



**U.S. Department of Homeland Security**  
U.S. Immigration and Customs Enforcement  
Office of Professional Responsibility  
Inspections and Detention Oversight Division  
Washington, DC 20536-5501

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**Office of Detention Oversight  
Compliance Inspection**

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

**Rolling Plains Detention Center  
Haskell, Texas**

**February 22-26, 2021**

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

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## COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Team Lead	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
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[REDACTED]	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 compliance inspection of the Rolling Plains Detention Center (RPDC) in Haskell, Texas, from February 22-26, 2021.<sup>1</sup> The facility opened in June 2018 and is owned and operated by La Salle Corrections. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at RPDC in October 2018 under the oversight of ERO’s Field Office Director in Dallas (ERO Dallas). The facility operates under the National Detention Standards (NDS) 2000.<sup>2</sup>

ERO has assigned deportation officers and a detention services manager to the facility. A RPDC warden handles daily facility operations and is supported by █████ personnel. La Salle Corrections provides food services and medical care, and Correct Commissary provides commissary services at the facility. The facility was accredited by the Texas Commission on Jail Standards in May 2020.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>3</sup>	120
Average ICE Detainee Population <sup>4</sup>	████
Male Detainee Population (as of February 22, 2021)	████
Female Detainee Population (as of February 22, 2021)	████

During its last inspection, in Fiscal Year (FY) 2020, ODO found 22 deficiencies in the following areas: Environmental Health and Safety (1); Admission and Release (4); Funds and Personal Property (1); Searches of Detainees (1); Special Management Units (7); Sexual Abuse and Assault Prevention and Intervention (1); Food Service (1); Medical Care (5); and Religious Practices (1).

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

<sup>2</sup> ERO Custody Management Division informed ODO on April 1, 2021, RPDC was one of several U.S. Marshals Service intergovernmental agreement facilities in which ODO should inspect under the NDS 2000 instead of the NDS 2019. ODO inspected RPDC against NDS 2019 before receiving this updated guidance and ODO verified all findings against the NDS 2000 prior to citing as a deficiency in this report.

<sup>3</sup> Data Source: ERO Facility List Report as of January 25, 2021.

<sup>4</sup> *Ibid.*

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, 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.<sup>5</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which 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.

Upon completion of each 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 their decision-making to better allocate resources across the agency’s entire detention inventory.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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<sup>5</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected <sup>6&amp;7</sup>	Deficiencies
<b>Part 1 – Detainee Services</b>	
Access to Legal Material	0
Admission and Release	0
Detainee Classification System	3
Detainee Grievance Procedures	0
Food Service	3
Funds and Personal Property	0
Religious Practices	0
Staff-Detainee Communication	0
Telephone Access	0
<b>Sub-Total</b>	<b>6</b>
<b>Part 2 – Security and Control</b>	
Emergency Plans	0
Environmental Health and Safety	0
Population Counts	0
Special Management Unit (Administrative Segregation)	3
Special Management Unit (Disciplinary Segregation)	1
Use of Force	0
<b>Sub-Total</b>	<b>4</b>
<b>Part 3 – Health Services</b>	
Hunger Strikes	0
Medical Care	0
Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Other Standards Inspected</b>	
NDS 2019 Facility Security and Control	0
NDS 2019 Sexual Abuse and Assault Prevention and Intervention	0
NDS 2019 Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>10</b>

<sup>6</sup> For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

<sup>7</sup> Beginning in FY 2021, ODO added Emergency Plans, Facility Security and Control, Population Counts, Hunger Strikes, and Staff Training as core standards. NDS 2019 does not include Emergency Plans, Population Counts, nor Staff Training as individual standards; however, those specific requirements are resident in other core standards.

## DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, nor abuse. The detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

*Medical Care:* ODO interviewed one female detainee who advised ODO she received a breast screening prior to ODO's inspection and has not received the results of the medical screening.

- Action Taken: On February 24, 2021, ODO interviewed the health service administrator (HSA), who advised ODO, a provider evaluated the detainee on January 22, 2021. During the detainee's evaluation, the provider ordered a mammogram and ultrasound examination of the detainee's breasts, which the facility scheduled for February 25, 2021. On March 18, 2021, ODO followed up with ERO Dallas and learned the detainee bonded out of the facility on February 23, 2021, prior to her scheduled appointment.

