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U.S. 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

Eules City Jail
Eules, Texas

November 2-4, 2021

COMPLIANCE INSPECTION
of the
EULESS CITY JAIL
Eules, Texas

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY NATIONAL DETENTION STANDARDS 2019	
MAJOR CATEGORIES	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	7
SECURITY	7
Admission and Release	7
Custody Classification System	7
Use of Force and Restraints	7
Special Management Unit.....	7
Sexual Abuse and Assault Prevention and Intervention	8
CARE	15
Food Service	15
Medical Care.....	16
Hunger Strikes	16
Significant Self-Harm and Suicide Prevention and Intervention.....	16
Administration and Management	16
Detention Files	16
CONCLUSION	17

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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 Euless City Jail (ECJ) in Euless, Texas, from November 2 to 4, 2021.¹ The facility opened in 1988 and is owned by the City of Euless and operated by the Euless City Police Department. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at ECJ in 1989 under the oversight of ERO’s Field Office Director in Dallas (ERO Dallas). The facility operates under the National Detention Standards (NDS) 2019.

ERO has not assigned deportation officers to the facility. An ECJ facility administrator handles daily facility operations and manages [REDACTED] support personnel. Albertson’s Corporation provides food services, and the facility has no commissary vendor nor a medical provider. The facility does not hold any national accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	[REDACTED]
Average ICE Detainee Population ³	[REDACTED]
Male Detainee Population (as of November 2, 2021)	[REDACTED]
Female Detainee Population (as of November 2, 2021)	[REDACTED]

¹ This facility holds male and female 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 September 27, 2021.

³ *Ibid.*

⁴ Beginning in fiscal year (FY) 2022, ODO will conduct focused reviews of under 72-hour ICE detention facilities with an average daily population (ADP) of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1-9 detainees.

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population 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 average daily population (ADP) of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1-9 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 (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 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{6,7}	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release ⁸	1
Custody Classification System ⁹	1
Use of Force and Restraints	1
Special Management Units	4
Sexual Abuse and Assault Prevention and Intervention	40
Sub-Total	47
Part 4 – Care	
Food Service	3
Hunger Strikes	1
Medical Care	1
Significant Self-Harm and Suicide Prevention and Intervention	1
Sub-Total	6
Part 7 – Administration and Management	
Detention Files	2
Detainee Transfers	0
Sub-Total	2
Total Deficiencies	55

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.

⁸ The deficiency cited under the Admission and Release standard was identified while performing detainee interviews, the Admission and Release standard was not reviewed in its entirety.

⁹ The deficiency cited under the Custody Classification System standard was identified while performing detainee interviews, the Custody Classification System standard was not reviewed in its entirety.

DETAINEE RELATIONS

ODO interviewed three detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO interviewed detainees and facility staff, reviewed facility policy, and found the facility did not issue an ICE/ERO National Detainee Handbook nor a facility specific handbook to the detainees (**Deficiency AR-26¹⁰**).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO interviewed detainees and facility staff, reviewed facility policy, and found the facility did not establish a system that readily identified detainee classification levels (**Deficiency CCS-8¹¹**).

USE OF FORCE AND RESTRAINTS (UOFR)

ODO interviewed facility staff, reviewed facility policy, and found the facility did not have written procedures to govern mandatory after-action reviews for use-of-force incidents and the application of restraints (**Deficiency UOFR-94¹²**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO interviewed facility staff, reviewed facility policy, and found the facility's policy did not include procedures for documenting detailed reasons for a detainee's placement in administrative segregation (**Deficiency SMU-2¹³**).

ODO interviewed facility staff, reviewed facility policy, and found the facility did not have written procedures for regular placement review for all detainees held in administrative segregation (**Deficiency SMU-21¹⁴**).

¹⁰ "Upon admission, every detainee will receive an ICE/ERO National Detainee Handbook and a facility handbook." *See* ICE NDS 2019, Standard, Admission and Release, Section (II)(I).

¹¹ "The classification system shall ensure: ...

