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**Office of Detention Oversight
Compliance Inspection**

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

**Dallas County Jail – Lew Sterrett
Dallas, Texas**

June 7-9, 2022

**COMPLIANCE INSPECTION
of the
DALLAS COUNTY JAIL – LEW STERRETT
Dallas, Texas**

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	7
DETAINEE SERVICES.....	7
Food Service	7
SECURITY AND CONTROL.....	7
Environmental Health and Safety	7
Use of Force.....	9
OTHER STANDARDS REVIEWED	9
NDS 2019 Sexual Abuse and Assault Prevention and Intervention.....	9
CONCLUSION	11

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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 compliance inspection of the Dallas County Jail - Lew Sterrett (DCJ) in Dallas, Texas, from June 7 to 9, 2021.¹ The facility opened in 1983 and is owned and operated by Dallas County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at DCJ in April 2017 under the oversight of ERO’s Field Office Director in Dallas (ERO Dallas). The facility operates under the National Detention Standards (NDS) 2000.

ERO has no staff assigned to the facility. A facility administrator handles daily facility operations and manages █████ support personnel. The facility provides food and commissary services, and Parkland Hospital provides medical care at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	█████
Average ICE Detainee Population ⁴	█████
Male Detainee Population (as of June 7, 2022)	█████
Female Detainee Population (as of June 7, 2022)	█████

This was ODO’s first compliance inspection of DCJ.

¹ This facility holds male detainees with low, medium-low, medium-high, and high security classification levels for periods less than 72 hours.

² Data Source: ERO Facility List Report as of June 13, 2022.

³ This facility does not have a bed capacity limit under the U.S. Marshall Service Inter-Governmental Agreement, and as of June 13, 2022, the contractual capacity on the ERO Facility List is blank.

⁴ *Ibid.*

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.⁵

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.

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. Additionally, ODO will conduct unannounced inspections of ICE facilities, regardless of detainee ADP, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facilities 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 (FRS only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

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 its decision-making to better allocate resources across the agency’s entire detention inventory.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ^{6,7}	Deficiencies
Part 1 – Detainee Services	
Food Service	1
Issuance and Exchange of Clothing, Bedding and Towels	0
Sub-Total	1
Part 2 – Security and Control	
Detention Files	0
Environmental Health and Safety	17
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	1
Sub-Total	18
Part 3 – Health Services	
Hunger Strikes	0
Medical Care	0
Suicide Prevention and Intervention	0
Sub-Total	0
Other Standards Reviewed	
NDS 2019 Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	19

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

⁷ 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 inspections.

DETAINEE RELATIONS

ODO interviewed two out of three detainees, who each voluntarily agreed to participate. The third detainee declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

FOOD SERVICE (FS)

ODO reviewed facility FS policy and 10 weekly sanitation inspections, toured and observed the west tower kitchen, and found no routine cleaning by facility staff of the walls, floors, and ceilings. Specifically, ODO observed food debris splattered on the walls, food remnants and trash littered on the floor (i.e., discarded hairnets, beard protectors, and stray mop strings in multiple locations of the kitchen) and dust build-up on the ceiling (**Deficiency FS-311**⁸).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO inspected the chemical storage areas of the west, north, and south towers, food service and laundry departments, and found:

- The facility did not maintain a running inventory of hazardous (flammable, toxic, or caustic) substances used and stored in those areas nor did facility staff track and document hazardous substance usage and on-hand quantities (**Deficiency EHS-2**⁹);
- The facility did not maintain separate inventory records for each substance, with entries for each logged on a separate card (or equivalent), nor did the facility staff track and document hazardous substance usage and on-hand quantities (**Deficiency EHS-3**¹⁰); and
- The departments did not file their chemical inventory records alphabetically by substance (**Deficiency EHS-4**¹¹).

ODO interviewed the facility fire warden, reviewed the master index of hazardous substances at the facility, and found:

- The master index did not include locations of the facility's hazardous

⁸ "All facilities shall meet the following environmental standards: ...

c. Routinely cleaned walls, floors, and ceilings in all areas."