*Medical Care:* ODO interviewed one female detainee who reported having a thyroid issue; however, the provider has not provided her with any medical treatment.

- Action Taken: On February 24, 2021, ODO interviewed the HSA and reviewed the detainee's medical file. On January 21, 2021, the provider completed her initial health assessment, which noted the detainee having a golf ball sized nodule on the right side of her neck. During the detainee's evaluation, the provider ordered a consultation with the ear, nose and throat specialist (ENT). The HSA advised ODO the detainee's file indicated another ICE facility conducted a benign biopsy on her thyroid; however, was unable to provide the detainee with the results prior to the facility transferring the detainee on September 20, 2020. On February 22, 2021, the HSA informed the detainee of the previous biopsy results and updated the detainee on the treatment plan for the nodule. The facility scheduled the detainee for a follow-up with the ENT specialist for March 1, 2021.

*Medical Care:* ODO interviewed one male detainee who advised ODO he was having a dental issue, which he reported to the facility's medical staff, but the provider informed him he had to wait six months before he could see a dentist.

- Action Taken: On February 24, 2021, ODO interviewed the HSA regarding the detainee's medical complaint. The detainee's medical file indicated the detainee received a dental evaluation and treatment while in the U.S. Marshall's custody on the following dates: August 18, 2020; October 2, 2020; November 3, 2020; and November 17, 2020. There was no record of the detainee requesting any additional dental care since ICE took custody of him on December 23, 2020. ODO recommended to the facility's HSA, someone from the facility's medical staff should ensure the detainee is informed of the facility's sick call procedures. The HSA advised ODO the facility's medical staff would meet with the detainee and ensure he understood the facility's sick call procedures. Additionally, the HSA advised ODO there was no required wait time for ICE detainees to seek any medical requests.

*Environmental Health and Safety:* ODO interviewed one male detainee from housing [REDACTED] who advised ODO the bathroom wall next to the telephones is leaking water and smells.

- Action Taken: On February 24, 2021, ODO interviewed the facility’s risk manager, who indicated the facility had not received any complaints concerning a water leak in housing [REDACTED] however, the facility’s maintenance team resolved the plumbing issue on February 22, 2021.

## COMPLIANCE INSPECTION FINDINGS

### DETAINEE SERVICES

#### DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed 15 detainee initial classification files and found 5 out of 15 initial classifications did not have a supervisor’s review (**Deficiency DCS-6<sup>8</sup>**).

ODO reviewed 15 detainee intake/processing officer’s classification files and found 5 out of 15 classification files did not have a supervisor review of each detainee for accuracy and completeness (**Deficiency DCS- 10<sup>9</sup>**).

ODO reviewed 15 detainee intake/processing officer’s classification files and found 5 out of 15 classifications files did not have the reviewing officer’s overview to ensure the facility assigned each to the appropriate housing unit (**Deficiency DCS- 11<sup>10</sup>**).

#### FOOD SERVICE (FS)

ODO reviewed the facility’s FS program and found the facility’s food service manager does not review the kitchen worker’s job descriptions annually (**Deficiency FS-10<sup>11</sup>**).

ODO reviewed the facility’s common fare menu and found the common fare menu does not include special menus for the 10 federal holidays (**Deficiency FS-60<sup>12</sup>**).

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<sup>8</sup> “4. A supervisor will review each detainee’s classification.” See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(C).

<sup>9</sup> “A supervisor will review the intake/processing officer’s classification file for each detainee for accuracy and completeness. Among other things, the reviewing officer shall ensure each detainee has been assigned to the appropriate housing unit.” See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(C).

<sup>10</sup> “A supervisor will review the intake/processing officer’s classification file for each detainee for accuracy and completeness. Among other things, the reviewing officer shall ensure each detainee has been assigned to the appropriate housing unit.” See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(C).

<sup>11</sup> “The FSA shall review detainee job descriptions annually to ensure they are accurate and up-to-date. Before starting work in the department, the detainee will sign for receipt of the applicable job description.” See ICE NDS 2000, Standard, Food Service, Section (III)(B)(11).