6. Each facility shall establish a system that readily identifies a detainee's classification level, for example, color-coded uniforms."

See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(6).

¹² "Written procedures shall govern the mandatory after-action review for use-of-force incidents (whether calculated or immediate), and for the application of restraints." *See* ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(K).

¹³ "These procedures must include documenting detailed reasons for placement of an individual in administrative segregation." *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(A).

¹⁴ "All facilities shall implement written procedures for the regular placement review of all detainees held in

ODO interviewed facility staff, reviewed facility policy, and found the facility did not have written procedures for regular review of all disciplinary segregation cases (**Deficiency SMU-44**¹⁵).

ODO interviewed facility staff, reviewed facility policy, and found the facility did not have a permanent SMU log that records detainee housing locations, status review dates, tentative release dates, authorizing officials, nor release dates (**Deficiency SMU-62**¹⁶).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO interviewed facility staff, reviewed facility policy, and found the facility's SAAPI policy and procedures did not include information regarding the availability of specialized community-based services and rape crisis/trauma units in local medical centers, clinics, and hospitals (**Deficiency SAAPI-1**¹⁷).

ODO interviewed facility staff, reviewed facility policy, and found the facility's policy did not include procedures for immediate reporting of sexual abuse and assault allegations (**Deficiency SAAPI-5**¹⁸).

ODO interviewed facility staff, reviewed facility policy, and found the facility's policy did not include procedures for prompt and effective intervention to address the safety and treatment needs of detainee victims if an allegation is made or an assault occurs (**Deficiency SAAPI-6**¹⁹).

ODO interviewed facility staff, reviewed facility policy, and found the facility's policy did not include procedures that incorporate available victim advocate services in SAAPI programs

administrative segregation, consistent with the procedures specified below." *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(A)(3).

¹⁵ "All facilities shall implement written procedures for the regular review of all disciplinary segregation cases, consistent with the following procedures:

- a. 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 basic necessities, as required by this detention standard."

See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(3).

¹⁶ "The SMU log shall record the detainee's name, A-number, housing location, date admitted, reasons for admission, status review dates, tentative release date (for detainees in disciplinary segregation), the authorizing official, and date released." *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(1).

¹⁷ "The facility's policy and procedures shall reflect the unique characteristics of the facility, including factors such as the availability of specialized community-based services, including rape crisis/trauma units in local medical centers, clinics, and hospitals." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

¹⁸ "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."

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

¹⁹ "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: ...

3. Procedures for prompt and effective intervention to address the safety and treatment needs of detainee victims if an allegation is made or an assault occurs."

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(3)(a-c).

(Deficiency SAAPI-7²⁰).

ODO interviewed facility staff, reviewed facility policy, and found the facility's policy did not include procedures for the investigation and discipline of assailants **(Deficiency SAAPI-8²¹).**

ODO interviewed facility staff, reviewed facility policy, and found the facility's policy did not include procedures for coordinating with ICE/ERO and other appropriate investigative agencies to ensure administrative and/or criminal investigations are completed for all allegations of sexual abuse and assault **(Deficiency SAAPI-9²²).**

ODO interviewed facility staff, reviewed facility policy, and found the facility's policy did not include procedures based on a uniform evidence protocol for obtaining usable physical evidence for administrative proceedings and criminal prosecutions **(Deficiency SAAPI-10²³).**

ODO interviewed facility staff, reviewed facility policy, and found the facility's policy did not include procedures for the coordination of internal administrative investigations with the assigned criminal investigative entity to ensure non-interference with criminal investigations. Additionally, the facility's policy did not include procedures for coordination with the ICE Office of Professional Responsibility **(Deficiency SAAPI-11²⁴).**

ODO interviewed facility staff, reviewed facility policy, and found the facility's policy did not include disciplinary sanctions for staff, up to and including termination, when there is a

²⁰ "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: ...

4. Procedures to include victim advocate services in sexual abuse and assault prevention and intervention programs if such resources are available."

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(4).

²¹ "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."

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

²² "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: ...

a. Coordinating with ICE/ERO and other appropriate investigative agencies to ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and assault."

