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U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
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**Office of Detention Oversight
Compliance Inspection
2024-001-274**

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

**Houston Contract Detention Facility
Houston, Texas**

January 30-February 1, 2024

COMPLIANCE INSPECTION
of the
HOUSTON CONTRACT DETENTION FACILITY
Houston, 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 Houston Contract Detention Facility (HCDF) in Houston, Texas, from January 30 to February 1, 2024.¹ 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).

[REDACTED] An HCDF warden handles daily facility operations and manages [REDACTED] support personnel. Trinity 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 National Commission on Correctional Health Care in February 2021 and the American Correctional Association in April 2022. In June 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 ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of January 30, 2024)	[REDACTED]
Adult Female Population (as of January 30, 2024)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 6 deficiencies in the following areas: Environmental Health and Safety (1); Key and Lock Control (4); and Medical Care (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 Custody Management Division Authorized Facility List as of January 22, 2024.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.⁴

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.

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 ^{5,6}	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
Facility Security and Control	0
Funds and Personal Property	0
Key and Lock Control	0
Population Counts	0
Post Orders	6
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	6
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	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Religious Practices	1
Telephone Access	1
Voluntary Work Program	0

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

⁶ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

Sub-Total	2
Part 6 - Justice	
Grievance System	0
Law Libraries and Legal Material	2
Sub-Total	2
Part 7 - Administration and Management	
Detention Files	0
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	10

DETAINEE RELATIONS

ODO interviewed 41 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.

Medical Care: One detainee stated he felt stressed as a result of not being able to see his wife, which he previously did not disclose to facility staff during the intake process.

- **Action Taken:** Following the detainee’s interview, ODO informed facility staff the detainee felt stressed from his wife living in another state. ODO reviewed the detainee’s medical record with the facility health services administrator (HSA) and found an assessment by a facility licensed clinical social worker (LCSW), dated January 31, 2024, identifying the sources of his stress as his pending immigration case and the possibility of separation from his wife. He further stated he relied on conversations with his wife and other detainees to remain calm. The detainee denied having current suicidal and homicidal ideations. The LCSW provided the detainee emotional support, advised him of positive coping strategies, and provided him with a mental health journal. The LCSW recommended scheduling a follow-up mental health appointment on or about February 28, 2024. The detainee verbalized understanding and returned to his housing unit.

Medical Care: One detainee stated the ibuprofen prescribed by the facility medical staff did not help his headaches and dizziness. He further stated his weight loss concern after losing 6 pounds since arriving at the facility.

- **Action Taken:** ODO reviewed the detainee’s medical record with the HSA and found the detainee measured 70 inches tall and weighed 216.2 pounds during his initial medical examination on January 21, 2024. His body mass index (BMI) of 31 classified him as obese as per the National Institutes of Health BMI calculator. As of January 29, 2024, the facility medical staff recorded the detainee’s weight at 211 pounds and determined his BMI of 30.3 still classified him as obese for his height and weight. The facility medical staff noted his vital signs as normal. ODO queried the medical staff about the detainee’s weight loss, and the assistant HSA indicated the detainee’s weight

loss of 5 pounds was not a concern. On the same day, a facility registered nurse (RN) evaluated the detainee for complaints of a headache and dizziness but mentioned no issues relating to weight loss. The RN examined the detainee, prescribed ibuprofen (200 mg), instructed him to apply a wet washcloth/cold pack to his forehead for 20 minutes, and to increase his fluid intake. The detainee verbalized understanding the instructions and returned to his housing unit.

COMPLIANCE INSPECTION FINDINGS

SECURITY

POST ORDERS (PO)

ODO reviewed 28 POs and found the following deficiencies:

- In 11 out of 28 POs, no posted duty hours for the correctional counselor, food service, receiving and discharge (C-Building), south corridor, health services, court bailiff, mailroom officer, north corridor/dorm B-17, ICE lobby checkpoint, and armory/key control (**Deficiency PO-10⁷**);
- In 9 out of 28 POs, the facility administrator did not sign and date the last page of each section of POs for recreation, health services, court bailiff, mailroom officer, north corridor/dorm B-17, ICE lobby checkpoint, armory/key control, segregation, and restricted housing unit (**Deficiency PO-11⁸**);
- In 4 out of 28 POs, the facility administrator, shift supervisor, assistant shift supervisor, off-site hospital officer, and vehicle gate POs did not have initials nor dates on all other pages (**Deficiency PO-12⁹**);
- The facility’s C-Building vehicle gate and off-site hospital officer POs did not clearly state to consider any staff member taken hostage to be under duress (**Deficiency PO-26¹⁰**);
- The facility’s C-Building vehicle gate PO did not clearly state to disregard any order issued by a hostage, regardless of his/her position of authority at the facility (**Deficiency PO-27¹¹**); and

⁷ “The chief security officer shall supervise the preparation of all post orders, which shall: ...

