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**Office of Detention Oversight
Special Review
2023-003-093**

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

**Burnet County Jail
Burnet, Texas**

May 16-18, 2023

**SPECIAL REVIEW
of the
BURNET COUNTY JAIL
Burnet, Texas**

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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 special review of the Burnet County Jail (BCJ) in Burnet, Texas, from May 16 to 18, 2023.¹ The facility opened in 2009 and is owned and operated by the Burnet County Sheriff. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at BCJ in 2014 under the oversight of ERO’s Field Office Director (FOD) in San Antonio (ERO San Antonio). ICE is an authorized user of BCJ under a United States Marshals Service intergovernmental agreement contract, which does not specify an ICE National Detention Standard (NDS), and ODO inspected to the NDS listed on the ERO Facility List as of May 8, 2023. BCJ was inspected against NDS 2019, and ODO’s assigned rating is for ERO’s informational purposes only.

ERO deportation officers are not assigned full-time to the facility but conduct weekly visits at varying times during the week. A Burnet County Sheriff’s deputy handles daily facility operations and manages ■ support personnel. Facility staff provides food services, Turnkey provides medical care, and Aramark provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	■
Average ICE Population ³	■
Adult Male Population (as of May 16, 2023)	■
Adult Female Population (as of May 16, 2023)	■

This was ODO’s first compliance inspection of Burnet County Jail.

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

² Data Source: ERO Facility List as of May 8, 2023.

³ *Ibid.*

SPECIAL REVIEW PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for over 72 hours, to assess compliance with ICE NDS. These inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and well-being.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO 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 *Special Review Findings* section of this report.

In fiscal year (FY) 2022, ODO began conducting special 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 to 9 detainees. Additionally, ODO began conducting 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; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO’s informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility’s contractually required ICE NDS or in accordance with the ICE NDS listed in the current ERO Facility List Report for facilities that are not contractually obligated to an ICE NDS, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Suicide Prevention and Intervention, Hunger Strikes, Food Service, Environmental Health and Safety, Special Management Units (SMU) or Hold Rooms if the facility does not have an SMU, Use of Force and Restraints/Use of Physical Control Measures and Restraints, and Sexual Abuse and Assault Prevention and Intervention.

Upon completion of each special review or unannounced 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.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Hold Rooms in Detention Facilities	2
Use of Force and Restraints	0
Special Management Units	0
Sexual Abuse and Assault Prevention and Intervention	4
Sub-Total	6
Part 4 - Care	
Food Service	1
Medical Care	6
Significant Self-Harm and Suicide Prevention and Intervention	1
Sub-Total	8
Part 5 - Activities	
Recreation	0
Sub-Total	0
Part 6 - Justice	
Detainee Handbook	0
Sub-Total	0
Total Deficiencies	14

⁵ For greater detail on ODO's findings, see the *Special Review Findings* section of this report.

⁶ 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 conducted no interviews due to a facility ICE detainee population count of zero during this inspection. Despite the facility housing no detainees during the inspection, the facility maintains an active contract to house ICE detainees and had an FY 2023 ADP of one, meeting the ODO requirement for special reviews.

SPECIAL REVIEW FINDINGS

SECURITY

HOLD ROOMS IN DETENTION FACILITIES (HRDF)

ODO interviewed the facility booking sergeant and found the facility did not maintain a log for recording custodial information about all detainees placed in and removed from the hold rooms (**Deficiency HRDF-30⁷**).

ODO interviewed the facility booking sergeant, reviewed the facility jail check/rounds policy, and found the facility did not complete irregular visual monitoring, not to exceed 15 minutes between checks. Specifically, the facility completed rounds every 20 to 30 minutes (**Deficiency HRDF-37⁸**). **This is a priority component.**

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility SAAPI policy and found no procedures for immediate reporting of sexual abuse allegations, including: procedures to report sexual abuse immediately through the facility's chain of command, from the reporting official to the highest facility official; procedures to notify ERO San Antonio (this notification must be sent directly to the FOD); and a method for staff to report outside the chain of command (**Deficiency SAAPI-5⁹**).

ODO reviewed the facility SAAPI policy and found no procedures for investigation and discipline of assailants, including disciplinary sanctions for staff as far as termination in case of a substantial allegation of sexual abuse and assault or when a staff member violated agency sexual abuse and

⁷ "Each facility shall maintain a log which records custodial information about all detainees placed in and removed from hold rooms." *See* ICE NDS 2019, Standard, Hold Rooms in Detention Facilities, Section (II)(D)(2).

⁸ "Officers shall closely supervise the hold rooms through direct supervision, which involves irregular visual monitoring not to exceed 15 minutes between checks (each time recording the time and officer's name or identifier in the detention log)." *See* ICE NDS 2019, Standard, Hold Rooms in Detention Facilities, Section (II)(D)(4).

⁹ "This policy must mandate zero tolerance toward all forms of sexual abuse and assault, outline the facility's approach to preventing, detecting, and responding to such conduct, and include, at a minimum: ...

2. Procedures for immediate reporting of sexual abuse and assault allegations, including: a. Procedures for immediate reporting of sexual abuse and assault allegations through the facility's chain of command, from the reporting official to the highest facility official, including also procedures for notifying ICE/ERO (this notification must be sent directly to the FOD) and a method by which staff can report outside the chain of command."

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(2)(a).

assault policies (**Deficiency SAAPI-12¹⁰**).

