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U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
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**Office of Detention Oversight
Follow-Up Compliance Inspection
2023-002-135**

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

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

June 6-8, 2023

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

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



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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 6 to 8, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of TDHRC from December 6 to 8, 2022. 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 facility warden handles daily 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 was accredited by the American Correctional Association in January 2022 and the National Commission on Correctional Health Care in March 2021. 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 June 6, 2023)	[REDACTED]
Adult Female Population (as of June 6, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found eight deficiencies in the following areas: Environmental Health and Safety (3); Food Service (4); and Transportation (by Land) (1).

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 Facility List as of June 5, 2023.

³ *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 ^{4,5}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Transportation (by Land)	0
Sub-Total	0
Part 2 - Security	
Admission and Release	1
Custody Classification System	0
Facility Security and Control	0
Fund and Personal Property	0
Special Management Units	2
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	3
Part 4 - Care	
Food Service	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Sub-Total	0
Part 5 - Activities	
Recreation	0
Telephone Access	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	3

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

⁵ 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.

DETAINEE RELATIONS

ODO interviewed 27 detainees, who each voluntarily agreed to participate. Two of the detainees made allegations of discrimination, mistreatment or abuse, and ODO submitted the allegations to the Joint Intake Center. Most detainees reported satisfaction with facility services except for the concern listed below.

Medical Care: One detainee stated he submitted a refill request for medication and had not received the refill.

- Action Taken: ODO interviewed the health services administrator (HSA) and found the detainee arrived as a transfer to TDHRC on May 6, 2023, with current medications famotidine (20 mg) for heartburn and docusate sodium (100 mg) for constipation. The detainee stated no additional medical concerns or complaints. On June 1, 2023, the detainee submitted a sick call request for complaints of heartburn, pain in the midsection of his spine, and allergies (allergic rhinitis). A registered nurse (RN) evaluated the detainee on the same day and prescribed Maalox, acetaminophen (325 mg), and chlorpheniramine maleate (4 mg) until he received his famotidine refill. The RN discontinued the docusate sodium capsule and instead advised the detainee to gargle with salt water. The HSA confirmed receiving no additional sick call requests submitted from the detainee, but met with him on June 7, 2023, to explain his current treatment plan using polyethylene glycol. The detainee acknowledged understanding.

Medical Care: One detainee stated he had a knee issue and needed eyeglasses, but the facility's medical staff has yet to examine and treat him.

- Action Taken: ODO interviewed the HSA and found the detainee arrived at TDHRC on May 6, 2023, and stated no medical concerns or complaints during intake. On May 15, 2023, the detainee submitted a sick call request for an eye exam. On the same day, an RN evaluated the detainee, completed a Snellen Exam (eye chart exam), and explained the referral process. The detainee acknowledged understanding. On May 16, 2023, the RN submitted a patient referral for eyeglasses. The HSA confirmed receiving no other sick calls from the detainee, but examined the detainee for pain in the right knee on June 7, 2023. The RN prescribed ibuprofen (600 mg), ordered blood tests, submitted a request to move him to a lower bunk for 90 days, and advised him to avoid heavy lifting and any sports activity. The RN scheduled a follow-up appointment with the detainee for June 14, 2023, and the detainee acknowledged understanding.

Medical Care: One detainee stated medical staff did not treat his cold symptoms properly.

- Action Taken: ODO interviewed the HSA and found the detainee arrived as a transfer to TDHRC on May 6, 2023, and stated no medical concerns or complaints during intake. On May 12, 2023, the detainee submitted a sick call request for complaints of lower back pain and itchy eyes. The RN evaluated the detainee on the same day and prescribed ibuprofen (200 mg) for pain and 1 bottle of artificial tears. On May 30, 2023, a medical provider evaluated the detainee for seasonal allergy symptoms,

prescribed diphenhydramine (25 mg), loratadine (10 mg), and guaifenesin-extended release (600 mg), and advised him to increase fluid intake. The HSA confirmed receiving no additional sick call requests from the detainee, but followed up with him on June 7, 2023, to explain his treatment plan. The detainee acknowledged understanding.

