107<sup>7</sup>**).

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<sup>7</sup> “Fire drills shall be conducted and documented at least quarterly in all facility locations including administrative areas.” See ICE PBNDs 2011 (Revised 2016). Standard, Environmental Health and Safety, Section (V)(C)(4).

## SECURITY

### KEY AND LOCK CONTROL (KLC)

ODO interviewed the key control officer (KCO), reviewed the facility KLC policy, and found the facility used padlocks; however, they did not inventory any of the padlocks in use (**Deficiency KLC-30<sup>8</sup>**).

ODO interviewed the KCO, inspected the lock shop inventories, and found the inventories did not contain the model number of the key blanks in a bound ledger nor an electronic database (**Deficiency KLC-37<sup>9</sup>**).

ODO interviewed the KCO, inspected the lock shop inventory logs, and found the facility did not include an inventory log for all unassigned padlocks. Specifically, ODO observed more than 12 unassigned padlocks that the facility did not maintain inventory logs for (**Deficiency KLC-38<sup>10</sup>**).

ODO interviewed the KCO, inspected the control room key and lock shop inventories, and found the facility did not maintain an inventory of assigned padlocks within the facility nor the identified locations either alphabetically or numerically (**Deficiency KLC-39<sup>11</sup>**).

## CARE

### MEDICAL CARE (MC)

ODO reviewed five detainee medical records and found in one out of five records, the facility did not provide a pregnant detainee upon their release from ICE Custody, the required referrals for community-based providers as medically appropriate nor a detailed medical care summary" (**Deficiency MC-277<sup>12</sup>**).

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<sup>8</sup> "The security key control officer maintains accurate inventories of padlocks in use, master keys for cabinets, key blanks and all keys currently in use;" *See* ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(B)(3)(b).

<sup>9</sup> "Lock shop inventories shall include, at a minimum, the following: ...

All key blanks, identified by model number and manufacturer's name, inventoried in a bound ledger or electronic database;"

*See* ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(C)(2)(b).

<sup>10</sup> "Lock shop inventories shall include, at a minimum, the following: ...

All unassigned padlocks;"

*See* ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(C)(3)(c).

<sup>11</sup> "Lock shop inventories shall include, at a minimum, the following: ...

An inventory of assigned padlocks, with locations identified alphabetically or numerically."

*See* ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(C)(4)(d).

<sup>12</sup> "Upon removal or release from ICE custody, the detainee shall be provided medication, referrals to community-based providers as medically appropriate, and a detailed medical care summary." *See* ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(BB)(4)(c)(2).



## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 25 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 22 of those standards. ODO found six deficiencies in the remaining three standards. Since HCDF’s last full inspection in January 2022, the facility’s overall compliance with the ICE PBNDS 2011 (Revised 2016) has trended down. HCDF went from 1 deficient standard and 1 deficiency during their last full inspection in January 2022 to 3 deficient standards and 6 deficiencies during this most recent full inspection although ODO rated both inspections as Superior. ODO did not review the KLC standard during the January 2022 inspection as it was not an FY 2022 core standard, and KLC accounted for 4 out of 6 deficiencies found during this most recent inspection. ODO received a completed uniform corrective action plan for the full inspection in January 2022 and ODO did not identify any repeat deficiencies in the Funds and Personal Property standard. ODO recommends ERO Houston continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2022 Full Inspection PBNDS 2011 (Revised 2016)</b>	<b>FY 2023 Full Inspection PBNDS 2011 (Revised 2016)</b>
Standards Reviewed	24	25
Deficient Standards	1	3
Overall Number of Deficiencies	1	6
Priority Component Deficiencies	N/A	0
Repeat Deficiencies	1	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Superior