



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

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**Office of Detention Oversight  
Follow-Up Compliance Inspection**

**Enforcement and Removal Operations  
ERO San Antonio Field Office**

**T. Don Hutto Residential Center  
Taylor, Texas**

**June 28-30, 2022**

**FOLLOW-UP COMPLIANCE INSPECTION**  
**of the**  
**T. DON HUTTO RESIDENTIAL CENTER**  
Taylor, Texas

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## **FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS**



Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
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 compliance inspection of the T. Don Hutto Residential Center (TDHRC) in Taylor, Texas, from June 28 to 30, 2022.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of TDHRC from December 6 to 9, 2021. The facility opened in 1997 and is owned and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at TDHRC in 2006 under the oversight of ERO’s Field Office Director in San Antonio (ERO San Antonio). 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. Trinity Food Service provides food services, ICE Health Services 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 March 2021 and the American Correctional Association in January 2022. In April 2021, TDHRC 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>	█████
Average ICE Population <sup>3</sup>	█████
Adult Male Population (as of June 28, 2022)	█████
Adult Female Population (as of June 28, 2022)	█████

During its last inspection, in Fiscal Year (FY) 2022, ODO found two deficiencies in the following area: Emergency Plans (2).

<sup>1</sup> This facility holds male detainees with low security classification levels for periods longer than 72 hours.

<sup>2</sup> Data Source: ERO Facility List as of June 06, 2022.

<sup>3</sup> *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 <sup>4,5</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Emergency Plans	0
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Special Management Units	1
Staff-Detainee Communication	3
Use of Force and Restraints	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	1
<b>Sub-Total</b>	<b>5</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	1
Medical Care (Women)	0
Personal Hygiene <sup>6</sup>	1
Significant Self-harm and Suicide Prevention and Intervention	1
<b>Sub-Total</b>	<b>3</b>
<b>Part 5 - Activities</b>	
Recreation	0
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Grievance System	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>8</b>

<sup>4</sup> For greater detail on ODO's findings, see the *Follow-up Inspection Findings* section of this report.

<sup>5</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.

<sup>6</sup> The deficiency cited under the Personal Hygiene standard was identified while performing detainee interviews, the Personal Hygiene standard was not reviewed in its entirety.

## DETAINEE RELATIONS

ODO interviewed 26 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, nor abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Medical Care:* One detainee stated he found his prescribed pain medication ineffective in alleviating his ear pain.

- Action Taken: ODO reviewed the detainee's medical record and found the facility medical staff first prescribed acetaminophen for his ear pain on June 17, 2022. On June 23, 2022, facility medical staff examined the detainee for decreased hearing and submitted a referral to the provider, who examined him the same day and recommended ear irrigation and ear drops. On June 23, 2022, the detainee began his ear drops prescription, and then facility medical staff irrigated his ears on June 28, 2022. The detainee has not returned to sick call for ear pain since June 29, 2022.

*Medical Care:* One detainee stated he received inadequate medical care and medication for his herniated back.

- Action Taken: ODO reviewed the detainee's medical record and confirmed prescriptions for naproxen (pain) and cyclobenzaprine (muscle relaxer). The nurse submitted a referral for the medical provider. On May 25, the medical provider examined the detainee for back pain, took X-rays, performed a magnetic resonance imaging test, and prescribed ibuprofen (200 mg). On June 10, 2022, facility medical staff examined the detainee again for back pain but did not refill his prescription because it would not lapse for another 5 days. A facility nurse educated the detainee on stretching and other means of relieving back pain. On June 17, 2022, the detainee returned to medical for back pain, and a facility nurse referred the detainee to the medical provider. On the same day, the provider assessed the detainee, prescribed Tylenol (500 mg), and increased the dosage of his ibuprofen prescription to 600 mg. On June 22, 2022, a facility nurse examined the detainee for back pain and submitted another referral to the medical provider. On June 22, 2022, the provider changed the detainee's pain medication to naproxen and then prescribed cyclobenzaprine on June 23, 2022. The detainee submitted no additional sick call requests as of June 29, 2022.

*Medical Care:* One detainee stated he did not receive proper medical care for his broken eardrum.

- Action Taken: ODO reviewed the detainee's medical record and found a facility nurse examined the detainee on June 18, 2022, and found no damage to his eardrum. On the same day, the nurse then referred the detainee to the medical provider, and the medical provider examined the detainee's ear and prescribed ibuprofen (200 mg). The detainee has not submitted any subsequent sick call requests, and the facility released him on June 29, 2022.

*Staff-Detainee Communication:* One detainee stated facility staff spoke to him in an aggressive manner and denied him recreation without an explanation on June 4, 2022. The detainee stated he submitted a request to the facility case manager.