Medical Care: One detainee stated he had requested braces and the facility had not scheduled him for an orthodontist appointment to have the braces put on .

- Action Taken: ODO interviewed the HSA and found the detainee arrived as a transfer to TDHRC on May 6, 2023, and complained of no pain during intake. On May 7, 2023, the detainee requested a dental appointment during his medical screening, and an RN evaluated him on the same day. The RN explained the facility considers braces as a cosmetic procedure and therefore does not provide them. The detainee acknowledged understanding. Additionally, a facility dentist while housed at his previous facility examined the detainee on April 19, 2023, just prior to his transfer to TDHRC, and explained to him braces do not fall under the medical necessity category. On June 7, 2023, ODO met with the detainee to reiterate braces are a cosmetic procedure and are not covered under dental care. The detainee acknowledged understanding.

Medical Care: One detainee stated he had tooth pain for over 12 days and received no assistance from medical staff.

- Action Taken: ODO interviewed the quality assurance manager, reviewed the detainee's detention file, and found the detainee arrived at the facility on May 7, 2023. The detainee submitted sick call requests for tooth pain on May 27 and 30, 2023, and the facility medical staff examined the detainee on both occasions for tooth pain. On May 30, 2023, the HSA evaluated the detainee for tooth pain and prescribed ibuprofen (200 mg) as needed for 2 weeks. On June 6, 2023, a facility doctor, substituting for the facility dentist, examined the detainee, continued the ibuprofen prescription (200 mg), and referred the detainee to an outside provider for pain on the right side in upper and lower teeth. On the same day, ODO met with the detainee to explain the situation, and the detainee acknowledged.

Staff-Detainee Communication: Two detainees stated a female officer called them a racial slur.

- Action Taken: On June 6, 2023, ODO interviewed two detainees who alleged a female officer called them "stupid immigrants." ODO immediately stopped the interview, advised the detainees of the reporting allegations process, and gathered details to substantiate the allegations. On the same day, ODO met with facility leadership and advised them of the detainees' specific complaint. Facility leadership checked grievance logs and confirmed no submission from either detainee regarding this incident. ODO submitted the allegation of staff misconduct to the Joint Integrity Case Management System and informed ERO San Antonio and facility leadership of the action. At the time of publication of this report, the case remains open.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed five detainee detention files for detainees the facility released and found in five out of five files; the facility officers did not place a copy of the itemized inventory form in the respective files (**Deficiency AR-91⁶**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO interviewed the chief of unit management (COUM), assistant warden (AW), reviewed 13 detainee administrative segregation (AS) files, and found in 4 out of 13 files, facility staff did not provide detainees AS orders in a language or manner the detainees could understand (**Deficiency SMU-36⁷**).

ODO interviewed the COUM and AW, reviewed 13 detainee AS detention files, and found in 1 out of 13 files, the releasing officer did not indicate the date and time of the detainee's release from SMU on the segregation order (**Deficiency SMU-42⁸**).

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 16 of those standards. ODO found three deficiencies in the remaining two standards. Since TDHRC's last full inspection in December 2022, the facility has shown improvement. TDHRC went from three deficient standards and eight deficiencies in December 2022 to two deficient standards with three deficiencies during the most recent unannounced inspection. The facility's improved performance may have resulted from the completion of the UCAP for ODO's last inspection of TDHRC in December 2022; however, ODO notes all three deficiencies are procedural requirements in which the facility had zero deficiencies during the full inspection earlier this FY. ODO recommends ERO San Antonio continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

⁶ "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, 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).

⁷ "The administrative segregation order shall be immediately provided to the detainee in a language or manner the detainee can understand, unless delivery would jeopardize the safe, secure, or orderly operation of the facility." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(A)(2)(e).

⁸ "When the detainee is released from the SMU, the releasing officer shall indicate the date and time of release on the administrative segregation order. The completed order shall then be forwarded to the Chief of Security for inclusion in the detainee's detention file." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(A)(2)(h).

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2023 Follow-up Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	25	18
Deficient Standards	3	2
Overall Number of Deficiencies	8	3
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	N/A