



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

**Office of Detention Oversight
Follow-Up Compliance Inspection**

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

**Rolling Plains Detention Center
Haskell, Texas**

June 14-17, 2021

**FOLLOW-UP COMPLIANCE INSPECTION
of the
ROLLING PLAINS DETENTION CENTER
Haskell, 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 follow-up compliance inspection of the Rolling Plains Detention Center (RPDC) in Haskell, Texas, from June 14 to 17, 2021.¹ This inspection focused on the standards found deficient during ODO’s last inspection of RPDC from February 22 to 26, 2021. The facility opened in June 2018 and is owned and operated by LaSalle Corrections. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at RPDC in June 2018 under the oversight of ERO’s Field Office Director (FOD) in Dallas (ERO Dallas). The facility operates under the National Detention Standards (NDS) 2000.

An RPDC warden handles daily facility operations and manages [REDACTED] support personnel. LaSalle Corrections provides food services and medical care, and Correct Commissary provides commissary services at the facility. The facility was accredited by the Texas Commission on Jail Standards in May 2020.

| Capacity and Population Statistics | Quantity |
|--|------------|
| ICE Detainee Bed Capacity ² | 250 |
| Average ICE Detainee Population ³ | [REDACTED] |
| Male Detainee Population (as of June 14, 2021) | [REDACTED] |
| Female Detainee Population (as of June 14, 2021) | [REDACTED] |

During its last inspection, in Fiscal Year (FY) 2021, ODO found 10 deficiencies in the following areas: Detainee Classification System (3); Food Service (3); Special Management Unit - Administrative Segregation (3); and Special Management Unit – Disciplinary Segregation (1).

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

² Data Source: ERO Facility List Report as of June 14, 2021.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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 well-being. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's UCAP, and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

| NDS 2000 Standards Inspected ⁴ | Deficiencies |
|--|--------------|
| Part 1 – Detainee Services | |
| Admission and Release | 2 |
| Detainee Classification System | 0 |
| Food Service | 0 |
| Funds and Personal Property | 0 |
| Staff-Detainee Communication | 0 |
| Sub-Total | 2 |
| Part 2 – Security and Control | |
| Emergency Plans | 0 |
| Environmental Health and Safety | 0 |
| Special Management Unit (Administrative Segregation) | 0 |
| Special Management Unit (Disciplinary Segregation) | 0 |
| Use of Force | 0 |
| Sub-Total | 0 |
| Part 3 – Health Services | |
| Hunger Strikes | 0 |
| Medical Care | 0 |
| Suicide Prevention and Intervention | 0 |
| Sub-Total | 0 |
| Total Deficiencies | 2 |

⁴ For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

Medical Care: One detainee stated she had “stomach issues,” which caused frequent vomiting. She also stated these issues caused her to lose 20 pounds and to experience ongoing discomfort.

- Action Taken: ODO reviewed the detainee’s medical record and spoke with the facility medical staff. The medical staff examined the detainee on May 31, 2021, and prescribed medication to treat her vomiting. The detainee has not requested additional treatment from medical staff since then. Upon ODO’s request, the medical staff examined the detainee on June 16, 2021. At that time, she requested to remain on her current medication regimen and declined an endoscopy exam. The medical staff scheduled her for a stool sample (to check for H. Pylori) and a blood draw to occur on June 17, 2021. The inspection concluded before the results of these tests became available.

Medical Care: One detainee stated she had pain due to a dental issue involving her wisdom teeth. She also stated she had a kidney infection that caused intermittent headaches and dizziness.

- Action Taken: ODO reviewed the detainee’s medical record and spoke with the facility medical staff. The medical staff examined the detainee on May 18, 2021, diagnosed her with pericoronitis, and prescribed Keflex for treatment. The dental staff examined her on June 5, 2021, and after an x-ray showed continued pericoronitis of tooth #17, dental staff submitted a referral to an oral surgeon. The oral surgeon had yet to confirm an appointment date at the time of the inspection. The detainee underwent a urinalysis on June 12, 2021, following the detainee’s complaint of kidney pain. The medical staff prescribed Keflex to treat the detainee’s infection and examined her again for a follow-up on June 16, 2021. The staff scheduled her for lab work to occur on June 17, 2021, which included a complete blood count, complete metabolic panel and a urine culture. The inspection concluded before the results of these tests became available.

Medical Care: One detainee stated she suffered from anxiety and desired treatment.

- Action Taken: With the detainee’s permission, ODO contacted facility medical staff and informed them of the detainee’s condition on June 15, 2021. The facility mental health staff evaluated the detainee on June 16, 2021, and scheduled her for a telepsych appointment to occur on June 17, 2021. The inspection concluded before the results of the telepsych appointment became available.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (AR)

ODO reviewed the facility orientation procedures and found ERO Dallas had not approved the orientation procedures (**Deficiency AR-54**⁵).

ODO reviewed the facility release procedures and found ERO Dallas had not approved the release procedures (**Deficiency AR-73**⁶).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 12 standards under NDS 2000 and found the facility in compliance with 10 of those standards. ODO found two deficiencies in the remaining one standard. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ERO provided ODO with the uniform corrective action plan for ODO's last inspection of RPDC on June 15, 2021.

| Compliance Inspection Results Compared | First FY 2021 (NDS 2000)/(NDS 2019) | Second FY 2021 (NDS 2000) |
|--|--|------------------------------|
| Standards Reviewed | 18/3 | 13 |
| Deficient Standards | 4 | 1 |
| Overall Number of Deficiencies | 10 | 2 |
| Repeat Deficiencies | 0 | 0 |
| Areas of Concern | 2 | 0 |
| Corrective Actions | 0 | 0 |

⁵ "In IGSA's the INS office of jurisdiction shall approve all orientation procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

⁶ "INS will approve (sic) the IGSA release procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(2nd J).