



**U.S. Department of Homeland Security**  
U.S. 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  
2024-002-345**

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

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

**June 25-27, 2024**

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

**TABLE OF CONTENTS**

<b>FACILITY OVERVIEW .....</b>	<b>4</b>
<b>FOLLOW-UP COMPLIANCE INSPECTION PROCESS.....</b>	<b>5</b>
<b>FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES.....</b>	<b>6</b>
<b>DETAINEE RELATIONS .....</b>	<b>7</b>
<b>FOLLOW-UP COMPLIANCE INSPECTION FINDINGS.....</b>	<b>7</b>
<b>CARE .....</b>	<b>7</b>
<b>MEDICAL CARE.....</b>	<b>7</b>
<b>CONCLUSION .....</b>	<b>7</b>

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



Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections

## 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 25 to 27, 2024.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of TDHRC from December 12 to 14, 2023. 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 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 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>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of June 25, 2024)	[REDACTED]
Adult Female Population (as of June 25, 2024)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 10 deficiencies in the following areas: Admission and Release (2); Funds and Personal Property (3); Special Management Units (2); Staff-Detainee Communication (1); Significant Self-harm and Suicide Prevention and Intervention (1); and Grievance System (1).

<sup>1</sup> This facility holds male detainees with low, medium-low, medium-high, and high security classification levels for periods greater than 72 hours.

<sup>2</sup> Data Source: ERO Custody Management Division Authorized Facility List as of June 24, 2024.

<sup>3</sup> *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.<sup>4</sup>

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.

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<sup>4</sup> 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 <sup>5,6</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
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	1
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>1</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>1</b>

<sup>5</sup> For greater detail on ODO's findings, see the *Follow-up Compliance Inspection Findings* section of this report.

<sup>6</sup> 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 24 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All 24 detainees reported satisfaction with the facility services.

## FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

### CARE

#### MEDICAL CARE (MC)

ODO reviewed ■ detainee medical records and found in ■ out of ■ medical records, facility medical staff completed the detainee's comprehensive health assessment 18 days after their arrival at the facility (**Deficiency MC-137<sup>7</sup>**). **This is a priority component.**

### 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 17 of those standards. ODO found one deficiency in the remaining standard. Since TDHRC's last rated inspection in December 2023, the facility's overall compliance with PBNDS 2011 (Revised 2016) has trended upward. TDHRC went from 6 deficient standards and 10 deficiencies in December 2023 to 1 deficient standard and 1 priority component deficiency during this follow-up compliance inspection. TDHRC completed its UCAP for its last inspection in April 2024, which likely resolved the previous deficiencies ODO cited. ODO recommends ERO San Antonio continue to work with the facility to resolve the remaining deficiency and ensure the facility maintains its high-level of compliance with PBNDS 2011 (Revised 2016).

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<sup>7</sup> "Each facility's health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival unless more immediate attention is required due to an acute or identifiable chronic condition." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(M).

<b>Compliance Inspection Results Compared</b>	<b>FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)</b>	<b>FY 2024 Follow-Up Inspection (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	29	18
Deficient Standards	6	1
Overall Number of Deficiencies	10	1
Priority Component Deficiencies	2	1
Repeat Deficiencies	1	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Good	N/A