- Action Taken: On June 29, 2022, the unit manager and case manager interviewed the detainee at the Delta dorm, and the detainee restated a staff member denied him recreation without cause on June 4, 2022. As per the investigation procedure, the unit manager contacted the staff member assigned to the dorm on June 4, 2022, and reviewed the logbook. TDHRC managers found the facility did not have sufficient staff to provide recreation to detainees on June 4, 2022. Facility staff reviewed the findings with the detainees on June 29, 2022. Additionally, the staff member received a reprimand for potentially aggressive mannerisms.

*Staff-Detainee Communication:* One detainee stated ICE officers are very rude. The detainee referenced one instance of an officer not explaining any forms prior to making detainees sign them and not allowing detainees to ask questions about the forms.

Action Taken: ODO addressed the issue with ERO San Antonio, and the supervisory detention and deportation officer (SDDO) informed ODO that all ERO San Antonio officers are trained to speak to detainees in a professional manner. ODO did not observe any unprofessionalism by ERO San Antonio or facility staff during the inspection. The SDDO assured ODO that ERO San Antonio managers will ensure staff speak to detainees in a professional manner. Additionally, the SDDO informed ODO their staff do not force detainees to sign any documents and will write the statement, “Refused to sign,” when a detainee refuses to sign any documents.

## **FOLLOW-UP COMPLIANCE INSPECTION FINDINGS**

### **SECURITY**

#### **SPECIAL MANAGEMENT UNITS (SMU)**

ODO reviewed the facility’s SMU 30-minute observation logs and found the facility staff did not personally observe and log detainees in SMU at least every 30 minutes on an irregular schedule (**Deficiency SMU-126<sup>7</sup>**).

#### **STAFF-DETAINEE COMMUNICATION (SDC)**

ODO reviewed ERO San Antonio’s electronic detainee request logs and found in 26 out of 133 detainee requests, a response was not provided within 3 business days of receipt (**Deficiency SDC-16<sup>8</sup>**).

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<sup>7</sup> “Detainees in SMU shall be personally observed and logged at least every 30 minutes on an irregular schedule.” See ICE PBND 2011, Standard, Special Management Units, Section (V)(M).

<sup>8</sup> “In Facilities with ICE/ERO Onsite Presence: ...

- The ICE/ERO staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no later than within three (3) business days of receipt.”



ODO reviewed the facility's detainee request logbook and found the logbook did not record the name of the staff member who logged the request (**Deficiency SDC-20<sup>9</sup>**).

ODO toured the facility and found the facility did not have all required postings in the dining area. Specifically, ODO observed the OIG Hotline informational poster was not posted (**Deficiency SDC-30<sup>10</sup>**).

## **FUNDS AND PERSONAL PROPERTY (FPP)**

ODO reviewed █ detainee detention files and found in █ out of █ files, the personal property inventory forms did not contain the time of admission (**Deficiency FPP-85<sup>11</sup>**).

## **CARE**

### **MEDICAL CARE (MC)**

ODO reviewed █ medical staff credential files and found in █ out of █ files, no verifiable license, certification, credential, or registration of medical staff in accordance with applicable state and federal requirements (**Deficiency MC-101<sup>12</sup>**).

### **PERSONAL HYGIENE (PH)**

ODO observed facility staff and found staff members failed to announce each time visitors of opposite gender entered a housing unit (**Deficiency PH-43<sup>13</sup>**).

### **SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)**

ODO reviewed security suicide watch logs for two detainees placed on suicide watch during the inspection period and found 42 instances in which continuous monitoring of the detainees was documented between 16 and 30 minutes (**Deficiency SSHSPI-34<sup>14</sup>**).

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*See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(B)(1)(a).*

<sup>9</sup> "At a minimum, the log shall record: ...

e. name of the staff member who logged the request;"

*See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(B)(2)(e).*

<sup>10</sup> "The facility administrator shall ensure that posters are mounted in every housing unit and in appropriate common areas (e.g., recreation areas, dining areas, processing areas)." *See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(D)(3).*

<sup>11</sup> "The personal property inventory form must contain the following information at a minimum:

1. date and time of admission."

*See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(I)(1).*

<sup>12</sup> "All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements." *See ICE PBNDS 2011, Standard, Medical Care, Section (V)(I).*

<sup>13</sup> "Staff of the opposite gender shall announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing." *See ICE PBNDS 2011, Standard, Personal Hygiene, Section (V)(E).*

<sup>14</sup> "The qualified mental health professional may place the detainee in a special isolation room designed for evaluation

## 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 12 of those standards. ODO found eight deficiencies in the remaining six 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. ODO has not received the UCAP for ODO's last inspection of TDHRC in December 2021.

<b>Compliance Inspection Results Compared</b>	<b>First FY 2022 (PBNDS 2011) (Revised 2016)</b>	<b>Second FY 2022 (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	24	18
Deficient Standards	1	6
Overall Number of Deficiencies	2	8
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Corrected Deficiencies	0	0
Facility Rating	Superior	N/A

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and treatment with continuous monitoring that must be documented every 15 minutes or more frequently if necessary.”  
*See ICE PBNDS 2011, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).*