ODO reviewed the facility SAAPI policy and found ERO San Antonio did not review nor approve the policy (**Deficiency SAAPI-14¹¹**).

The facility developed no written procedures for administrative investigations, incorporating assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, no polygraph requirement for a detainee alleging sexual abuse, and an investigation of actions or failures to act by the facility in order to assess if either contributed to the abuse (**Deficiency SAAPI-137¹²**).

CARE

FOOD SERVICE (FS)

ODO interviewed the FS director and found FS personnel did not receive a documented preemployment medical examination (**Deficiency FS-86¹³**).

MEDICAL CARE (MC)

ODO reviewed ■ detainee medical records and found in ■ out of ■ records, a health care practitioner did not review each incoming detainee's health record or health summary within 12 hours of arrival to ensure continuity of care (**Deficiency MC-16¹⁴**).

ODO reviewed staff training records, interviewed the compliance lieutenant, and found the facility did not train detention staff to respond to health-related emergencies within a 4-minute response time (**Deficiency MC-57¹⁵**). **This is a priority component.**

¹⁰ "This policy must mandate zero tolerance toward all forms of sexual abuse and assault, outline the facility's approach to preventing, detecting, and responding to such conduct, and include, at a minimum: ...

5. Procedures for investigation and discipline of assailants, including: ...

d. Disciplinary sanctions for staff, up to and including termination, when there is a substantiated allegation of sexual abuse and assault, or when staff has violated agency sexual abuse and assault policies."

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(5)(d).

¹¹ "The facility's written policy and procedures must be reviewed and approved by ICE/ERO." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

¹² "The facility shall develop written procedures for administrative investigations, including provisions requiring: ...

d. Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse and assault to submit to a polygraph; ...

e. An effort to determine whether actions or failures to act at the facility contributed to the abuse."

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(3)(d).

¹³ "All food service personnel (both staff and detainee) shall receive a documented preemployment medical examination." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(3)(a).

¹⁴ "For intra-system transfers, a health care practitioner will review each incoming detainee's health record or health summary within 12 hours of arrival, to ensure continuity of care." See ICE NDS 2019, Standard, Medical Care, Section (II)(D).

¹⁵ "Detention staff and health care staff will be trained to respond to health-related emergencies within a 4-minute

ODO reviewed staff training records, interviewed the compliance lieutenant, and found a responsible medical authority did not train facility staff on how to respond to health-related emergencies within 4 minutes (**Deficiency MC-58**¹⁶).

ODO reviewed staff training records, interviewed the compliance lieutenant, and found no training of detention staff on the recognition of signs of potential health emergencies, the required response, and the administration of first aid and cardiopulmonary resuscitation (CPR) (**Deficiency MC-59**¹⁷).

ODO interviewed the regional health manager and found no advance notice to medical personnel prior to the release, transfer, or removal of a detainee to provide for any medical needs of the detainee (**Deficiency MC-108**¹⁸). **This is a priority component.**

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, the facility did not ensure a medical transfer summary accompanied the detainee (**Deficiency MC-109**¹⁹).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)

ODO reviewed staff training records, interviewed the regional health manager and the compliance lieutenant, and found the facility's suicide prevention training for detention officers did not cover first aid, CPR, nor use of emergency equipment (**Deficiency SSHSPI-3**²⁰).

response time." See ICE NDS 2019, Standard, Medical Care, Section (II)(K).

¹⁶ "This training will be provided by a responsible medical authority in cooperation with the facility." See ICE NDS 2019, Standard, Medical Care, Section (II)(K).

¹⁷ "This training will be provided by a responsible medical authority in cooperation with the facility and will include the following:

a. The recognition of signs of potential health emergencies and the required response;

b. The administration of first aid and cardiopulmonary resuscitation (CPR);"

See ICE NDS 2019, Standard, Medical Care, Section (II)(K)(a-d).

¹⁸ "Medical personnel will be given advance notice prior to the release, transfer, or removal of a detainee, so that they may provide for any medical needs associated with the transfer or release." See ICE NDS 2019, Standard, Medical Care, Section (II)(Q)(2).

¹⁹ "When a detainee is transferred to another detention facility, the sending facility shall ensure that a medical transfer summary accompanies the detainee." See ICE NDS 2019, Standard, Medical Care, Section (II)(Q)(3)(a).

²⁰ "All of the following topics shall be covered: ...

2. Standard first aid training, cardiopulmonary resuscitation (CPR) training, and training in the use of emergency equipment (that may be located in each housing area of the detention facility)."

See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(B)(2).

CONCLUSION

During this special review, ODO assessed the facility's compliance with 10 standards under NDS 2019 and found the facility in compliance with 4 of those standards. ODO found 14 deficiencies in the remaining 6 standards. Most of the deficiencies ODO identified are administrative in nature and are the result of no facility policy and/or procedure. However, three of the deficiencies are priority component deficiencies. This was ODO's first inspection of BCJ and therefore, no trend analysis is available. ODO recommends ERO San Antonio work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2022 Special Review NDS 2019	FY 2023 Special Review NDS2019
Standards Reviewed	N/A	10
Deficient Standards	N/A	5
Overall Number of Deficiencies	N/A	14
Priority Component Deficiencies	N/A	3
Repeat Deficiencies	N/A	0
Areas Of Concern	N/A	0
Corrective Actions	N/A	0
Facility Rating	N/A	Acceptable