



**U.S. Department of Homeland Security**  
U.S. Immigration and Customs Enforcement  
Office of Professional Responsibility  
ICE Inspections  
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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**

**November 15-17, 2022**

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

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## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
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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 November 15 to 17, 2022.<sup>1</sup> 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 under the oversight of ERO's Field Office Director in Dallas (ERO Dallas). DCJ was inspected against the National Detention Standards (NDS) 2000.<sup>2</sup>

ERO has no staff assigned to the facility. A facility administrator handles daily operations and manages all support personnel. The facility provides food services 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 Bed Capacity <sup>3</sup>	
Average ICE Population <sup>4</sup>	
Adult Male Population (as of November 15, 2022)	
Adult Female Population (as of November 15, 2022)	

During its last inspection, in Fiscal Year (FY) 2022, ODO found 19 deficiencies in the following areas: Environmental Health and Safety (17); Food Service (1); and Use of Force (1).

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

<sup>2</sup> ICE is an authorized user of this facility under a United States Marshals Service intergovernmental agreement contract, which does not specify an ICE NDS, and ODO inspected to the NDS listed on the ERO Facility List as of November 7, 2022.

<sup>3</sup> Data Source: ERO Facility List as of November 7, 2022.

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

Beginning fiscal year (FY) 2022, ODO will conduct focused reviews of under 72-hour ICE detention facilities with an ADP of one or more detainees and over 72-hour ICE detention facilities with an ADP of one-to-nine detainees. Additionally, ODO will conduct unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections 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 (Family Residential Standard (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.

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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>6,7</sup>	Deficiencies
<b>Part 1 - Detainee Services</b>	
Food Service	2
Recreation	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 2 - Security and Control</b>	
Environmental Health and Safety	11
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	0
<b>Sub-Total</b>	<b>11</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 Reviewed</b>	
NDS 2019 Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>13</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 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 standards.

## **DETAINEE RELATIONS**

ODO attempted to conduct interviews, but the one detainee the facility housed during the inspection declined ODO's request for an interview.

## **COMPLIANCE INSPECTION FINDINGS**

### **DETAINEE SERVICES**

#### **FOOD SERVICE (FS)**

ODO inspected the facility FS program, observed FS areas, and found the facility did not have an installed air curtain for the overhead door of the Sterrett west tower kitchen loading dock (**Deficiency FS-323<sup>8</sup>**).

ODO inspected the facility FS program, observed FS areas, and found the facility did not use air curtains or comparable devices on outside doors where food is prepared, stored, or served to protect against insects and other rodents. Specifically, ODO observed the Sterrett West Tower kitchen loading dock overhead door did not have an installed air curtain (**Deficiency FS-386<sup>9</sup>**).

#### **RECREATION (R)**

ODO reviewed the facility recreation program and found no allowance for detainees in the SMU of least 1 hour of recreation per day outside their cells and schedules at reasonable times, at least 5 days per week. Specifically, the facility offered detainees at least 1 hour of recreation per day, 3 days per week. Since the facility did not house any detainees in their SMU during the review period, ODO noted this as an **Area of Concern**.

ODO reviewed the facility recreation program and found no allowance for detainees with indoor recreation access for at least 1 hour each day nor access to natural light. Specifically, the facility offered detainees at least 1 hour of recreation per day, 3 days per week. Since this is an under 72-hour facility, ODO noted this as an **Area of Concern**.

### **SECURITY AND CONTROL**

#### **ENVIRONMENTAL HEALTH AND SAFETY (EHS)**

ODO interviewed the facility fire warden, reviewed the master index, inspected the chemical storage areas of housing units 7 and 8 and the intake area of the west tower for hazardous

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<sup>8</sup> "All facilities shall meet the following environmental standards: ...

k. The premises shall be maintained in a condition that precludes the harboring or feeding of insects and rodents. Outside openings will be protected by tight-fitting screens, windows, and doors that are self-closing, controlled air curtains, etc."

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

<sup>9</sup> "Air curtains or comparable devices shall be used on outside doors where food is prepared, stored, or served to protect against insects and other rodents." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(10).

substances, and found:

- No 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<sup>10</sup>**);
- No 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<sup>11</sup>**);
- No alphabetical filing of chemical inventory records by substance (**Deficiency EHS-4<sup>12</sup>**); and
- No documentation of the facility completing semi-annual reviews in the master file (**Deficiency EHS-12<sup>13</sup>**). **This is a repeat deficiency.**
- No documentation for single-day issuance of hazardous substances, i.e., the amount needed for 1 day’s work. Specifically, ODO observed the first-floor main chemical storage area and overflow chemical storage areas did not contain inventory logs nor records to verify issuing of hazardous chemicals in single day increments (**Deficiency EHS-16<sup>14</sup>**); and
- No inventory records for the hazardous substances before, during, nor after each use. Specifically, ODO observed no inventory logs for hazardous substances in the first-floor main chemical storage and overflow chemical storage areas (**Deficiency EHS-18<sup>15</sup>**). **This is a repeat deficiency.**

ODO interviewed the fire warden and found no weekly fire and safety inspections by qualified department staff. Specifically, the fire warden informed ODO the facility did not conduct weekly fire and safety inspections and provided no fire and safety inspection documentation (**Deficiency EHS-60<sup>16</sup>**). **This is a repeat deficiency.**

ODO interviewed the fire warden, toured the facility, and found facility evacuation diagrams did not contain “You Are Here” markers and emergency equipment locations written in English and Spanish (**Deficiency EHS-71<sup>17</sup>**). **This is a repeat deficiency.**

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<sup>10</sup> “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).

