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Office of Professional Responsibility

Eden Detention Center Inspection (2024-002-426)

September 27, 2024



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ICE Inspections
Washington, DC 20536-5501

**Office of Detention Oversight
Follow-Up Compliance Inspection
2024-002-426**

**Enforcement and Removal Operations
ERO Dallas Field Office**

**Eden Detention Center
Eden, Texas**

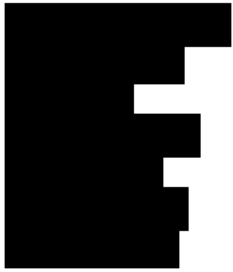
August 6-8, 2024

FOLLOW-UP COMPLIANCE INSPECTION
of the
EDEN DETENTION CENTER
Eden, 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 Eden Detention Center (EDC) in Eden, Texas, from August 6 to 8, 2024.¹ This inspection focused on the standards found deficient during ODO’s last inspection of EDC from February 27 to 29, 2024. The facility opened in 2019 and is owned and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at EDC in 2019 under the oversight of ERO’s Field Office Director in Dallas (ERO Dallas). ICE is an authorized user of this facility under a United States Marshals Service Intergovernmental Agreement contract, which does not specify an ICE National Detention Standard (NDS), and ODO inspected to the NDS listed on the ERO Custody Management Division Authorized Facility List as of August 5, 2024. EDC was inspected against the NDS 2019, and ODO’s assigned rating is for ERO’s informational purposes only.

[REDACTED] A warden handles daily facility operations and manages support personnel. Trinity Services provides food services, EDC provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in January 2023 and by the National Commission on Correctional Health Care in February 2017. In August 2022, EDC 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 August 6, 2024)	[REDACTED]
Adult Female Population	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 7 deficiencies in the following areas: Grievance System (1), Hunger Strikes (1), Medical Care (2), and Significant Self-harm and Suicide Prevention and Intervention (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 Custody Management Division Authorized Facility List as of August 5, 2024.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts biannual oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for longer than 72-hours, to assess compliance with ICE National Detention Standards. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all over-72-hour ICE detention facilities with an ADP of 10 or more detainees that ODO conducted a full inspection of earlier in the FY. Follow-up inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, and other standards ODO found deficient during the previous rated inspection to assess the facility's corrective actions taken to address those previously cited deficiencies.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.

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 the full and follow-up inspection are annotated as "Repeat Deficiencies" in this report.

⁴ ODO reviews the facility's compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	1
Sub-Total	1
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	1
Funds and Personal Property	0
Use of Force and Restraints	0
Special Management Unit	0
Staff-Detainee Communication	0
Sub-Total	1
Part 4 - Care	
Food Service	1
Hunger Strikes	1
Medical Care	9
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	5
Sub-Total	16
Part 5 - Activities	
Recreation	0
Telephone Access	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	18

⁵ For greater detail on ODO's findings, see the *Follow-up 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.

DETAINEE RELATIONS

ODO interviewed 25 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.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO inspected the medication room, reviewed inventory records, and found the health services department's perpetual/running inventory documented 285 insulin needles and syringes on-hand, but the actual inventory was 280 on-hand (**Deficiency EHS-51⁷**).

SECURITY

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the visitor logbook and found the facility did not consistently document the departure time of all visitors (**Deficiency FSC-17⁸**).

CARE

FOOD SERVICE (FS)

ODO toured the FS department and found the following refrigerated foods above the standard for 41 degrees Fahrenheit (F): reconstituted pudding at 45.2 degrees F, sliced raw potatoes at 72.5 degrees F, and cubed turkey at 49 degrees F (**Deficiency FS-19⁹**). **This is a priority component.**

⁷ "Medical Operations: An established uniform procedure will be provided for the safe handling and disposal of used needles:

- a. Inventory: A perpetual/running inventory will be kept of those items that pose a security risk, such as sharp instruments, syringes, needles, and scissors. This inventory will be reconciled weekly by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent."

See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(2)(a).

⁸ "Every entry in the logbook will identify the person visiting; the person or department visited; date and time of visitor's arrival; purpose of visit; and time of departure." See ICE NDS 2019, Standard, Facility Security and Control, Section (II)(C)(2)(b).

⁹ "The following procedures apply to the display, service, and transportation of food to mainline and satellite food service areas: ...

- b. Sanitary guidelines are observed, with hot foods maintained at a temperature of at least 135 degrees F and foods that require refrigeration maintained at 41 degrees F or below."

See ICE NDS 2019, Standard, Food Service, Section (II)(C)(2)(b).

HUNGER STRIKES (HS)

ODO reviewed [REDACTED] medical staff training records and found in [REDACTED] out of [REDACTED] medical staff records, no initial nor annual hunger strike training to recognize the signs of a hunger strike (**Deficiency HS-1**¹⁰).

