



U.S. Department of Homeland Security

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight Division

Washington, DC 20536-5501

**Office of Detention Oversight
Compliance Inspection**

Enforcement and Removal Operations

ERO Dallas Field Office

Rolling Plains Detention Center

Haskell, TX

May 17–19, 2016

**COMPLIANCE INSPECTION
for the
ROLLING PLAINS DETENTION CENTER
Haskell, Texas**

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EXECUTIVE SUMMARY

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Rolling Plains Detention Center (RPDC), in Haskell, Texas, from May 17 to 19, 2016.¹ RPDC opened in 2002 and is owned and operated by Emerald Correctional Management. The Office of Enforcement and Removal Operations (ERO) began housing detainees at RPDC in 2003, pursuant to a contract, under the oversight of ERO’s Field Office Director (FOD) in Dallas.

Although a Detention Services Manager is not assigned to the facility, ERO staff members are assigned to the facility.⁴ An Emerald Warden is responsible for oversight of daily facility operations and is supported by (b) (7) personnel. Emerald Healthcare staff provides medical service, and Aramark provides food service. The facility has been accredited by the American Correctional Association.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	525
Average ICE Detainee Population ³	497
Male Detainee Population (as of 05/17/2016)	392
Female Detainee Population (as of 05/17/2016)	33

OVERALL FINDINGS

In December 2012, ODO conducted a compliance inspection of the RPDC under the National Detention Standards (NDS) 2000 reviewing the facility’s compliance with 23 standards and finding the facility compliant with 19 standards. There were a total of nine deficiencies in the remaining four standards.

Inspection Results Compared	FY 2012 (NDS 2000)	FY2016 (PBNDS 2011)
Standards Reviewed	23	16
Deficient Standards	4	9
Overall Number of Deficiencies	9	25
Deficient Priority Components	N/A ⁵	7
Corrective Actions Initiated	N/A	6

In FY2016, ODO conducted a compliance inspection of the RPDC under the Performance-Based National Detention Standards (PBNDS) 2011. ODO reviewed the facility’s compliance with 16 standards and found the facility compliant with seven standards. ODO found 25 deficiencies in the remaining nine standards, seven of which were priority components and one of which was a repeat deficiency.⁶ Finally, ODO identified six instances in which the facility initiated corrective action during the course of the inspection.⁷

¹ Male and female detainees with low, medium low, medium high, and high security classification levels are detained at the facility for longer than 72 hours.

² Data Source: ERO Facility List Report as of May 2, 2016.

³ *Ibid.*

⁴ An ERO Detention Standards Compliance Officer provides part-time coverage.

⁵ ODO began inspecting priority components in June 2013

⁶ ODO identified a repeat deficiency from the December 2012 inspection in the Food Service standard. This deficiency is not a priority component.

⁷ Corrective actions, where immediately implemented, best practices, and ODO recommendations, as applicable, have been identified in the *Inspection Findings* section and annotated with a “C,” “BP,” or “R,” respectively.

FINDINGS BY PBNDS 2011 MAJOR CATEGORIES

PBNDS 2011 STANDARDS INSPECTED ⁸	DEFICIENCIES
Part 1 – Safety	
1.2 - Environmental Health and Safety	2
Sub-Total	2
Part 2 – Security	
2.1 - Admission and Release	2
2.2 - Custody Classification System	0
2.5 - Funds and Personal Property	0
2.11 - Sexual Abuse and Assault Prevention and Intervention	0
2.12 - Special Management Units	0
2.13 - Staff-Detainee Communication	2
2.15 - Use of Force and Restraints	1
Sub-Total	5
Part 4 – Care	
4.1 - Food Service	4
4.3 - Medical Care	4
4.4 - Medical Care (Women)	6
4.6 – Significant Self Harm and Suicide Prevention and Intervention	0
Sub-Total	14
Part 5 – Activities	
5.6 - Telephone Access	2
Sub-Total	2
Part 6 – Justice	
6.1 - Detainee Handbook	0
6.2 - Grievance System	2
6.3 - Law Libraries and Legal Material	0
Sub-Total	2
Total Deficiencies	25

⁸ For greater detail on ODO's findings, see the *Inspection Findings* section of this report.

INSPECTION PROCESS

Every fiscal year, the Office of Detention Oversight (ODO), a unit within U.S. Immigration and Customs Enforcement's (ICE) Office of Professional Responsibility (OPR), conducts compliance inspections at detention facilities in which detainees are accommodated for periods in excess of 72 hours and with an average daily population greater than ten to determine compliance with the ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable.

