



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
Compliance Inspection**

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

**Rolling Plains Detention Center
Haskell, Texas**


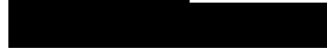
June 15-18, 2020

COMPLIANCE INSPECTION
of the
ROLLING PLAINS DETENTION CENTER
Haskell, 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	9
SAFETY	9
Environmental Health and Safety	9
SECURITY	9
Admissions and Release	9
Funds and Personal Property	10
Search of Detainees.....	10
Special Management Unit.....	10
Sexual Abuse and Assault Intervention and Prevention	11
CARE	11
Food Service	11
Medical Care	12
ACTIVITIES	13
Religious Practices	13
CONCLUSION	13

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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 Rolling Plains Detention Center (RPDC) in Haskell, Texas, from June 15-18, 2020.¹ The facility opened in 2018 and is owned and operated by LaSalle Corrections. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at RPDC in 2018 under the oversight of ERO's Field Office Director (FOD) in Dallas (ERO Dallas). The facility operates under the National Detention Standards (NDS) 2019.

ERO has assigned Deportation Officers but does not have an assigned Detention Services Manager to the facility. A RPDC Warden handles daily facility operations and is supported by [REDACTED] personnel. Facility staff provides food services and medical care, and Correct Commissary provides commissary services at the facility. The facility is not accredited by any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	250
Average ICE Detainee Population ³	77
Male Detainee Population (as of 6/15/2020)	29
Female Detainee Population (as of 6/15/2020)	3

During its last inspection in FY 2016⁴, ODO found 25 deficiencies in the following areas: Environmental Health and Safety (2), Admission and Release (2), Staff-Detainee Communication (2), Use of Force and Restraints (1), Food Service (4), Medical Care (4), Medical Care Women (6), Telephone Access (2) and Grievance System (2).

¹ This facility holds male 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 8, 2020.

³ *Ibid.*

⁴ In 2016, this facility was under ICE contract# EROIGSA-13-0004 IGSA (PBNDS 2011). Since November 2018, ICE does not use EROIGSA-13-0004, and have used USM IGA # 77-18-0023 for this facility.

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, 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.

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 their decision-making to better allocate resources across the agency’s entire detention inventory.

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.

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	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	1
Sub-Total	1
Part 2 – Security	
Admission and Release	4
Custody Classification System	0
Funds and Personal Property	1
Search of Detainees ⁷	1
Use of Force and Restraints	0
Special Management Unit	7
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	1
Sub-Total	14
Part 4 – Care	
Food Service	1
Medical Care	5
Significant Self-Harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment and Accommodation	0
Sub-Total	6
Part 5- Activities	
Recreation	0
Religious Practices	1
Telephone Access	0
Visitation	0
Sub-Total	1
Part 6- Justice	
Grievance System	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	22

⁶ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

⁷ The Search of Detainees standard was not inspected in its entirety. The deficiency cited was found while inspecting the Admission and Release standard.

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 attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

Law Library and Legal Materials: Two detainees complained they do not have continuous access to the law library and are unable to get legal documents printed or copied for their immigration case. One detainee further stated his immigration case has a response deadline of July 5, 2020.

Action Taken: ODO spoke with facility staff, reviewed the facility's law library procedures, and reviewed the law library log. The compliance officer explained detainees are required to make a written request to the facility the day before the requested date to access the law library. Detainees can access the law library Mondays, Wednesdays and Fridays, up to two hours. Extended law library hours were available upon requests contingent upon staffing. Both detainees were under medical observation resulting from COVID-19, which limited facility movement. However, both detainees have accessed the law library during their medical observation period and were able to request printed documentation, in advance of upcoming court dates. A review of the library log showed both detainees accessed the law library on June 10, 2020. On June 17, 2020, the compliance officer confirmed both detainees were advised on the law library policy.

Medical Care: One detainee explained medical staff informed kitchen staff about his lactose intolerant diet but continued to receive lactose food or given a kosher meal. He also stated medical staff placed him on the sick call list for Thursday, June 11, 2020, but has not been seen and he needs an inhaler for his asthma.

