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U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
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Office of Detention Oversight
Unannounced Compliance Inspection
Enforcement and Removal Operations
ERO San Antonio Field Office

T. Don Hutto Residential Center
Taylor, Texas

December 6-8, 2022

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

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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 an unannounced compliance inspection of the T. Don Hutto Residential Center (TDHRC) in Taylor, Texas, from December 6 to 8, 2022.¹ 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).

ERO has assigned deportation officers to the facility. A warden handles daily facility operations and manages [REDACTED] support personnel. Trinity Services provides food services, ICE Health Services Corps (IHSC) provides medical care, and CoreCivic provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in March 2021 and the American Correctional Association (ACA) 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 6, 2022)	[REDACTED]
Adult Female Population (as of December 6, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2022, ODO found eight deficiencies in the following areas: Funds and Personal Property (1); Medical Care (1); Personal Hygiene (1); Significant Self-harm and Suicide Prevention and Intervention (1); Special Management Units (1); and Staff-Detainee Communication (3).

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 December 5, 2022.

³ *Ibid.*

UNANNOUNCED COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) greater than 10, 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.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.

Beginning fiscal year (FY) 2022, ODO will conduct focused reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1-9 detainees. Additionally, ODO will conduct unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating. ODO will conduct a complete review of several core standards, in accordance with the facility’s new contractually required ICE National Detention Standards, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (Family Residential Standard (FRS) only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

Upon completion of each unannounced compliance 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 its 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**

PBND 2011 (Revised 2016) Standards Inspected^{5,6,7}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	3
Transportation (by Land)	1
Sub-Total	4
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Contraband	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Key and Lock Control	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Tool Control	0
Use of Force and Restraints	0
Sub-Total	0
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	4
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	4

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

⁶ 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.

⁷ Special reviews and unannounced inspections are both focused reviews and ODO will review a facility's compliance with at least 10 individual standards during each special review or unannounced inspection.

Part 5 - Activities	
Correspondence and Other Mail	0
Recreation	0
Visitation	0
Sub-Total	0
Part 6 - Justice	
Detainee Handbook	0
Sub-Total	0
Part 7 - Administration and Management	
Staff Training	0
Sub-Total	0
Total Deficiencies	8

DETAINEE RELATIONS

ODO interviewed 30 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.

Food Service: One detainee stated he is not receiving his Halal diet.

- Action Taken: ODO interviewed the food service administrator, reviewed the special diet list provided by TDHRC, and confirmed the facility placed the detainee on the special diet list and was serving him a Halal diet. The facility staff approved the detainee for a special diet on November 13, 2022, and reminded him of his Halal diet status on December 8, 2022.

Staff-Detainee Communication: One detainee stated his request to speak with an ICE officer about his case.

- Action Taken: ODO reviewed the detainee's TDHRC detention file and detainee request log and found no request from the detainee to speak with ERO San Antonio since his arrival on November 23, 2022. On December 8, 2022, ERO San Antonio spoke with the detainee and provided with him information about his case.

Telephone Access: One detainee stated he could not contact his family in Morocco.

- Action Taken: ODO interviewed the quality assurance officer for TDHRC, reviewed the detainee's call log, and found several calls to international telephone numbers. ODO checked the Talton call logs and found the calls connected with the other numbers, but the receiving party never answered the calls. On December 8, 2022, TDHRC staff met with the detainee and explained his family members needed to check their phone service on their end in Morocco.

UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the safety manager, toured all areas of the facility, to include housing units, and found the facility administrator did not ensure staff and detainees maintained a high standard of facility sanitation and general cleanliness. Specifically, ODO toured 10 housing units and found in 1 out of 10 units, discolored and stained grout in 2 out of the 5 showers (Unit B) (**Deficiency EHS-11⁸**).

ODO interviewed maintenance staff, reviewed 12 emergency generator inspection logs, and found the facility did not test their emergency generators nor conduct emergency generator inspections for August, September, and October 2022 (**Deficiency EHS-26⁹**).