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

²³ "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: ...

b. Following a uniform evidence protocol, including access to a forensic medical exam, which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions."

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

²⁴ "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: ...

c. Procedures for coordination of internal administrative investigations with the assigned criminal investigative entity to ensure non-interference with criminal investigations, as well as coordination with the ICE Office of Professional Responsibility."

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

substantiated allegation of sexual abuse and assault. Additionally, the facility's policy did not include disciplinary sanctions for staff members who have violated the facility's sexual abuse and assault policies (**Deficiency SA-API-12**²⁵).

ODO interviewed facility staff, reviewed facility policy, and found the facility's policy did not include procedures for data collection and reporting. Additionally, the facility's policy did not include the facility's requirement to cooperate with all ICE/ERO audits and to monitor facility compliance with sexual abuse and assault policies and standards (**Deficiency SA-API-13**²⁶).

ODO interviewed facility staff and Dallas ERO staff, reviewed facility policy, and found the facility's written SA-API policy and procedures were not reviewed and approved by ICE/ERO (**Deficiency SA-API-14**²⁷).

ODO interviewed facility staff, reviewed facility policy, and found the facility administrator did not ensure its SA-API written policy and procedures were in full compliance with its requirements and guidelines within 90 days of the adoption of the standard (**Deficiency SA-API-15**²⁸).

ODO interviewed facility staff, reviewed the facility's website, and found the facility did not post its protocols on the facility's website (**Deficiency SA-API-16**²⁹).

ODO interviewed facility staff, reviewed facility policy, and found the facility administrator did not designate a Prevention of Sexual Assault Compliance Manager (PSACM) to serve as the facility point of contact for the ICE/ERO PSA Coordinator (**Deficiency SA-API-17**³⁰).

Additionally, because the facility did not designate a PSACM:

- The facility did not have a PSACM who assisted with the development of written

²⁵ "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).

²⁶ "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: ...

6. Procedures for data collection and reporting; and

7. the facility's requirement to cooperate with all ICE/ERO audits and monitoring of facility compliance with sexual abuse and assault policies and standards."

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(6-7).

²⁷ "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).

²⁸ "The facility administrator shall ensure that, within 90 days of the adoption of this detention standard, written policy and procedures are in place and that the facility is in full compliance with its requirements and guidelines." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

²⁹ "Each facility shall also post its protocols on its website, if it has one, or otherwise make the protocols available to the public." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

³⁰ "The facility administrator shall designate a Prevention of Sexual Assault (PSA) Compliance Manager who shall serve as the facility point of contact for the ICE/ERO PSA Coordinator and who has sufficient time and authority to oversee facility efforts to comply with facility sexual abuse and assault prevention and intervention policies and procedures." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(C).

- policies and procedures for the facility's SAAPI Program (**Deficiency SAAPI-18**³¹);
- The facility did not have a PSACM who assisted with the development of initial and ongoing SAAPI training protocols (**Deficiency SAAPI-19**³²).
- The facility did not have a PSACM who served as a liaison with other agencies (**Deficiency SAAPI-20**³³); and
- The facility did not have a PSACM who reviewed facility practices to ensure the facility maintained required levels of confidentiality (**Deficiency SAAPI-23**³⁴).

ODO interviewed facility staff, reviewed facility training material, and found the facility did not conduct biannual refresher training for its SAAPI program (**Deficiency SAAPI-26**³⁵).

ODO interviewed facility staff, reviewed facility training material, and found the facility's SAAPI training did not include the right of staff to be free from sexual abuse and assault and from retaliation for reporting sexual abuse and assault (**Deficiency SAAPI-27**³⁶).

ODO interviewed facility staff, reviewed facility policy, and found the facility's SAAPI program training did not include instruction that sexual abuse and assault are never an acceptable consequence of detention (**Deficiency SAAPI-28**³⁷).