See ICE NDS 2000, Standard, Food Service, Section (III)(H)(5)(c).

⁹ "Every area will maintain a running inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

¹⁰ "Inventory records will be maintained separately for each substance, with entries for each logged on a separate card (or equivalent)." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

¹¹ "That is, the account keeping will not be chronological, but filed alphabetically, by substance (dates, quantities, etc.)." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

- substances(**Deficiency EHS-10**¹²);
- The facility did not distribute a copy of the MSDS master file to the local fire department (**Deficiency EHS-11**¹³);
 - The master file did not contain documentation of facility completed semi-annual reviews (**Deficiency EHS-12**¹⁴); and
 - The master file index did not include a comprehensive and up-to-date list of emergency phone numbers (e.g., fire department, poison control center, etc.) (**Deficiency EHS-13**¹⁵).

ODO inspected the chemical storage areas of the west, north, and south towers, food service and the laundry departments, and found the facility did not keep inventory records for current hazardous substances before, during, and after use, nor did the facility staff track and document hazardous substance usage and on-hand quantities (**Deficiency EHS-18**¹⁶).

ODO interviewed a facility lieutenant, and found a qualified departmental staff member did not conduct weekly fire and safety inspections (**Deficiency EHS-60**¹⁷).

ODO interviewed the facility fire warden, reviewed the exit signs throughout the facility, and found the signs had no instructions in Spanish, no “You Are Here” markers, and no emergency equipment locations (**Deficiency EHS-71**¹⁸).

ODO interviewed a facility lieutenant, toured the facility, and found no designated room for a barbershop. The facility used the common areas of the housing units as temporary barbershops (**Deficiency EHS-84**¹⁹).

Additionally, since the facility did not have a dedicated space for a barber shop, ODO found the following deficiencies for facility barbershop operations:

- No lavatory (**Deficiency EHS-89**²⁰);

¹² “The Maintenance Supervisor or designate will compile a master index of all hazardous substances in the facility, including locations, along with a master file of MSDSs.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C).

¹³ “He/she will maintain this information in the safety office (or equivalent), with a copy to the local fire department.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C).

¹⁴ “Documentation of the semi-annual reviews will be maintained in the MSDS master file.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C).

¹⁵ “The master index will also include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.).” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C).

¹⁶ “Accountability: Inventory records for a hazardous substance must be kept current before, during, and after each use.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(E)(4).

¹⁷ “A qualified departmental staff member will conduct weekly fire and safety inspections; the maintenance (safety) staff will conduct monthly inspections.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(2).

¹⁸ “In addition to a general area diagram, the following information must be provided on existing signs:

- a. English and Spanish instructions;
- b. "You Are Here" markers;
- c. Emergency equipment locations.”

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(5)(a-c).

¹⁹ “The operation will be located in a separate room not used for any other purpose.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(1).

²⁰ “At least one lavatory will be provided.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(1).

- No hot and cold water (**Deficiency EHS-90**²¹);
- No equipment and facilities necessary for maintaining sanitary procedures of hair care (**Deficiency EHS-91**²²);
- No appropriate cabinets, covered metal containers for waste, disinfectants, dispensable headrest covers, laundered towels and haircloths (**Deficiency EHS-92**²³); and
- No posted detailed hair care sanitation regulations in a noticeable location (**Deficiency EHS-95**²⁴).

ODO reviewed the facility EHS policy, toured the west, north, and south towers, and found the facility did not maintain environmental and health conditions to recognized standards of hygiene. Specifically, in the west tower, ODO inspected 12 cells, all showers, and common areas, and found the following issues: expended and discarded hygiene containers and build-up of soap scum; insufficiently cleaned toilets with rust build-up; and rust build-up on louvers of common area vents (**Deficiency EHS-127**²⁵).