During the compliance inspection, ODO reviews each facility's compliance with those detention standards that directly affect detainee health, safety, and/or well-being.⁹ Any violation of written policy specifically linked to ICE detention standards, ICE policies, or operational procedures that ODO identifies is noted as a deficiency. ODO also highlights any deficiencies found involving those standards that ICE has designated under either the PBNDS 2008 or 2011, to be "priority components."¹⁰ Priority components have been selected from across a range of detention standards based on their critical importance to facility security and/or the health and safety, legal rights, and quality of life of detainees in ICE custody.

Immediately following an inspection, ODO hosts a closeout briefing in person with both facility and ERO field office management to discuss their preliminary findings, which are summarized and provided to ERO in a preliminary findings report. Thereafter, ODO provides ERO with a final compliance inspection report to: (i) assist ERO in working with the facility to develop a corrective action plan to resolve identified deficiencies; and (ii) provide senior ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. The reports enable senior agency leadership to make decisions on the most appropriate actions for individual detention facilities nationwide.

⁹ ODO reviews the facility's compliance with selected standards in their entirety.

¹⁰ Priority components have not been identified for the NDS.

DETAINEE RELATIONS

ODO interviewed 31 detainees, each of whom volunteered to participate. None of the detainees made allegations of mistreatment, abuse, or discrimination. The majority of detainees reported being satisfied with facility services, with the exception of the complaints below:

Detainee Handbook: Eight detainees stated they did not receive the local facility handbook.

- Action Taken: ODO reviewed the detention files of all eight detainees. The files reviewed contained admission paperwork signed by the detainees indicating receipt of the facility handbook. ODO also observed the admission process of several detainees; all detainees were issued the local facility handbook during the admission process.

Staff-Detainee Communication: Four detainees stated they never see their ERO case manager.

- Action Taken: ODO toured the housing units and verified both ERO contact information and staff-detainee communication (SDC) schedules are posted in all housing units. ODO also interviewed an ERO Supervisory Deportation and Detention Officer (SDDO) and a Deportation Officer (DO) about the SDC process and learned that detainees must submit a request to conduct a teleconference with their assigned DO in Dallas, based on each DO's availability, as noted on the posted SDC schedule. A DO is also assigned to RPDC on a full-time basis, and is responsible for conducting daily communication with detainees to include receiving and responding to detainee requests. When the SDDO is at the facility, she also visits with the detainees and conducts SDC. The SDDO informed ODO she and the DO regularly explain the SDC process to the detainees.

Food Service: Six detainees stated the food portions for lunch and dinner meals are too small.

- Action Taken: ODO interviewed the food service administrator about the food menu and confirmed the food menu is certified by a dietitian. ODO also confirmed detainees are served three meals daily, and each meal provides 2,400 calories, which meets the requirements in the standard. ODO observed that food portions served to detainees were as called for on the menu.

Medical Care: One detainee stated she is waiting for ICE to approve a sonogram procedure, and that she is not receiving medication for high blood pressure.

- Action Taken: ODO interviewed medical staff and the SDDO about the detainee's medical concerns, and reviewed the detainee's medical record. Medical staff informed ODO the sonogram was approved and scheduled for the week of ODO's inspection. With regard to the complaint about not receiving blood pressure medication, ODO found the detainee did not report an issue with her blood pressure during her intake screening; however, her blood pressure was high during her physical exam. Due to the high blood pressure reading, a facility provider ordered blood pressure monitoring for five days; her readings on all five days were elevated. ODO found the provider documented review of the blood pressure readings but did not provide any related treatment, and did not enroll the detainee in the chronic care clinic. Approximately one month later, the detainee submitted a sick call request for blood pressure medication. She was seen by a provider, and her blood pressure reading was high enough that it met the American Heart

Association Guidelines for hypertensive crisis. ODO confirmed with medical staff, during the inspection, that the detainee is now receiving ongoing treatment as a chronic care patient.

INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO toured the facility and found sanitation in the food service, medical, intake, administration and laundry areas was acceptable; however, while touring detainee living units, ODO found the facility failed to ensure a high standard of sanitation and general cleanliness (**Deficiency EH&S-1¹¹**). Specifically, ODO observed mold, mildew, and soap scum in showers; metal partitions in toilet areas were rusted and corroded; there were hard water stains on the partitions and in mop sinks; the mop sinks and sink/toilet combination fixtures were dirty; trash receptacles had significant food and beverage stains; and, metal doors, window and skylight frames were marked with graffiti and had peeling paint and rust.

Corrective Action: Prior to the completion of the inspection, the detainee living units were thoroughly cleaned and sanitized (**C-1**).