MEDICAL CARE (MC)

ODO reviewed [REDACTED] detainee medical records and the facility detainee handbook, and found the following deficiencies:

- In [REDACTED] out of [REDACTED] detainee medical records, the detainees received their physical examinations 15 days after arrival (**Deficiency MC-27**¹¹). **This is a priority component;**
- In [REDACTED] out of [REDACTED] detainee medical records, no facility provider's review of a physical examination conducted by a non-provider (**Deficiency MC-29**¹²);
- In [REDACTED] out of [REDACTED] records, no initial dental screening examination was conducted (**Deficiency MC-43**¹³);
- In [REDACTED] out of [REDACTED] records, no consent form was signed by the detainee before any medical examination or treatment (**Deficiency MC-92**¹⁴). **This is a priority component;**
- No instruction in the facility detainee handbook for detainees and their representatives to request and receive medical records (**Deficiency MC-102**¹⁵);
- In [REDACTED] out of [REDACTED] records, no referral for mental health treatment nor evaluation based on intake screening, the comprehensive health assessment, and medical documentation (**Deficiency MC-126**¹⁶);
- In [REDACTED] out of [REDACTED] records, no routine evaluation by a licensed and appropriate medical professional to ensure proper treatment and medication administration for 2 detainees

¹⁰ "All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike." See ICE NDS 2019, Standard, Hunger Strikes, Section (II)(A).

¹¹ "The facility will conduct and document a comprehensive health assessment, including a physical examination on each detainee within 14 days of the detainee's arrival at the facility." See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

¹² "When a physical examination is not conducted by a provider, it must be reviewed by a provider." See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

¹³ "An initial dental screening exam shall be performed within 14 days of the detainee's arrival." See ICE NDS 2019, Standard, Medical Care, Section (II)(H).

¹⁴ "The facility health care practitioner will obtain specific signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances." See ICE NDS 2019, Standard, Medical Care, Section (II)(O).

¹⁵ "Detainees and their representatives shall be allowed to request and receive medical records pursuant to facility policy, which shall be communicated to the detainee in the facility handbook." See ICE NDS 2019, Standard, Medical Care, Section (II)(P).

¹⁶ "Based on the intake screening, the comprehensive health assessment, medical documentation, or subsequent observations by detention staff or medical personnel, a detainee may be referred for mental health treatment or evaluation." See ICE NDS 2019, Standard, Medical Care, Section (II)(S)(2).

- prescribed psychotropic medications (**Deficiency MC-130**¹⁷);
- In █ out of █ records, no appropriate follow-up with detainees with a history of sexual abuse (**Deficiency MC-133**¹⁸); and
- In █ out of █ records, no mental health evaluation of detainees with a history of sexual abuse within 72 hours after the referral. One detainee was never seen and one detainee was seen 6 days after referral (**Deficiency MC-135**¹⁹).

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

ODO reviewed training files of █ correctional staff and █ medical staff and medical records of 25 detainees, and found the following deficiencies:

- In █ out of █ medical staff records, no comprehensive suicide prevention training during orientation nor annual refresher training (**Deficiency SSHSPI-2**²⁰). **This is a priority component;**
- In █ out of █ detainee medical records, staff did not identify the detainee at risk for suicide and did not refer him to a mental health provider (**Deficiency SSHSPI-11**²¹);
- In █ out of █ medical records, staff discharged the detainee from suicide watch on March 12, 2024, and did not schedule any follow-up appointment (**Deficiency SSHSPI-19**²²);
- In █ out █ medical records, staff documented suicide watch times between 16 and 21 minutes in 8 instances (**Deficiency SSHSPI-21**²³). **This is a repeat deficiency and a priority component;** and
- No mental health provider performed welfare checks every 8 hours for one detainee placed on suicide watch (**Deficiency SSHSPI-22**²⁴). **This is a repeat deficiency.**

¹⁷ “Any detainee prescribed psychiatric medications must be regularly evaluated by a duly licensed and appropriate medical professional to ensure proper treatment and dosage.” See ICE NDS 2019, Standard, Medical Care, Section (II)(S)(2).

¹⁸ “If any security or medical intake screening or classification assessment indicates that a detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff shall, as appropriate, ensure that the detainee is immediately referred to a qualified medical practitioner or mental health provider for a medical and/or mental health evaluation and follow-up as appropriate.” See ICE NDS 2019, Standard, Medical Care, Section (II)(T).

¹⁹ “When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than 72 hours after the referral.” See ICE NDS 2019, Standard, Medical Care, Section (II)(T).

²⁰ “All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during orientation and refresher training at least annually thereafter.” See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(B).

²¹ “Detainees identified as at risk for suicide or self-harm shall be immediately referred to a mental health provider.” See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(D).

²² “This treatment plan shall include strategies and interventions to be followed by staff and the detainee if suicidal ideation or intent reoccurs, and a plan for follow-up care. The timing of follow up appointments should be based on the level of acuity.” See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(E).

²³ “The monitoring must be documented every 15 minutes or more frequently if necessary.” See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(F).

²⁴ “A mental health provider will perform welfare checks every 8 hours.” See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(F).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 16 standards under NDS 2019 and found the facility in compliance with 10 of those standards. ODO found 18 deficiencies in the remaining 6 standards. Since the last rated inspection in February 2024, the facility has trended downward. EDC went from 4 deficient standards and 7 deficiencies in February 2024 to 6 deficient standards and 18 deficiencies during this most recent inspection, which included 5 priority component deficiencies in FS, MC, and SSHSPI, and 2 repeat deficiencies for SSHSPI. ODO has not received a UCAP for the facility’s rated inspection, which likely contributed to the repeat deficiencies in the SSHSPI standard. ODO recommends ERO Dallas work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (NDS 2019)	FY 2024 Follow-Up Inspection (NDS 2019)
Standards Reviewed	24	16
Deficient Standards	4	6
Overall Number of Deficiencies	7	18
Priority Component Deficiencies	4	5
Repeat Deficiencies	0	2
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Acceptable/Adequate	N/A



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