<sup>12</sup> “Common fare is a no-flesh protein option intended to accommodate detainees whose religious dietary needs cannot be met on the main line. The common-fare menu is based on a 14-day cycle, with special menus for the 10 Federal holidays. The menus must be certified as exceeding minimum daily nutritional requirements, meeting or exceeding U.S. recommended daily allowances (RDAs).” See ICE NDS 2000, Standard, Food Service, Section (III)(E)(2).

ODO reviewed the facility's FS program and found the facility did not maintain accurate inventories for their hazardous chemicals. Specifically, four inventory logs for [REDACTED] [REDACTED] not correctly document on-hand quantities (**Deficiency FS-105<sup>13</sup>**).

## **SECURITY AND CONTROL**

### **SPECIAL MANAGEMENT UNITS (ADMINISTRATIVE SEGREGATION) (SMU AS)**

ODO found two of two confinement activity records did not contain the signatures of the medical staff who completed visits to detainees. Additionally, the forms did not contain a space for the medical staff to sign, only a space for their initials (**Deficiency SMU-67<sup>14</sup>**).

ODO found two out of two confinement activity records did not contain a space for officers to initial the records after the completion of detainee medical visits (**Deficiency SMU-68<sup>15</sup>**).

ODO reviewed the facility's SMU Program, two special housing unit record forms (Form I-888), and found two out of two confinement activity records did not contain the names nor signatures of the officers who completed the forms (**Deficiency SMU-66<sup>16</sup>**).

ODO reviewed the facility's SMU [REDACTED] checks for a period of [REDACTED] and found 7 instances where the facility's SMU staff did not observe the detainees every [REDACTED], on an [REDACTED] schedule, which ODO cited as an **Area of Concern**.

### **SPECIAL MANAGEMENT UNITS (DISCIPLINARY SEGREGATION) (SMU DS)**

ODO reviewed the facility's written SMU policies and found the disciplinary segregation (DS) policy does not contain specific written requirements indicating a supervisor must interview detainees as part of their seven-day DS status reviews (**Deficiency SMU-45<sup>17</sup>**).

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<sup>13</sup> "All staff members shall know where and how much toxic, flammable, or caustic material is on hand, and be aware that their use must be controlled and accounted for daily." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(11)(2).

<sup>14</sup> "The facility medical staff shall sign each individual's record when the medical staff member visits a detainee in the SMU. The housing officer shall initial the record after the medical visits are completed, but no later than the end of the shift." See ICE NDS 2000, Standard, Special Management Units (Administrative Segregation), Section (III)(D)(12).

<sup>15</sup> "The facility medical staff shall sign each individual's record when the medical staff member visits a detainee in the SMU. The housing officer shall initial the record after the medical visits are completed, but no later than the end of the shift." See ICE NDS 2000, Standard, Special Management Units (Administrative Segregation), Section (III)(D)(12).

<sup>16</sup> "The officer that conducts the activity shall print his or her name and sign the record." See ICE NDS 2000, Standard, Special Management Units (Administrative Segregation), Section (III)(E)(2).

<sup>17</sup> "All facilities shall implement written procedures for the regular review of all disciplinary segregation cases, consistent with the following procedures; A security supervisor, or equivalent, shall interview the detainee and review his or her status in disciplinary segregation every seven days. The review will confirm the detainee is being provided showers, meals, recreation, and other necessities, as required by this detention standard." See ICE NDS 2000, Standard, Special Management Units (Disciplinary Segregation), Section (III)(C)(1).

## **OTHER STANDARDS INSPECTED**

### **NDS 2019 FACILITY SECURITY AND CONTROL (FS&C)**

ODO reviewed the facility's visitor's logbook and found entries in the visitor's logbook did not identify the person nor department visited, which ODO cited as an **Area of Concern**.

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2000, 3 standards under NDS 2019, and found the facility in compliance with 17 of those standards. ODO found 10 deficiencies in the remaining 4 standards. Additionally, ODO cited two **Areas of Concern**. RPDC was contractually obligated to comply with the NDS 2000 standard and ODO verified each finding against the NDS 2000 standards, prior to citing the findings as deficiencies in this report. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2020 (NDS 2019)</b>	<b>FY 2021 (NDS 2000)/(NDS 2019)</b>
Standards Reviewed	19	18/3
Deficient Standards	9	4
Overall Number of Deficiencies	22	10
Repeat Deficiencies	0	0
Areas of Concern	0	2
Corrective Actions	12	0