ODO interviewed facility staff, reviewed facility training material, and found the facility did not provide specialized training on sexual abuse and assault to facility investigators who conduct investigations into allegations of sexual abuse and assault. Specifically, the facility did not provide specialized training on interviewing sexual abuse and assault victims, the collection of sexual abuse and assault evidence in confinement settings, criteria and evidence requirements for administrative action or prosecutorial referral, nor information about effective cross-agency coordination in the investigation process (**Deficiency SAAPI-36**³⁸).

³¹ "The PSA Compliance Manager shall assist with the development of written policies and procedures for the Sexual Abuse and Assault Prevention and Intervention Program, as specified above in this standard, and with keeping them current." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(C)(1).

³² "The PSA Compliance Manager shall assist with the development of initial and ongoing training protocols." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(C)(2).

³³ "The PSA Compliance Manager shall serve as a liaison with other agencies." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(C)(3).

³⁴ "The PSA Compliance Manager shall review facility practices to ensure required levels of confidentiality are maintained." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(C)(6).

³⁵ "Training on the facility's Sexual Abuse and Assault Prevention and Intervention Program shall be included in training for all employees and shall also be included in biannual refresher training thereafter." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E).

³⁶ "Employee training shall ensure facility staff are able to fulfill their responsibilities under this standard and shall include: ...

3. The right of detainees and staff to be free from sexual abuse and assault, and from retaliation for reporting sexual abuse and assault."

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E)(1-3).

³⁷ "Employee training shall ensure facility staff are able to fulfill their responsibilities under this standard and shall include: ...

4. Instruction that sexual abuse and assault is never an acceptable consequence of detention;"

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E)(4-7).

³⁸ "In addition to the general training provided to all facility employees, the facility shall provide specialized training on sexual abuse and assault and effective cross-agency coordination to facility investigators who conduct

ODO interviewed facility staff, reviewed facility policy, and found the facility did not provide instruction to detainees on the facility's SAAPI program, regarding the definitions and examples of detainee-on-detainee sexual abuse and assault, staff-on-detainee sexual abuse and assault, and coercive sexual activity (**Deficiency SAAPI-42**³⁹).

ODO interviewed facility staff, reviewed facility policy, and found the facility did not provide instruction to detainees on the facility's SAAPI program, explaining methods for reporting sexual abuse and assault, information about self-protection, indicators of sexual abuse and assault, prohibition against retaliation, the reporting of sexual abuse and assault not negatively impacting the detainee's immigration proceedings, nor the right of a detainee who has been subjected to sexual abuse and assault to receive treatment and counseling (**Deficiency SAAPI-43**⁴⁰).

ODO interviewed facility staff, reviewed facility policy and [REDACTED] detainee detention files, and found in all [REDACTED] files the facility did not maintain documentation of detainee participation in instruction sessions (**Deficiency SAAPI-45**⁴¹).

ODO interviewed facility staff, reviewed facility policy, and found the facility did not develop policies and procedures to ensure detainees had multiple ways to privately report sexual abuse and assault, retaliation for reporting sexual abuse and assault, nor staff neglect or violations (**Deficiency SAAPI-46**⁴²).

ODO interviewed facility staff, reviewed facility policy, and found the facility did not provide detainees who are victims of sexual abuse and assault the option to report incidents or situations to a designated staff member other than an immediate point-of-contact line officer (**Deficiency**

investigations into allegations of sexual abuse and assault. This training must cover, at a minimum, interviewing sexual abuse and assault victims, sexual abuse and assault evidence collection in confinement settings, the criteria and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordination in the investigation process." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E).

³⁹ "Following the intake process, the facility shall provide instruction to detainees on the facility's Sexual Abuse and Assault Prevention and Intervention Program and ensure that such instruction includes (at a minimum): ...

3. Definitions and examples of detainee-on-detainee sexual abuse and assault, staff-on-detainee sexual abuse and assault and coercive sexual activity."

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(1-3).

⁴⁰ "Following the intake process, the facility shall provide instruction to detainees on the facility's Sexual Abuse and Assault Prevention and Intervention Program and ensure that such instruction includes (at a minimum): ...

