



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

**Office of Detention Oversight
Special Review
2023-003-196**

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

**McLennan County Jail
Waco, Texas**

August 29-31, 2023

Amended report as of October 30, 2023

This report has been amended to update the verbiage in the Facility Overview section of the report, specifically, that ICE is an authorized user of the McLennan County Jail under a United States Marshals Service intergovernmental agreement contract, and ODO's assigned rating is for ERO's informational purposes only. No other changes were made to this report.

**SPECIAL REVIEW
of the
MCLENNAN COUNTY JAIL
Waco, Texas**

TABLE OF CONTENTS

FACILITY OVERVIEW	5
SPECIAL REVIEW INSPECTION PROCESS	6
FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES.....	7
DETAINEE RELATIONS	8
SPECIAL REVIEW FINDINGS	8
SAFETY.....	8
ENVIRONMENTAL HEALTH AND SAFETY	8
SECURITY	9
USE OF FORCE AND RESTRAINTS	9
CARE	10
FOOD SERVICE	10
HUNGER STRIKES.....	10
MEDICAL CARE.....	10
SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION	11
CONCLUSION	11

SPECIAL REVIEW TEAM MEMBERS



Team Lead
Senior Inspections and Compliance Specialist
Contractor
Contractor

ODO
ODO
Creative Corrections
Creative Corrections

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 McLennan County Jail (MCJ) in Waco, Texas, from August 29 to 31, 2023.^{1,2} The facility opened in 1986 and is owned and operated by McLennan County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at MCJ in 1999 under the oversight of ERO’s Field Office Director in Houston (ERO Houston). ICE is an authorized user of MCJ 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 August 28, 2023. MCJ was inspected against the NDS 2019, and ODO’s assigned rating is for ERO’s informational purposes only.

[REDACTED] A McLennan County Sheriff’s Department major handles daily facility operations and manages [REDACTED] support personnel. Trinity Services Group provides food services, TurnKey provides medical care, and Keefe Commissary 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 ³	[REDACTED]
Average ICE Population ⁴	[REDACTED]
Adult Male Population (as of August 29, 2023)	[REDACTED]
Adult Female Population (as of August 29, 2023)	[REDACTED]

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

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 The ERO Facility List dated August 28, 2023, lists the facility name as the “McClellan County Jail” instead of the actual facility name, “McClennan County Jail.”

³ Data Source: ERO Facility List as of August 28, 2023.

⁴ *Ibid.*

SPECIAL REVIEW INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more, and where detainees are housed for longer than 72 hours, to assess compliance with ICE NDS. 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 *Special Review Findings* section of this report.

Beginning fiscal year (FY) 2022, ODO will conduct 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 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, which may 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 review, 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	8
Sub-Total	8
Part 2 - Security	
Hold Rooms in Detention Facilities	0
Use of Force and Restraints	1
Special Management Units	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	1
Part 4 - Care	
Food Service	1
Hunger Strikes	0
Medical Care	4
Significant Self-Harm and Suicide Prevention and Intervention	2
Sub-Total	7
Total Deficiencies	16

⁶ For greater detail on ODO's findings, see the *Special Review 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 standards.

DETAINEE RELATIONS

The facility's ICE detainee population count was zero during the entire inspection; therefore, ODO did not conduct any detainee interviews. 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

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the facility's EHS program and found the facility had not established a system for issuing and maintaining inventories of and accountability for hazardous materials (**Deficiency EHS-2⁸**).

ODO reviewed the facility's EHS program and found in three out of three locations, no perpetual inventories of hazardous substances used and stored in those areas (**Deficiency EHS-3⁹**).

ODO interviewed the facility's leadership and found the maintenance supervisor or facility designee did not compile a master index of all hazardous substances, to include their locations in the facility, along with a master index of Safety Data Sheets (SDS) (**Deficiency EHS-8¹⁰**).

ODO interviewed the facility's staff, reviewed the SDS master file, and found staff maintained no documented reviews in the SDS master file (**Deficiency EHS-9¹¹**).

ODO interviewed the facility's maintenance supervisor and found the master index did not include a comprehensive and up-to-date list of emergency phone numbers (fire department, poison control center, etc.) (**Deficiency EHS-10¹²**).

ODO inspected the facility and found in three out of three locations, no current inventory records of hazardous substances before, during, and after each use (**Deficiency EHS-16¹³**).

⁸ "The facility will establish a system for storing, issuing, and maintaining inventories of, and accountability for, hazardous materials." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

⁹ "Every area will have a perpetual inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

¹⁰ "The Maintenance Supervisor or facility designee will compile a master index of all hazardous substances in the facility, including their locations, along with a master file of Safety Data Sheets (SDS). Documentation of reviews will be maintained in the SDS master file." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

¹¹ "Documentation of reviews will be maintained in the SDS master file." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

¹² "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 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

¹³ "c. Inventory records for a hazardous substance must be kept current before, during, and after each use." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(4)(c).

ODO reviewed the facility's emergency plans and found facility staff did not review and update these plans on an annual basis. Specifically, staff last reviewed and updated emergency plans on October 26, 2021 (**Deficiency EHS-27**¹⁴).

ODO reviewed the facility's EHS program and found the facility did not maintain a cleanup kit for use in cases of spills of blood or other bodily fluids (**Deficiency EHS-69**¹⁵).

Corrective Action: Prior to the completion of the inspection, the facility obtained bloodborne pathogen cleanup kits and placed them in both sergeants' offices and both control rooms. The facility subsequently ordered 20 more cleanup kits and issued training notices to all staff regarding the location and use of the bloodborne pathogen cleanup kits (**C-1**).