<sup>11</sup> “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).

<sup>12</sup> “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).

<sup>13</sup> “Documentation of the semi-annual reviews will be maintained in the MSDS file.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C).

<sup>14</sup> “Amounts: A hazardous substances will be issued in single-day increments, i.e., the amount needed for one day’s work.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(E)(2).

<sup>15</sup> “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).

<sup>16</sup> “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).

<sup>17</sup> “In addition to a general area diagram, the following information must be provided on existing signs:



ODO interviewed the facility manager, toured the barbershop, reviewed emergency generator logs, and found the following deficiencies regarding facility power generators:

- No biweekly 1-hour tests of the emergency generator. Specifically, ODO found the emergency electrical biweekly tests lasted 30 minutes (**Deficiency EHS-78<sup>18</sup>**);
- No testing or servicing of the emergency generators by an external service company. Specifically, the facility manager stated an external general-service company tests the emergency generator annually but did not provide ODO with documentation showing completed test results (**Deficiency EHS-80<sup>19</sup>**);
- No quarterly checks of the emergency generator’s starting battery voltage, generator voltage, nor amperage output. Specifically, the facility manager stated an external general-service company tests the emergency generator annually but did not provide ODO with documentation showing completed services (**Deficiency EHS-81<sup>20</sup>**); and

### **SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION/ DISCIPLINARY SEGREGATION) (SMUAS/SMUDS)**

ODO reviewed facility SMUAS/SMUDS programs, interviewed the assistant chief deputy, and noted the following observations as **Areas of Concern** since the facility had not housed any detainees in their SMU during the review period:

- No recreation provided to detainees in administrative/disciplinary segregation as per the R standard;
- No assurance of detainees in Administrative/Disciplinary segregation using only disposable utensils. Specifically, the facility issued hard plastic cups and spoons to detainees in the SMUs; and
- No allowance of reading materials for detainees placed in restriction except for legal and religious.

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- 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).

<sup>18</sup> “Power generators will be tested at least every two weeks. Other emergency equipment and systems will undergo quarterly testing, with follow-up repairs or replacement as necessary. The biweekly test of the emergency electrical generator will last one hour.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(O).

<sup>19</sup> “The emergency generator will also receive quarterly testing and servicing from an external generator-service company.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(O).

<sup>20</sup> “The emergency generator will also receive quarterly testing and servicing from an external generator-service company. Among other things, the technicians will check starting battery voltage, generator voltage and amperage output.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(O).

## **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**:

- No 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;
- No 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;
- No procedures for data collection nor the facility requirement to cooperate with all ICE/ERO audits and monitoring;
- No approval by ERO Dallas for the facility written Prison Rape Elimination Act (PREA) policy and procedures;
- No proper placement of facility PREA policy and procedures ensured by the facility administrator nor the facility's full compliance with the requirement and guidelines of the SAAPI detention standard;
- No PREA policy and procedures written by the facility as specified in the SAAPI standard;
- No review nor approval by ERO Dallas of the facility medical staff training for examining and treating victims of sexual abuse;
- No SAAPI program instructions provided from staff to detainees following intake. 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; and how to contact the ICE Detention and Reporting Information Line, DHS Office of Inspector General (OIG), and the ICE OPR;
- No information from staff to detainees on their option to report any incident or situation regarding sexual abuse, assault, or intimidation, by any staff member, DHS Office of the Inspector General, or the DHS Joint Intake Center; and
- No posting of sexual abuse and assault awareness notices by ERO Dallas 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), nor any distribution by the facility of the ICE/ERO "Sexual Assault Awareness Information" pamphlet.

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with nine standards under NDS 2000 and one standard under NDS 2019 and found the facility in compliance with eight of those standards. ODO found 13 deficiencies in the remaining 2 standards. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the uniform corrective action plan for ODO's last inspection of DCJ in June 2022.

<b>Compliance Inspection Results Compared</b>	<b>FY 2022 (NDS 2000/NDS 2019)</b>	<b>FY 2023 (NDS 2000/NDS 2019)</b>
Standards Reviewed	10/1	9/1
Deficient Standards	3	2
Overall Number of Deficiencies	19	13
Priority Component Deficiencies	N/A	0
Repeat Deficiencies	0	4
Areas Of Concern	11	15
Corrective Actions	0	0
Facility Rating	Good	Good