4. Explanation of methods for reporting sexual abuse and assault, including one or more staff members other than an immediate point-of-contact line officer, the ICE Detention and Reporting Information Line (DRIL), the DHS Office of Inspector General and the ICE Office of Professional Responsibility;

5. Information about self-protection and indicators of sexual abuse and assault;

6. Prohibition against retaliation, including an explanation that reporting sexual abuse and assault shall not negatively impact the detainee's immigration proceedings; and

7. Right of a detainee who has been subjected to sexual abuse and assault to receive treatment and counseling."

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(4-7).

⁴¹ "The facility shall maintain documentation of detainee participation in the instruction session." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F).

⁴² "The facility shall develop policies and procedures to ensure that detainees have multiple ways to privately report sexual abuse and assault, retaliation for reporting sexual abuse and assault, or staff neglect or violations of responsibilities that may have contributed to such incidents." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F).

SAAPI-47⁴³).

ODO interviewed facility staff, reviewed facility policy, and found the facility did not have a policy to provide detainees with the name and contact information of the SAAPI program coordinator nor a designated staff member (**Deficiency SAAPI-48⁴⁴**).

ODO interviewed facility staff, reviewed facility policy, and found the facility did not inform detainees they could report any incident or situation regarding sexual abuse and assault, or intimidation, to any staff member, the DHS Office of Inspector General, and the DHS Joint Intake Center (**Deficiency SAAPI-49⁴⁵**).

ODO interviewed facility staff, reviewed facility policy, and found the facility did not provide detainees instruction on how they may contact their consular official, the DHS Office of Inspector General, or another designated office, to confidentially and, if desired, anonymously report these incidents (**Deficiency SAAPI-50⁴⁶**).

ODO interviewed facility staff, reviewed facility policy, and found the facility did not inform detainees of at least one way to report sexual abuse and assault to a public or private entity or office that is not part of the facility, and is able to receive and immediately forward detainee reports of sexual abuse and assault to facility officials, allowing the detainee to remain anonymous upon request (**Deficiency SAAPI-51⁴⁷**).

ODO interviewed facility staff, toured the facility, and found the facility did not post ICE/ERO-provided sexual abuse and assault awareness notices in all housing-unit bulletin boards. Additionally, the facility did not distribute ICE/ERO-provided "Sexual Assault Awareness Information" pamphlets (**Deficiency SAAPI-52⁴⁸**).

⁴³ "Each facility's Sexual Abuse and Assault Prevention and Intervention program shall provide detainees who are victims of sexual abuse and assault the option to report the incident or situation to a designated staff member other than an immediate point-of-contact line officer (e.g., the program coordinator or a mental health specialist)." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(1).

⁴⁴ "The facility shall provide detainees with the name of the program coordinator or designated staff member and information on how to contact him or her." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(1).

⁴⁵ "Detainees will also be informed that they can report any incident or situation regarding sexual abuse and assault, or intimidation, to any staff member (as outlined above), the DHS Office of Inspector General, and the DHS Joint Intake Center." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(1).

⁴⁶ "The facility shall provide instructions on how detainees may contact their consular official, the DHS Office of Inspector General, or as appropriate, another designated office, to confidentially and, if desired, anonymously report these incidents." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(2).

⁴⁷ "The facility shall inform the detainees of at least one way for detainees to report sexual abuse and assault to a public or private entity or office that is not part of the facility, and that is able to receive and immediately forward detainee reports of sexual abuse and assault to facility officials, allowing the detainee to remain anonymous upon request." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(3).

⁴⁸ "ICE/ERO will provide a sexual abuse and assault awareness notice to be posted on all housing-unit bulletin boards, as well as a 'Sexual Assault Awareness Information' pamphlet to be distributed. The facility shall post with this notice the name of the facility PSA Compliance Manager and information about local organizations that can assist detainees who have been victims of sexual abuse and assault, including mailing addresses and telephone numbers (including

ODO interviewed facility staff, reviewed facility policy, and found the facility did not inform detainees the extent communications will be monitored, nor which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws (**Deficiency SAAPI-69**⁴⁹).