2. Specifically state the duty hours for each post.”

See ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(C)(2).

⁸ “The facility administrator (or designee) shall:

1. Approve, sign and date each Post Order on the last page of each section.”

See ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(C)(1).

⁹ “The facility administrator (or designee) shall: ...

2. Initial and date all other pages.”

See ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(C)(2).

¹⁰ “Post Orders for armed posts, and for posts that control access to the institution perimeter, shall clearly state that:

...

2. Any staff member who is taken hostage is considered to be under duress.”

See ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(F)(1).

¹¹ “Post Orders for armed posts, and for posts that control access to the institution perimeter, shall clearly state that:

- The facility’s C-Building vehicle gate PO did not include specific instructions for escape attempts (**Deficiency PO-28**¹²).

ACTIVITIES

RELIGIOUS PRACTICES (RP)

ODO reviewed the facility’s RP policy and found a detainee must wait 12 months before submitting a request for a change of religious preference (**Deficiency RP-16**¹³).

TELEPHONE ACCESS (TA)

ODO toured 21 detainee housing units and found all monitored telephones did not have instructions on how to make an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation (**Deficiency TA-20**¹⁴).

JUSTICE

LAW LIBRARIES AND LEGAL MATERIALS (LLM)

ODO reviewed the facility detainee handbook and found the handbook did not provide detainees with the procedure for notifying a designated employee of outdated library materials (**Deficiency LLM-23**¹⁵).

ODO reviewed the facility detainee handbook and found the handbook did not notify detainees of the scheduled hours of access to the law library (**Deficiency LLM-71**¹⁶).

...

2. Any order issued by such a person, regardless of his/her position of authority, is to be disregarded.”

See ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(F)(2).

¹² “Specific instructions for escape attempts shall be included in the post orders for armed posts.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(F).

¹³ “A detainee may request to change his/her religious preference designation at any time by notifying the chaplain, religious services coordinator or other designated individual in writing, and the change shall be effected in a timely fashion.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Religious Practices, Section (V)(B).

¹⁴ “If telephone calls are monitored, the facility shall, at each monitored telephone, place a notice that states the following:

- a. That detainee calls are subject to monitoring; and
- b. The procedure for obtaining an unmonitored call to a court, a legal representative or for the purposes of obtaining legal representation.”

See ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(B)(3)(a-b).

¹⁵ “The detainee handbook shall also provide detainees with information regarding the procedure for notifying a designated employee that library material is missing, out of date, or damaged.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Law Libraries and Legal Materials, Section (V)(E)(2).

¹⁶ “The detainee handbook or supplement shall provide detainees the rules and procedures governing access to legal materials, including the following information: ...

2. The scheduled hours of access to the law library.”

See ICE PBNDS 2011 (Revised 2016), Standard, Law Libraries and Legal Materials, Section (V)(N)(2).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 30 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 26 of those standards. ODO found 10 deficiencies in the remaining 4 standards. Since HCDF’s last full inspection in July 2023, the facility’s compliance with the ICE PBNDS 2011 (Revised 2016) has trended down. HCDF went from 3 deficient standards and 6 deficiencies during their last inspection in January 2023 to 4 deficient standards and 10 deficiencies during this most recent full inspection. ODO did not review the Post Orders, Religious Practices, Telephone Access, nor the Law Libraries and Legal Materials standards during the January 2023 inspection as they were not FY 2023 core standards. However, the Post Orders and Law Libraries and Legal Materials standards accounted for 8 out of 10 deficiencies found during this most recent inspection. ODO received a completed uniform corrective action plan for the full inspection in January 2023, which likely resolved the deficiencies ODO found during that inspection. ODO recommends ERO Houston continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	25	30
Deficient Standards	3	4
Overall Number of Deficiencies	6	10
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Good. ¹⁷

¹⁷ ODO revised its rating system at the end of FY 2023, and beginning in FY 2024, facilities rated as “Superior” will have no or very minimal deficiencies and will have no repeat or priority component deficiencies.