



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

**Office of Detention Oversight
Compliance Inspection
2024-001-223**

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

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

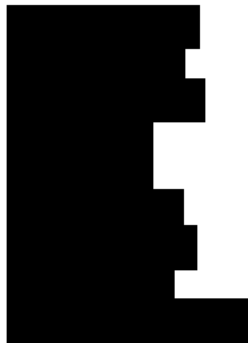
December 12-14, 2023

COMPLIANCE INSPECTION
of the
T. DON HUTTO RESIDENTIAL CENTER
Taylor, 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 T. Don Hutto Residential Center (TDHRC) in Taylor, Texas, from December 12 to 14, 2023.¹ 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).

[REDACTED] A warden handles daily facility operations and manages [REDACTED] support personnel. Trinity Food Services provides food services, ICE Health Service Corps provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in March 2021 and by 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 ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of December 12, 2023)	[REDACTED]
Adult Female Population (as of December 12, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 3 deficiencies in the following areas: Admission and Release (1) and Special Management Units (2).

¹ This facility holds male 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 December 11, 2023.

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 ^{5,6,7}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	2
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	3
Population Counts	0
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	2
Staff-Detainee Communication	1
Use of Force and Restraints	0
Sub-Total	8
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	1
Sub-Total	1
Part 5 - Activities	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Religious Practices	0
Telephone Access	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.

⁷ Staff-Detainee Communication and Grievance System were not inspected in their entirety in FY 2023.

Voluntary Work Program	0
Sub-Total	0
Part 6 - Justice	
Grievance System	1
Law Libraries and Legal Materials	0
Sub-Total	1
Part 7 - Administration and Management	
Detention Files	0
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	10

DETAINEE RELATIONS

ODO interviewed 45 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed five detention files of released detainees and found no signed inventory sheet confirming detainees checked their property against the original inventory form (**Deficiency AR-90**⁸).

ODO reviewed five detention files of released detainees and found no signed copy of the inventory sheet (**Deficiency AR-91**⁹). **This is a repeat deficiency.**

FUNDS AND PERSONAL PROPERTY (FPP)

ODO interviewed facility staff, observed 50 unidentified bags stored in a holding cell, and found no Baggage Check forms (Form I-77) or equivalent issued for each bag (**Deficiency FPP-91**¹⁰).

⁸ “The detainee shall check his/her property against the original personal property inventory form. If all property is correctly accounted for, the detainee shall sign the inventory sheet ...” See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(H)(9)(c).

⁹ “... The detainee shall sign the inventory sheet, a copy of which the officer shall place in the detainee’s detention file.” See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(H)(9)(c).

¹⁰ “A pre-numbered, three-part Form I-77 or its equivalent shall be issued for each separate item of baggage or container.” See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(I).

ODO interviewed facility staff, observed 50 unidentified bags stored in a holding cell, and found no Form I-77 or equivalent attached to any of the bags (**Deficiency PP-99¹¹**).

ODO interviewed the facility quality assurance manager, reviewed a property inventory form dated December 5, 2023, and found the facility did not conduct quarterly inventories of detainee baggage and nonvaluable property (**Deficiency FPP-123¹²**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed two detainee disciplinary segregation files and found in both files, no signature on the written orders (**Deficiency SMU-64¹³**).

ODO reviewed [REDACTED] administrative segregation files and found in [REDACTED] out of [REDACTED] files, the facility admitted 2 detainees to the SMU, one on November 5, 2023, at 4:30 p.m., and one on November 6, 2023, at 4:35 p.m.; however, facility staff did not document they personally observed the detainees until November 7, 2023, at midnight (**Deficiency SMU-126¹⁴**). **This is a priority component.**

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed 25 detainee requests to ERO San Antonio staff and found in 8 out of 25 requests, a lapse of 5 business days between time of submission and ERO San Antonio's response (**Deficiency SDC-16¹⁵**).

CARE

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHPI)

ODO reviewed 10 suicide watch logs for detainees the facility placed on suicide precautions during the inspection period and found in 1 out of 10 watch logs, 6 documented continuous monitoring entries between 16 and 17 minutes (**Deficiency SSHPI-34¹⁶**). **This is a priority component.**

¹¹ "Tagged baggage and other property tagged only with a Form I-77, or equivalent, shall then be stored in the facility baggage storage area." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(I).

¹² "An inventory of detainee baggage and other nonvaluable property shall be conducted by the facility administrator's designee at least once each quarter." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(J).

¹³ "A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed into disciplinary segregation." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(B)(2).

¹⁴ "Detainees in SMU shall be personally observed and logged at least every 30 minutes on an irregular schedule." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(M).

¹⁵ "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."

See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B)(1)(a).

¹⁶ "The qualified mental health professional may place the detainee in a special isolation room designed for evaluation

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed 50 detainee grievances and found in 8 out of 50 grievances, a lapse of 7 to 17 days from the date of submission to the date facility staff provided a response to the detainees (**Deficiency GS-57¹⁷**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 29 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 23 of those standards. ODO found 10 deficiencies in the remaining 6 standards. Since TDHRC's last full inspection in December 2022, the facility's overall compliance with PBNDS 2011 (Revised 2016) has trended down. TDHRC went from 3 deficient standards and 4 deficiencies to 6 deficient standards and 10 deficiencies during this most recent inspection, which includes 1 repeat deficiency and 2 priority components. ODO did not inspect the Staff-Detainee Communication and Grievance System standards during the FY 2023 full inspection, and these 2 standards accounted for 2 out of 10 deficiencies ODO cited during this most recent inspection. ODO has not received the uniform corrective action plan for ODO's last inspection of TDHRC in June 2023, which likely resulted in the repeat deficiency in the Admission and Release standard. ODO recommends ERO San Antonio continue to work with the facility to resolve the remaining deficiencies 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	18	29
Deficient Standards	2	6
Overall Number of Deficiencies	3	10
Priority Component Deficiencies	0	2
Repeat Deficiencies	0	1
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Good ¹⁸

and treatment with continuous monitoring that must be documented every 15 minutes or more frequently if necessary.” See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

¹⁷ “Detainee shall be provided with a written or oral response within five days of receipt of the grievance.” See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(C)(3)(b)(1)(b).

¹⁸ 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.