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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO San Antonio Field Office
T. Don Hutto Residential Center
Taylor, Texas

April 3-5, 2018

COMPLIANCE INSPECTION
for the
T. DON HUTTO RESIDENTIAL CENTER
Taylor, Texas

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FACILITY OVERVIEW

The Office of Detention Oversight (ODO) conducted a compliance inspection of the T. Don Hutto Residential Center (TDHRC), in Taylor, Texas from April 3-5, 2018¹. TDHRC opened in 2006 and is owned and operated by CoreCivic. The Office of Enforcement and Removal Operations (ERO) began housing detainees at TDHRC in 2008 under the oversight of ERO's Field Office Director (FOD) in San Antonio. The facility operates under the Family Residential Standards (FRS).

ERO Deportation Officers (DO) are assigned to the center but there is no assigned Detention Services Manager (DSM). A facility administrator and Assistant Field Office Director (AFOD) are responsible for daily facility operations and are supported by ██████ personnel. Trinity Services Group provides food services and medical care is provided by the ICE Health Service Corps (IHSC). TDHRC was accredited by the National Commission on Correctional Health Care (NCHC) in 2017.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	512
Average ICE Detainee Population ³	496
Male Detainee Population	N/A
Female Detainee Population (as of 4/3/2018)	488

In June 2010, ODO conducted an inspection of the TDHRC reviewing a total of 27 standards and found the facility compliant with 12 standards. ODO found 20 deficiencies in the following areas: Medical Care (3), Funds and Personal Property (1), Law Libraries and Legal Material (1), Admission and Release (3), Discipline and Behavior Management (1), Emergency Plans (1), Personal Hygiene (1), Post Orders (1), Recreation (1), Residential Files (1), Sexual Abuse and Assault Prevention and Intervention (1), Staff-Resident Communication (1), Transfer of Residents (1), Transportation (2), and Visitation (1).

¹ This facility holds female residents with low-level classification for periods greater than 72 hours.

² Data Source: ERO Facility List Report as of March 26, 2018.

³ *Ibid.*

FINDINGS BY FAMILY RESIDENTIAL STANDARDS (FRS) MAJOR CATEGORIES

FRS STANDARDS INSPECTED ⁴	DEFICIENCIES
Part 1 – Safety	
Environmental Health and Safety	2
Sub-Total	2
Part 2 – Security	
Admission and Release	0
Funds and Personal Property	0
Searches of Residents	0
Sexual Abuse and Assault Prevention and Intervention	0
Staff-Resident Communications	2
Use of Physical Force and Restraints	2
Sub-Total	4
Part 4 – Care	
Food Service	0
Medical Care	2
Suicide Prevention and Intervention	1
Sub-Total	3
Part 5 - Activities	
Telephone Access	0
Visitation	2
Sub-Total	2
Part 6 – Justice	
Grievance System	0
Law Libraries and Legal Materials	0
Sub-Total	0
Total Deficiencies	11

⁴ For greater detail on ODO’s findings, see the *Inspection Findings* section of this report.

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 (NDS) 2000, the Performance-Based National Detention Standards (PBND) 2008 or 2011, or the Family Residential Standards (FRS), as applicable. These inspections focus solely on facility compliance with detention standards that directly affect resident life, health, safety, and/or well-being.⁵ ODO identifies violations linked to ICE detention standards, ICE policies, or operational procedures as *deficiencies*.

After each inspection, ODO holds a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also 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. Additionally, ODO findings inform ICE executive management decision-making in better allocating resources across the agency's entire detention inventory.

⁵ ODO reviews the facility's compliance with selected standards in their entirety.

DETAINEE RELATIONS

ODO interviewed 21 randomly-selected residents (all [REDACTED] females) to assess the conditions of confinement at TDHRC. Interview participation was voluntary, and none of the residents made allegations of mistreatment, abuse, or discrimination. All the residents interviewed reported being satisfied with facility services. All residents interviewed likewise reported satisfaction with the medical care provided by TDHRC personnel and further expressed appreciation for their cordial treatment by facility staff. None of the residents interviewed made a complaint.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the facility's Fire Prevention, Control, and Evacuation Plan and verified the plan is inclusive of the necessary components to ensure guidelines are in place for a comprehensive and well written emergency procedure plan. Fire evacuation plans were observed to be strategically placed throughout the facility in English and Spanish in accordance with the standard. A review of [REDACTED] fire drill reports found that fire drills are conducted [REDACTED] [REDACTED] are included in the reports; however, documentation does not reflect the time requirement for [REDACTED] (Deficiency EH&S-1⁶).

A review of inventories and documentation of security risk items in the medical department confirmed needles and sharp instruments are inventoried in accordance with the standard; however, syringes are not inventoried [REDACTED] required (Deficiency EH&S-2⁷).