ODO interviewed facility staff, reviewed facility policy, and found the facility did not assess all detainees during its intake process to identify detainees who are likely to be sexual aggressors or sexual abuse and assault victims and house detainees to prevent sexual abuse and assault (**Deficiency SAAPI-72**⁵⁰).

ODO interviewed facility staff, reviewed facility policy, and found the facility did not use an assessment, as mentioned in the previous paragraph, to inform assignment of detainees to recreation and other activities (**Deficiency SAAPI-73**⁵¹).

ODO interviewed facility staff, reviewed facility policy, and found the facility did not have written procedures for preservation of direct and circumstantial evidence, interviews of alleged victims, suspected perpetrators, and witnesses, nor the review of prior complaints and reports of sexual abuse and assault involving a suspected perpetrator (**Deficiency SAAPI-136**⁵²).

ODO reviewed the facility's written procedures for administrative investigations and found the procedures did not include assessment of the credibility of an alleged victim, suspect, or witness, nor an effort to determine whether actions or failures to act at the facility contributed to the abuse (**Deficiency SAAPI-137**⁵³).

ODO interviewed facility staff, reviewed facility policy, and found the facility's written SAAPI procedures did not include procedures for administrative investigations, a requirement for investigations to be documented by written report, which include a description of the physical and

toll-free hotline numbers where available)." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(3).

⁴⁹ "The facility shall also inform detainees, prior to giving them access to outside resources, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(H).

⁵⁰ "In accordance with Standards 2.1 'Admission and Release' and 2.2 'Custody Classification System,' the facility shall assess all detainees on intake to identify those likely to be sexual aggressors or sexual abuse and assault victims and shall house detainees to prevent sexual abuse and assault, taking necessary steps to mitigate any such danger." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(I)(1).

⁵¹ "The facility shall also use the assessment to inform assignment of detainees to recreation and other activities, and voluntary work." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(I)(1).

⁵² "The facility shall develop written procedures for administrative investigations, including provisions requiring:

- a. Preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data;
- b. Interviewing alleged victims, suspected perpetrators, and witnesses;
- c. Reviewing prior complaints and reports of sexual abuse and assault involving the suspected perpetrator."

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

⁵³ "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-e).

testimonial evidence, the reasoning behind credibility assessments, and the investigative facts and findings. Additionally, there was no requirement to retain administrative investigation reports for as long as the facility detained or employed the alleged abuser, plus five years (**Deficiency SAAPI-138**⁵⁴).

ODO interviewed facility staff, reviewed facility policy, and found the facility did not have procedures that governed the coordination and sequencing of administrative and criminal investigations to ensure criminal investigations are not compromised by an internal administrative investigation (**Deficiency SAAPI-139**⁵⁵).

ODO interviewed facility staff, reviewed facility policy, and found the facility did not prepare a negative report after not having any reports of sexual abuse and assault during the annual reporting period (**Deficiency SAAPI-161**⁵⁶).

CARE

FOOD SERVICE (FS)

ODO interviewed the jail commander and public safety officer and found the facility did not provide a common-fare menu based on a 14-day cycle, with special menus for the 10 Federal holidays (**Deficiency FS-60**⁵⁷).

ODO interviewed the jail commander and public safety officer and found the facility did not develop a ceremonial meal schedule for the subsequent calendar year (**Deficiency FS-68**⁵⁸).

ODO interviewed the jail commander and public safety officer and found the facility did not develop a ceremonial meal schedule that included dates, religious groups, estimated number of participants, and special foods required (**Deficiency FS-69**⁵⁹).

⁵⁴ "The facility shall develop written procedures for administrative investigations, including provisions requiring: ...
f. Documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings;
and
g. Retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years."

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

⁵⁵ "Such procedures shall govern the coordination and sequencing of administrative and criminal investigations, in accordance with the first paragraph of this section, to ensure that the criminal investigation is not compromised by an internal administrative investigation." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(3).