USE OF FORCE (UOF)

ODO reviewed the facility UOF policy and [REDACTED] staff members' files, interviewed the facility assistant deputy chief, and found all staff members did not receive annual training in confrontation-avoidance procedures and forced cell-move techniques (**Deficiency UOF-119**²⁶).

OTHER STANDARDS REVIEWED

NDS 2019 SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility SAAPI program and noted the following observations as **Areas of Concern**:

- The facility Prison Rape Elimination Act (PREA) policy did not include procedures for disciplining detainees;
- The facility PREA policy did not include procedures for coordinating with ICE/ERO and other appropriate investigative agencies to ensure completion of administrative and criminal investigations for all allegations of sexual abuse and assault;

²¹ “Both hot and cold water will be available, and the hot water will be capable of maintaining a constant flow of water between 105 degrees and 120 degrees.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(1).

²² “Each barbershop will be provided with all equipment and facilities necessary for maintaining sanitary procedures of hair care.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(2).

²³ “Each shop will be provided with appropriate cabinets, covered metal containers for waste, disinfectants, dispensable headrest covers, laundered towels and haircloths.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(2).

²⁴ “Each barbershop will have detailed hair care sanitation regulations posted in a conspicuous location for the use of all hair care personnel and detainees.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(4).

²⁵ “Environmental health conditions will be maintained at a level that meets recognized standards of hygiene.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(R)(1).

²⁶ “Staff members will receive annual training in confrontation-avoidance procedures and forced cell-move technique.” See ICE NDS 2000, Standard, Use of Force, Section (III)(O).

- The facility PREA policy did include procedures for coordination of internal administrative investigation with an assigned criminal investigative entity to ensure non-interference with criminal investigations, as well as coordination with ICE OPR;
- The facility PREA policy did not include procedures for data collection or the facility requirement to cooperate with all ICE/ERO audits and monitoring;
- ERO Dallas had not approved the facility written PREA policy and procedures;
- The facility administrator did not ensure proper placement of facility PREA policy and procedures nor the facility's full compliance with the requirement and guidelines of the SAAPI detention standard;
- The facility did not write its PREA policy and procedures as specified in the SAAPI standard;
- ERO Dallas had not reviewed nor approved the facility medical staff training for examining and treating victims of sexual abuse;
- The facility did not provide detainees instructions on the SAAPI program following the intake process. Specifically, the facility did not ensure instructions included the following items: an explanation of methods for reporting sexual abuse and assault, including one or more staff members other than an immediate point-of-contact line officer; how to contact the ICE Detention and Reporting Information Line, DHS Office of Inspector General (OIG), and the ICE OPR;
- The facility did not inform detainees of their option to report any incident or situation regarding sexual abuse, assault, or intimidation, to any staff member, DHS OIG, or the DHS Joint Intake Center; and
- ERO Dallas did not post sexual abuse and assault awareness notices on all housing unit boards, along with the name of the prevention of sexual assault compliance manager and information about local organizations that could assist detainees who had been victims of sexual abuse and assault, including mailing addresses and telephone numbers (i.e., toll-free hotline numbers where available), nor did the facility distribute the ICE/ERO "Sexual Assault Awareness Information" pamphlet.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 10 standards under NDS 2000, 1 standard under NDS 2019, and found the facility in compliance with 8 of those standards. ODO found 19 deficiencies in the remaining 3 standards. The facility's contractual requirement did not include the NDS 2019 SA-API, which is why ODO noted all findings in that standard as **Areas of Concern**. ODO recommends ERO Dallas work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. A uniform corrective action plan was not required for DCJ as this was ODO's first inspection of DCJ.

Compliance Inspection Results Compared	FY 2021 (NDS 2000/NDS 2019)	FY 2021 (NDS 2000/NDS 2019)
Standards Reviewed	N/A	10/1
Deficient Standards	N/A	3
Overall Number of Deficiencies	N/A	19
Repeat Deficiencies	N/A	0
Areas Of Concern	N/A	11
Corrective Actions	N/A	0
Facility Rating	N/A	Good