SECURITY

STAFF-RESIDENT COMMUNICATIONS (SRC)

ERO staff conduct [REDACTED] scheduled and unscheduled visits at TDHRC. Scheduled visits occur on Monday, Tuesday, Wednesday, and Friday and postings are in all housing units. During the visit, Deportation Officers (DOs) check on the overall condition of the facility and respond to resident requests. Visits are documented in the logbooks maintained inside each housing unit. ODO reviewed logbook entries going back to December 2017 and found weekly unscheduled, unannounced visits to the facility by supervisory staff are documented in the logbooks; however, the facility does not have a policy in place requiring that visits are logged (Deficiency SRC-1⁸).

ERO ensures all telephones for resident use are tested at least weekly. Staff report any telephone serviceability problem within 24 hours to the appropriate ICE point of contact. However, TDHRC's ICE/ERO staff does not utilize the serviceability test form provided for them during telephone testing visits (Deficiency SRC-2).⁹

⁶ [REDACTED] shall be included in each fire drill. [REDACTED]

[REDACTED] See ICE FRS, Standard, Environmental Health and Safety, Section (VI)(4)(c).

⁷ "An inventory shall be kept of those items that pose a security risk, such as [REDACTED] and shall be checked weekly by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent." See ICE FRS, Standard, Environmental Health and Safety, Section (VIII)(4).

⁸ "Each facility shall have policy and procedures to ensure and document that the ICE/DRO department heads conduct frequent unannounced, unscheduled visits to the facility's living and activity areas to informally observe living and working conditions and encourage informal communication among staff and residents." See ICE FRS, Standard, Staff-Resident Communications, Section (V)(1)(a).

⁹ "Staff shall document each serviceability test on a form that has been provided by DRO, and each field office shall maintain those forms, organized by month, for three years." See ICE FRS, Standard, Staff-Resident Communications, Section (V)(2).

Corrective Action: The facility initiated corrective action by utilizing the serviceability forms to capture and record all substantive information as required by the standard.

USE OF PHYSICAL FORCE AND RESTRAINTS

One hand-held digital video camera is maintained in [REDACTED], and one is maintained in a [REDACTED]. ODO reviewed the policy and documentation regarding ERT equipment maintenance and noted the facility administrator has not incorporated the responsibility for maintaining cameras and other video equipment, ensuring all parts are in working order, and keeping back-up supplies on hand in one or more Post Orders (**Deficiency UOPF&R-1**¹⁰).

Corrective Action: The facility initiated corrective action and incorporated the requirements into the Central Control and Utility Post Orders prior to the end of the inspection.

ODO's inspection found the facility does not maintain protective gear, to include [REDACTED] with [REDACTED] to protect staff in the event of a use of force incident (**Deficiency UOPF&R-2**¹¹). In the event there is a need for a calculated use of force to move and/or restrain a resident, the Use of Force [REDACTED] and use of protective gear is critical for the safety of staff and the resident. The only protective equipment available for use by staff are [REDACTED].

CARE

MEDICAL CARE (MC)

ODO's review of 57 medical records confirmed medical examinations were completed within seven days of arrival. Trained Registered Nurses (RNs) or a Nurse Practitioner (NP) perform all initial medical examinations at TDHRC. Based on ODO's review of medical records and interviews with the Health Services Administrator (HSA), pelvic examination, Pap smear, breast examination, and/or mammography are not included as part of the initial physical examinations. Medical records did not document that basic preventative health screenings were offered or that they refused the screening (**Deficiency MC-1**¹²). The TDHRC HSA explained to ODO, TDHRC

¹⁰ "Since video recording equipment must often be quickly available, each facility administrator shall designate, and incorporate in one or more post orders responsibility for: ...Maintaining cameras and other video equipment; Regularly scheduled and documented testing to ensure all parts, including batteries, are in working order; and Keeping back-up supplies on hand (batteries, tapes, lens-cleaners, etc.)." See ICE FRS, Standard, Use of Physical Force and Restraints, Section (V)(11).

¹¹ "When a resident must be forcibly moved and/or restrained during a calculated use of force, staff shall use the [REDACTED] to prevent or diminish injury to staff and the residents and exposure to communicable disease.

[REDACTED] team members enter the resident's area together, with coordinated responsibility for achieving immediate control of the resident." See ICE FRS, Standard, Use of Physical Force and Restraints, Section (V)(9)(c).

¹² "Individual health assessments include, at a minimum: ... (d) A physical examination (as indicated by the patient's gender, age, and risk factors) performed by a physician, physician assistant, or nurse practitioner. ... Current age- and sex-specific clinical practice guidelines should be followed for all clinical services offered during the initial health

opted to not perform gynecological and breast examination on residents because the average length of stay at this facility is only 42 days. ODO's review of 57 medical records verified there was no gynecological or breast examinations completed or offered during subsequent clinical encounters. The facility was not able to provide evidence of a waiver issued by HQ ERO regarding these exams.