ODO reviewed the fire and safety inspection reports and found required monthly inspections were not conducted in February and March of 2016, and five weekly inspections were not conducted during the same period (**Deficiency EH&S-2¹²**). ODO interviewed the facility safety manager who confirmed the inspections were not done and gave no further explanation for why the inspections had been missed.

SECURITY

ADMISSION AND RELEASE (AR)

ODO observed intake processing for 26 detainees and observed that all arriving detainees were pat-searched, but none were screened with a metal detector (**Deficiency AR-1¹³**).

Corrective Action: The facility initiated corrective action during the inspection by modifying post orders to require that officers use the metal detector in the intake area to search arriving detainees (**C-2**).

ODO reviewed the detention files of 25 current and ten former detainees and found that two former detainees did not sign a form acknowledging receipt of the facility's detainee handbook or the ICE National Detainee Handbook (**Deficiency AR-2¹⁴**).

¹¹ "The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(A)(3).

¹² "A qualified departmental staff member shall conduct weekly fire and safety inspections." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(C)(2)(a). **This is a priority component.**

¹³ "All detainees shall be screened upon admission; screening shall ordinarily include: a. screening with a metal detector..." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(B)(2)(a).

¹⁴ "As part of the admission process, the detainee shall acknowledge receipt of the handbook and supplement by signing where indicated on the back of the Form I-385 (or on a separate form)." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(G)(4). **This is a priority component.**

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the electronic ICE detainee request log for the four months preceding ODO's inspection and found each detainee request is logged; however, the electronic log does not contain all required elements from the standard. The electronic log only contains the detainee's name, a-number, date sent, and date received (**Deficiency SDC-1¹⁵**).

Following review of the electronic log, ODO also reviewed the detention files of ten detainees who submitted requests to ICE. All ten files were missing copies of the completed detainee requests that were recorded in the electronic log (**Deficiency SDC-2¹⁶**). ODO interviewed ERO and facility staff and determined copies of detainee requests are not consistently placed in the associated detention files.

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed the video and documentation for the four use of force incidents that occurred during the year preceding ODO's inspection. ODO found the after-action review for one use of force incident was not completed until two weeks after the incident occurred (**Deficiency UOF&R-1¹⁷**).

CARE

FOOD SERVICE (FS)

ODO reviewed RPDC's purchasing procedures which were provided by the Food Service administrator (FSA) and found the facility's purchase order form for potentially dangerous items such as nutmeg, yeast, and sugar did not include special handling procedures (**Deficiency FS-1¹⁸**). The standard requires special handling procedures on purchase orders for items which may pose a security threat if not handled properly upon delivery.

Corrective Action: The facility added special handling procedures to purchase order forms prior to the completion of the inspection (**C-3**).

ODO toured the food service area and observed the air curtain mounted above the exit door leading from the kitchen to the rear dock was not operable at the time of the inspection

¹⁵ "All request shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose. At a minimum, the log shall record: d. detainee's nationality; e. name of the staff member who logged the request; f. date that the request, with staff response and action, was returned to the detainee; g. any other pertinent site-specific information, including detention condition complaints; h. specific reasons why the detainee's request is urgent and requires a faster response; and i. the date the request was forwarded to ICE/ERO and the date it was returned shall also be recorded." See ICE PBNDS 2011, Staff-Detainee Communication, Section (V)(B)(2)(d-i).

¹⁶ "A copy of each completed detainee request shall be filed in the detainee's detention file and be retained there for three years at a minimum." See ICE PBNDS 2011, Staff-Detainee Communication, Section (V)(B)(2).

¹⁷ "The after-action review team shall complete and submit its after-action review report to the facility administrator within two workdays of the detainee's release from restraints. The facility administrator shall review and sign the report, acknowledging its finding that the use of force was appropriate or inappropriate." See ICE PBNDS 2011, Use of Force and Restraints, Section (V)(P)(4).

¹⁸ "Mace, nutmeg, cloves, sugar, and alcohol-based flavorings also require special handling and storage. 1) The purchase order for any of these items shall specify the special-handling requirements for delivery...." See ICE PBNDS 2011, Standard, Food Service, Section (V)(B)(4)(b)(1). **This is a repeat deficiency.**

(Deficiency FS-2¹⁹). The facility submitted a purchase order for required parts to repair the air curtain during the inspection; however, corrective action to repair the air curtain was not completed prior to the end of the inspection.

ODO reviewed water temperature logs for the facility's dish washing machine and found water temperatures for the wash-cycle were not recorded; water temperatures were recorded only for the final rinse cycle **(Deficiency FS-3²⁰)**.