ODO inspected and reviewed the chemical accountability files of the warehouse, laundry room, maintenance shop, and health services and found the facility does not maintain alphabetical filings of substances on separate cards (**Deficiency EHS-41¹⁰**).

TRANSPORTATION (BY LAND) (TBL)

ODO interviewed ERO San Antonio staff and found no posted written guidelines for tracing procedures to locate an overdue vehicle. Specifically, ODO found procedures in place to call the contract company (G4S) and trace a vehicle, but staff had not posted these procedures (**Deficiency TBL-122¹¹**).

CARE

FOOD SERVICE (FS)

ODO interviewed the food service manager (FSM), inspected the yeast storage area, and found the FS department has three keys for the yeast cabinet: the FSM has one key and two other FS personnel each have a key (**Deficiency FS-35¹²**).

⁸ “The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness. When possible, the use of non-toxic cleaning supplies is recommended.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(A)(3).

⁹ “At least every two weeks, emergency power generators shall be tested for one hour, and the oil, water, hoses and belts of these generators shall be inspected for mechanical readiness to perform in an emergency situation.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(A)(6).

¹⁰ “Entries for each shall be logged on a separate card (or equivalent), and filed alphabetically by substance.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(B)(3).

¹¹ “Each office shall develop and post written guidelines for tracing procedures to locate an overdue vehicle.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Transportation (by Land), Section (V)(K)(1).

¹² “All yeast must be stored in an area with no detainee access, preferably in a locked metal yeast cabinet for which

ODO toured the FS department and found staff did not keep a record of the yeast inventory (in pounds and ounces), indicating quantity or receipt and issue, balance on hand, nor the record-keeper's initials (**Deficiency FS-38**¹³).

ODO interviewed the FSM, toured the FS area, and found FS staff did not cool potentially hazardous food from 70 to 41 Fahrenheit (F) degrees or below within 4 hours. Specifically, ODO observed the temperature of beef stroganoff in the cooler at 66 F degrees on December 7, 2022. ODO interviewed the FSM and confirmed FS staff prepared the beef stroganoff on the previous day, December 6, 2022 (**Deficiency FS-142**¹⁴).

ODO interviewed the FSM, toured the FS area, observed meals prepared from ingredients at ambient temperature, and found the FS staff did not cool items such as reconstituted foods to 41 F degrees within 2 hours of cooking/preparation. Specifically, ODO observed the temperature of coleslaw at 43.5 F degrees and reconstituted pudding at 44.5 F degrees on December 7, 2022. ODO interviewed the FSM and confirmed FS staff prepared the coleslaw and reconstituted pudding on the previous day, December 6, 2022 (**Deficiency FS-143**¹⁵).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 25 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 22 of those standards. ODO found 8 deficiencies in the remaining 3 standards. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ERO provided ODO with the uniform corrective action plan for ODO's last inspection of TDHRC on December 9, 2022.

the food service department has only one key." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(B)(4)(a).

¹³ "Staff shall keep a record of the yeast inventory (in pounds and ounces), indicating quantity of receipt and issue, balance on hand and the record-keeper's initials." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(B)(4)(a).

¹⁴ "Potentially hazardous food must be cooled from 140 to 70 F degrees within two hours of cooking, and from 70 to 41 F degrees or below within four hours." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(F)(3).

¹⁵ "Foods prepared from ingredients at ambient temperature, such as reconstituted foods and canned tuna, must be cooled to 41 F degrees within two hours of cooking/preparation." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(F)(3).

Compliance Inspection Results Compared	FY 2022 PBNS 2011 (Revised 2016)	FY 2023 PBNS 2011 (Revised 2016)
Standards Reviewed	18	25
Deficient Standards	6	3
Overall Number of Deficiencies	8	8
Priority Component Deficiencies	N/A	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	N/A	Superior