TDHRC provides in-house routine dental services, and emergency dental services are available seven days a week. Residents with dental complaints are triaged and treated by the dentist. Trained Registered Nurses (RNs) and Nurse Practitioners (NPs) perform an intake dental health screening exam as part of the initial physical examination. However, RNs are not authorized to perform initial dental health screenings. (**Deficiency MC-2**¹³).

SUICIDE PREVENTION AND INTERVENTION (SP&I)

Over the last 12 months, there was one suicide watch at the TDHRC. Review of the medical record validates the resident was evaluated in accordance with approved policy and procedures, provided mental health and medical evaluations, and incremental follow up services to progress towards integration into the general population. ODO's review of documentation and interviews with the HSA found the suicide watch was terminated by a Licensed Clinical Social Worker (LCSW) and not the Clinical Director (**Deficiency SP-1**¹⁴). Note: Instead of following the standard, TDHRC is following OM-16-002 IHSC Memorandum "Significant Harm and Suicide Prevention and Intervention" which defines "Behavioral health providers (BHP) as psychiatrist, clinical psychologist, independently licensed social workers and psychiatric nurse practitioners." Section (4) of the memorandum further states "BHPs and primary care physicians are the only IHSC staff that can discontinue suicide watch, constant watch or mental health observation." While ODO cites a deficiency here due to the wording of the standard, ODO recommends the SNA Field Office seek guidance from headquarters ERO to determine if a waiver is appropriate with respect to this practice.

ACTIVITIES

VISITATION (V)

The facility has policies in place to address the visitation processes for general and legal visits in accordance with the standard. Residents are also notified of these visitation processes in the resident handbook. ODO confirmed the visiting hours are also provided to the public via the telephone. ODO observed TDHRC has complete rules and regulations for general and legal visits posted in the visiting room and the visitor waiting area in the main lobby. However, rules and regulations were not posted in the housing units or common areas where they can easily be seen

assessment to include clinical preventative service (e.g., pelvic examination, Pap smear, prostate exam)." *See* IHSC Policy Memorandum PM 12-004, Effective Date: 12 July 2012 (J-E-04).

¹³ "The initial dental screening may be performed by a physician, physician's assistant or nurse practitioner-if trained by a licensed dentist." *See* ICE FRS, Standard, Medical Care, Section (V)(11).

¹⁴ "A resident formerly under a suicide watch may be returned to general population only if it can be reasonably presented that the resident does not pose a danger to himself or herself, or others, and upon written authorization from the CD." *See* ICE FRS, Standard, Suicide Prevention and Intervention, Section (V)(4).

by residents for general visits (**Deficiency V-1**¹⁵) or legal visits (**Deficiency V-2**¹⁶).

CONCLUSION

During this inspection, ODO reviewed the facility's compliance with 14 standards under the FRS, and found the facility compliant with eight (8) standards. We found 11 deficiencies in the remaining six standards and identified two instances where the facility initiated corrective action during the inspection. ODO also interviewed 21 randomly selected detainees and notes with pleasure no detainee made any complaints which is quite rare.

ODO was very impressed with TDHFRC's operations to include its focus on detainee programming and its open movement practices. ODO found detainees to be very engaged and were impressed by the facility's recreation program, law library, and its practice of allowing detainees to access the Internet and webmail. ODO notes the facility operates under a modified version of ICE's Family Residential Standards which were originally drafted in 2008. In some areas national policies have superseded these standards; however, in other areas decisions by facility and/or ICE leadership have led to practices that technically contradict the standards as written but may be more appropriate given the population housed (*See* MC-1). While ODO found a decrease in deficiencies since its last inspection, ODO recommends ERO resolve not only these deficiencies but also address any discrepancies with the standard by issuing formal waivers or updating the standards where appropriate.

Compliance Inspection Results Compared	FY 2010 (FRS)	FY 2018 (FRS)
Standards Reviewed	27	14
Deficient Standards	15	6
Overall Number of Deficiencies	20	11
Deficient Priority Components	N/A	N/A
Corrective Action	0	2

¹⁵ "Each facility shall: Post rules and hours in common areas and each housing unit, where they can easily be seen by residents." *See* ICE FRS, Standard, Visitation, Section (V)(3)(b).

¹⁶ "The facility shall provide notification of the rules and hours for legal visitation, as specified above, and prominently post this information in the waiting areas and visiting areas for general and legal visitors in the recreation area and in the housing units." *See* ICE FRS, Standard, Visitation, Section (V)(10)(b).