Corrective Action: Prior to the completion of the inspection, the facility revised the log form to include a section for recording wash-cycle water temperature readings **(C-4)**.

During observation of meal service in the dining room, ODO noted the food trays on the main serving line were wet. Through observation and interview with food service staff, ODO learned there are not enough food trays to serve the entire population; therefore, food trays must be continually washed and returned to the serving line before being properly air dried **(Deficiency FS-4²¹)**.

MEDICAL CARE (MC)

ODO reviewed 37 medical records and found health assessments were completed within 14 days for all 37 detainees and physician review was documented. However, 21 of the 37 detainees had significant medical issues identified during intake screening, necessitating expedited health assessments. In none of the 21 cases were health assessments completed within two working days of the intake screening as required by the standard **(Deficiency MC-1²²)**.

ODO reviewed RPDC policy, Emerald Companies Health Service Policy, H-06, "Health Education and Wellness Information," dated, January 1, 2015, and verified RPDC has procedures for placing detainees with chronic or special needs in a chronic care clinic for follow-up care. ODO found that in ten of 21 chronic care cases reviewed, complete treatment plans were not documented. In addition, ODO identified one of the chronic care patients was not enrolled in a chronic care clinic until she went into hypertensive crisis **(Deficiency MC-2²³)**.

ODO identified a detainee who was seen by a provider pursuant to a sick call request and was prescribed medication for hypertension. Review of the medication administration record found

¹⁹ "To protect against insects and other pests, air curtains or comparable devices shall be used on outside doors where food is prepared, stored or served." See ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(10).

²⁰ "All of the food service department equipment (e.g., ranges, ovens, refrigerators, mixers, dishwashers, garbage disposal) require frequent inspection to ensure their sanitary and operable condition. Staff shall check refrigerator and water temperatures daily and record the results. The FSA or designee shall verify and document requirements of food and equipment temperatures." See ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(13). **This is a priority component.**

²¹ "Air-dry all equipment and utensils after sanitizing, by means of drain boards, mobile dish tables, and/or carts." See ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(7)(g)(3)(d)(ii).

²² "Where there is a clinically significant finding as a result of the initial screening, an immediate referral shall be initiated and the detainee shall receive a health assessment no later than two working days from the initial screening." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(J). **This is a priority component.**

²³ "When a detainee requires close supervision, including chronic and convalescent care, a written treatment plan, including access to health care and supervision personnel, shall be developed and approved by the appropriate qualified licensed health care provider, in consultation with the patient, with periodic review." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(U). **This is a priority component.**

the detainee did not receive the medication for seven days following the order (**Deficiency MC-3²⁴**).

RPDC has a medical/psychiatric alert form equivalent to the form used by the Immigration Health Service Corps. ODO found the forms present in 20 of 21 detainee records with medical conditions requiring close care; however, the medical record of a pregnant detainee with a history of methamphetamine use did not have the alert form (**Deficiency MC-4²⁵**).

MEDICAL CARE (WOMEN) (MC W)

The acting HSA informed ODO that women would be referred to providers in the community for female-specific health care, if needed; however, no formal agreements with community providers for the provision of female-specific care were in place at the time of the inspection. Per facility policy H-28, “Female Health,” preventive services such as pap smears and mammograms are only offered to detainees who have been in uninterrupted custody for 12 months or more (**Deficiency MC W-1²⁶**).

Through review of medical records and interviews with medical staff, ODO determined female detainees are not provided with information on services related to women’s health care as part of the initial intake screening (**Deficiency MC W-2²⁷**).

During review of the medical records of eight female detainees, ODO noted the initial health assessment did not address female specific issues such as menstrual cycle, and history/family history of breast and gynecological problems (**Deficiency MC W-3²⁸**).

ODO identified one female detainee who was first admitted to RPDC on October 7, 2015, at which time she reported she was pregnant. A pregnancy test administered during her intake screening confirmed she was pregnant and in her first trimester. Upon review of the detainee’s medical record, ODO found she did not receive health appraisal within 24 hours of arrival, as required by the standard (**Deficiency MC W-4²⁹**). Additionally, at no time was the detainee

²⁴ “All prescribed medications and medically necessary treatments shall be provided to detainees on schedule and without interruption, absent exigent circumstances.” See ICE PBNDS 2011, Standard, Medical Care, Section (V)(S)(4).

²⁵ “Where a detainee has a serious medical or mental health condition or otherwise requires special or close medical care, medical staff shall complete a Medical/Psychiatric Alert form (IHSC-834) or equivalent, and file the form in the detainee’s medical record.” See ICE PBNDS 2011, Standard, Medical Care, Section (V)(M). **This is a priority component.**

²⁶ “Preventive services specific to women shall be offered for routine age appropriate screenings, to include breast examinations, pap smear, STD testing and mammograms.” See ICE PBNDS 2011, Standard, Medical Care (Women), Section (V)(D).