SECURITY

USE OF FORCE AND RESTRAINTS (UOFR)

ODO interviewed the facility's leadership, reviewed the facility's UOFR policies, and found the facility lacks written procedures governing mandatory after-action reviews for use-of-force incidents or application of restraints (**Deficiency UOFR-94**¹⁶).

ODO interviewed the facility's leadership, reviewed UOFR policies, and noted the following observations as **Areas of Concern**:

- No consistent use of a team member to operate a camera and record calculated use of force incidents;
- No video of the faces of all team members;
- No video of the team leader offering the detainee a last chance to cooperate before team action in a language or manner the detainee understands, outlining use-of-force procedures, engaging in confrontation avoidance, and issuing use-of-force order;
- No video of the entire use-of-force team operation, unedited, until detainee is in restraints; and
- No close-up video of detainee's body during the medical exam, focusing on any detainee injuries and/or staff injuries, if any.

¹⁴ "All staff will be trained in the emergency plans, which will be reviewed and updated as appropriate on an annual basis." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(B).

¹⁵ "A suitable cleanup kit will be maintained for use in cases of spills of blood and body fluids." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(3).

¹⁶ "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).

CARE

FOOD SERVICE (FS)

ODO reviewed the facility's FS program and found staff did not control nor account for on-hand flammable and caustic materials. ODO found no accountability records for available chemicals, nor did staff know current, on-hand amounts (**Deficiency FS-105**¹⁷).

HUNGER STRIKES (HS)

ODO reviewed the training files of ■ correctional officers and ■ medical staff and found all ■ mental health contract staff did not have documentation of initial and subsequent annual training to recognize the signs of a hunger strike, to implement the procedures for referral for medical assessment, and to manage a detainee on a hunger strike. ODO noted this as an **Area of Concern**.

ODO also observed this facility holds detainees between 24 to 72 hours and concluded the remote likelihood of a detainee engaging in a hunger strike. Still, the possibility of the facility receiving a detainee while on a hunger strike exists, and for this reason, ODO noted this as an **Area of Concern**.

MEDICAL CARE (MC)

ODO reviewed the facility's training program and found no training for correctional officers on how to respond to health-related emergencies within 4-minutes (**Deficiency MC-57**¹⁸). **This is a priority component.**

ODO reviewed the facility's jailer training and medical training curricula, interviewed the director of nursing and the training lieutenant, and found the facility did not provide cardiopulmonary resuscitation (CPR) training to correctional staff (**Deficiency MC-58**¹⁹).

ODO reviewed the facility's training records of ■ correctional staff and ■ medical care staff and found in ■ out of ■ correctional officer records, no training on the administration of first aid and CPR (**Deficiency MC-59**²⁰).

¹⁷ "All staff members shall know where and how much toxic, flammable, or caustic material is on hand, and be aware that their use must be controlled and accounted for daily." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(9)(b).

¹⁸ "Detention staff and health care staff will be trained to respond to health-related emergencies within a 4-minute response time." See ICE NDS 2019, Standard, Medical Care, Section (II)(K).

¹⁹ "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).

²⁰ "This training will be provided by a responsible medical authority in cooperation with the facility and will include the following: ...

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

See ICE NDS 2019, Standard, Medical Care, Section (II)(K)(b).

ODO reviewed the facility’s handbook and found no instruction on how detainees and their representatives may request and receive medical records (**Deficiency MC-102²¹**).

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

ODO reviewed the training records of █ correctional staff and █ medical staff and found in █ out of █ medical staff records, no documented, comprehensive suicide prevention training during orientation and subsequent, annual refresher training (**Deficiency SSHSPI-2²²**). **This is a priority component.**

ODO reviewed the training records of █ correctional staff and █ medical staff, interviewed the director of nursing and the training lieutenant, and found in █ out of █ correctional officer records and in █ out of the █ medical staff records, no standard first aid and CPR training (**Deficiency SSHSPI-3²³**).

CONCLUSION

During this special review, ODO assessed the facility’s compliance with nine standards under NDS 2019 and found the facility in compliance with four of those standards. ODO found 16 deficiencies in the remaining 5 standards. Since this was ODO’s first inspection of MCJ, ODO did not conduct a trend analysis. ODO reviewed nine memoranda of understanding (MOU), signed between the facility and the Waco sub-office, and found good practices in place regarding: shared responsibilities pertaining to records retention; the handling of special management unit (SMU) eligible detainees; processing and storage of detainee property; documented consent for psychotropic medications; and the transferring of ICE detainees from MCJ to the ICE Montgomery Processing Center. ODO recognizes the formalized division of such responsibilities as a **Best Practice**. However, ODO found an acting supervisory detention and deportation officer signed the MOUs instead of an assistant field office director or higher and no signature by the contracting officer’s representative. ODO recommends ERO Houston work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

²¹ “Detainees and their representatives shall be allowed to request and receive medical records pursuant to facility policy, which shall be communicated to the detainee in the facility handbook.” *See* ICE NDS 2019, Standard, Medical Care, Section (II)(P).

²² “All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during orientation and refresher training at least annually thereafter.” *See* ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(B).

²³ “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).

Compliance Inspection Results Compared	No Previous ODO Inspection	FY 2023 Special Review (NDS 2019)
Standards Reviewed	N/A	9
Deficient Standards	N/A	5
Overall Number of Deficiencies	N/A	16
Priority Component Deficiencies	N/A	2
Repeat Deficiencies	N/A	N/A
Areas Of Concern	N/A	7
Corrective Actions	N/A	1
Facility Rating	N/A	Acceptable/Adequate