⁵⁶ "If the facility has not had any reports of sexual abuse and assault during the annual reporting period, then the facility shall prepare a negative report." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(5).

⁵⁷ "The common-fare menu is based on a 14-day cycle, with special menus for the 10 Federal holidays." See ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

⁵⁸ "The chaplain, in consultation with local religious leaders, if necessary, shall develop the ceremonial-meal schedule for the subsequent calendar year, providing it to the facility administrator." See ICE NDS 2019, Standard, Food Service, Section (II)(F)(7).

⁵⁹ "This schedule shall include the date, religious group, estimated number of participants, and special foods required." See ICE NDS 2019, Standard, Food Service, Section (II)(F)(7).

MEDICAL CARE (MC)

ODO reviewed █ detainee intake screening documents and found all █ documents did not contain inquiries regarding a detainee's medical history. Specifically, the facility's intake screening documents did not contain information regarding a detainee's known acute, emergent, or pertinent past or chronic medical conditions, history of mental illness including prior suicide attempts or current suicidal/homicidal ideation or intent, nor any disabilities or impairments affecting major life activities (**Deficiency MC-13**⁶⁰).

HUNGER STRIKES (HS)

ODO reviewed the staff training records of █ facility employees and found in all █ records, staff did not receive initial nor annual training to recognize the signs of a hunger strike, how to implement procedures for a medical assessment referral, nor how to manage a detainee on a hunger strike (**Deficiency HS-1**⁶¹).

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

ODO reviewed █ intake screening documents and found all █ documents did not contain information regarding a detainee's history of suicidal behavior nor current suicidal ideation (**Deficiency SSHPI-6**⁶²).

ADMINISTRATION AND MANAGEMENT

DETENTION FILES (DF)

ODO reviewed █ detainee detention files and found all █ files did not contain classification levels for detainees (**Deficiency DF-1**⁶³).

ODO reviewed █ detainee detention files and found all █ files did not contain classification worksheets, housing identification cards, handbook/orientation receipt acknowledgements, nor identifying marks forms (**Deficiency DF-5**⁶⁴).

⁶⁰ "As soon as possible, but no later than 12 hours after arrival, all detainees shall receive, by a health care practitioner or a specially trained detention officer, an initial medical, dental and mental health screening and be asked for information regarding any known acute, emergent, or pertinent past or chronic medical conditions, including history of mental illness, particularly prior suicide attempts or current suicidal/homicidal ideation or intent, and any disabilities or impairments affecting major life activities." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(D).

⁶¹ "All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike." *See* ICE NDS 2019, Standard, Hunger Strikes, Section (II)(A).

⁶² "Information regarding a history of suicidal behavior and current suicidal ideation shall be obtained." *See* ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(C).

⁶³ "The creation of a detention file is essential to maintaining a complete record of a detainee's time in facility custody. The file will contain the classification level and any copies of receipts for items issued to/surrendered by the detainee." *See* ICE NDS 2019, Standard, Detention Files, Section (II)(A).

⁶⁴ "The detention file will generally include the following information unless the information is maintained in a retrievable electronic format: ...

b. Classification Work Sheet;

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 12 standards under NDS 2019 and found the facility in compliance with 2 of those standards. ODO found 55 deficiencies in the remaining 10 standards. ODO commends facility staff members for their responsiveness during this inspection. A uniform corrective action plan was not required for ECJ as this was ODO's first inspection of ECJ.

Compliance Inspection Results Compared	FY 2021 (NDS 2019)	FY 2022 (NDS 2019)
Standards Reviewed	N/A	12
Deficient Standards	N/A	10
Overall Number of Deficiencies	N/A	55
Repeat Deficiencies	N/A	N/A
Areas of Concern	N/A	0
Corrective Actions	N/A	0
Facility Rating	N/A	Acceptable

e. Housing Identification Card;

h. Acknowledgment form, documenting receipt of handbook, orientation, etc.;

j. Identifying marks form;" See ICE NDS 2019, Standard, Detention Files, Section (II)(C)(2)(a-k).