²⁷ “Within 12 hours of arrival, during their initial screening, all female detainees shall receive information on services related to women’s health care as provided for in this standard...” See ICE PBNDS 2011, Standard, Medical Care (Women), Section (V)(B)(1).

²⁸ “In addition to the criteria listed on the health assessment form, the evaluation shall inquire about the following: a. pregnancy testing and documented results; b. if the detainee is currently nursing; c. use of contraception; d. reproductive history; e. menstrual cycle; f. history of breast and gynecological problems; g. family history of breast and gynecological problems; and h. history of physical or sexual victimization and when the incident occurred.” See ICE PBNDS 2011, Standard, Medical Care (Women), Section (V)(B)(2)(a-h).

²⁹ “If the initial medical intake screening indicates the possibility of pregnancy, recent sexual assault, violence or history of mental health illness, an initial health appraisal shall be completed as soon as possible, but no more than 24 hours after arrival.” See ICE PBNDS 2011, Standard, Medical Care (Women), Section (V)(B)(2).

afforded access to specialized care, including an obstetric evaluation (**Deficiency MC W-5³⁰**). The detainee was transferred to another ICE facility on November 3, 2015 but transferred back to RPDC on January 26, 2016. During her intake screening at RPDC, the detainee reported she had a miscarriage while detained at the other facility. The medical record from the other facility did not accompany her to RPDC, and her transfer summary did not document the miscarriage. At the time of the inspection, RPDC had not attempted to obtain her medical records from the other facility to ensure continuity of care or to determine whether the detainee was offered a mental health assessment as required by the standard. Given her recent miscarriage, in accordance with the requirements of the Standards, the RPDC should have offered the detainee a mental health assessment (**Deficiency MC W-6³¹**). ODO later learned the detainee was released from ICE custody on July 25, 2016.

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO toured the detainee housing units and observed that telephone access hours were not posted near telephones in any of the housing units (**Deficiency TA-1³²**).

Corrective Action: Prior to the completion of the inspection, telephone access hours were posted near the telephones in each of the housing units (**C-5**).

ODO also observed that the procedure for obtaining an unmonitored call was not placed at any of the monitored telephones (**Deficiency TA-2³³**).

Corrective Action: Prior to the completion of the inspection, the procedure for obtaining unmonitored calls was posted near all of the monitored telephones (**C-6**).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility grievance log for the 12 months preceding the inspection and found the facility had recorded 258 detainee grievances. ODO reviewed the detention files of 30

³⁰ “Upon confirmation by medical personnel that a female detainee is pregnant, she shall be given close medical supervision. Pregnant detainees shall have access to prenatal and specialized care, and comprehensive counseling inclusive of, but not limited to: nutrition, exercise, complications of pregnancy, prenatal vitamins, labor and delivery, postpartum care, lactation, family planning, abortion services and parental skills education.” See ICE PBNDS 2011, Standard, Medical Care (Women), Section (V)(E).

³¹ “In addition to mental health services offered to all detainees, mental health assessments shall be offered to any detainee who has recently given birth, miscarried or terminated a pregnancy.” See ICE PBNDS 2011, Standard, Medical Care (Women), Section (V)(F).

³² “Telephone access hours shall be posted near the telephones.” See ICE PBNDS 2011, Standard, Telephone Access, Section (V)(D).

³³ “If telephone calls are monitored, the facility shall ... at each monitored telephone, place a notice that states ... the procedure for obtaining an unmonitored call to a court, a legal representative or for the purposes of obtaining legal representation....” See ICE PBNDS 2011, Standard, Telephone Access, Section (V)(B)(3)(b).

detainees who filed grievances, as noted on the log. Copies of grievance dispositions were not placed in 29 of the 30 detention files reviewed (**Deficiency GS-1**³⁴).

ODO's review of the grievance log also found eleven instances where detainees were not provided with a written or oral response within five days of the submission of their grievance (**Deficiency GS-2**³⁵).

³⁴ "A copy of the grievance disposition shall be placed in the detainee's detention file and provided to the detainee within five days." *See* ICE PBNDS 2011, Standard, Grievance System, Section (V)(D). **This is a priority component.**

³⁵ "Detainees shall be provided with a written or oral response within five days of receipt of the grievance." *See* ICE PBNDS 2011, Standard, Grievance System, Section (V)(C)(3)(b)(1)(b).