Action Taken: ODO reviewed the detainee's medical record which showed he arrived at the facility on June 4, 2020. ODO reviewed medical requests and sick call logs and did not find requests regarding from the detainee about food complaints nor sick call. The detainee's medical chart showed that on arrival he stated a history of occasional shortness of breath but no medication, complaint or diagnosis of asthma, and reported his allergies to turkey, lactose, and pork. On June 4, 2020, medical staff approved a diet compatible to a turkey allergy and lactose intolerance and forwarded a dietary restriction to the kitchen. On June 12, 2020, the nurse practitioner conducted his 14-day physical assessment which, he was diagnosed with asthma and prescribed a keep-on-person albuterol inhaler. During his assessment, the detainee reported right knee pain and a pending MRI for his right knee. However, the review of his Bluebonnet Detention Center (BDC) medical chart inter-transfer summary does not indicate an upcoming MRI appointment. On June 12, 2020, medical staff submitted medical records request from BDC. On June 17, 2020, the detainee received his inhaler. Kitchen staff confirmed the detainee received a kosher meal on June 16, 2020. However, he returned the kosher meal and requested peanut butter instead which the staff provided to meet the protein standard. Kitchen staff also confirmed meals do not

contain lactose, apart from milk cartons at breakfast, cheese on sandwiches for bag lunches or on the side when tacos were prepared.

Religious Practices: One detainee stated he requested a bible written in French but did not receive it

- Action Taken: ODO spoke with the facility compliance officer and learned the detainee did not submit a written request to obtain a bible in a specific language other than English. ODO reviewed the detainee detention file and request log and did not observe any requests from the detainee. On June 16, 2020, the compliance officer explained to the detainee the request process and once the chaplain received the request, a bible will be provided.

Staff-Detainee Communication: One detainee stated he requested information regarding his court date from ERO but had not received a response.

- Action Taken: ODO learned the detainee's case officer thoroughly explained the process about his upcoming court date on June 11, 2020, during a Staff-Detainee Communication visit. On June 16, 2020, the compliance officer confirmed the ERO Dallas case officer provided the detainee the Executive Office for Immigration Review hotline phone number for any inquiries regarding court dates.

Telephone Access: Two detainees stated there are no pro-bono, consular, or international telephone listings in their assigned housing unit.

- Action Taken: ODO reviewed the facility detainee handbook and noted it did provide several consular listings. ERO Dallas provided the facility with pro-bono, consular, and international telephone listings. On June 16, 2020, the compliance officer confirmed all missing postings have since been reposted and replaced in the housing unit.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the medical department documentation for sharps and found inventory and accountability records for syringes were not accurately maintained. Specifically, the facility's medical sharps accountability logs were missing item descriptions and 10 insulin syringes were unaccounted for (**Deficiency EH&S-1⁸**).

SECURITY

ADMISSIONS AND RELEASE (A&R)

ODO reviewed 12 detainee detention files and interviewed facility staff. ODO found the facility staff does not forward detainee passports from Mexico to ICE/ERO Dallas. Specifically, one out of 12 detainee passports were not given to ICE/ERO Dallas (**Deficiency A&R-1⁹**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action and issued a memo on June 17, 2020, to staff indicating all identity documents would be inventoried, copied, and the original given to ICE/ERO Dallas (**C-1**).

Twelve out of 12 detainee detention files did not include documentation the detainee acknowledged receipt of the ICE National Detainee Handbook and facility detainee handbook (**Deficiency A&R-2¹⁰**). Three out of 12 released detainee files did not contain fingerprint documentation. ODO determined facility staff does not conduct fingerprinting during the detainee release process (**Deficiency A&R-3¹¹**).

ODO reviewed the RPDC PowerPoint slide orientation video and observed the video does not include procedures for the detainee to contact the ERO deportation officer handling his/her case and how to use the telephone system to make telephone calls (**Deficiency A&R-4¹²**).

⁸ "A perpetual/running inventory will be kept of those items that pose a security risk, such as sharp instruments, syringes, needles, and scissors. This inventory will be reconciled weekly by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(2)(a).

⁹ "Identity documents, such as passports, birth certificates, etc., will be copies for the detention file, and the original forwarded to ICE/ERO. Detainee will receive a receipt for confiscated identity documents. Upon request, staff will provide the detainee with a copy of the document." See ICE NDS 2019, Standard, Admission and Release, Section (II)(C).

¹⁰ "The facility will document and maintain a detainee acknowledgement of receipt of the ICE National Detainee Handbook and facility handbook." See ICE NDS 2019, Standard, Admission and Release, Section (II)(F).

¹¹ "Staff must complete certain procedures before any detainee release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting..." See ICE NDS 2019, Standard, Admission and Release, Section (II)(J).

¹² "The facility orientation shall also include the following information: Procedures for the detainee to contact the ERO deportation officer handling his/her case; and How to use the telephone system to make telephone calls." See ICE NDS 2019, Standard, Admission and Release, Section (II)(H)(1)(2).

ODO noted an **Area of Concern** pertaining to the RPDC orientation PowerPoint presentation video. Facility staff confirmed the video was viewed by detainees inside the cell, the monitor was on a wall approximately 10 feet away in the processing open area. Utilizing the floor plan and ODO found the view from the farthest female cell was difficult to see the screen.

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed inventory logs and determined facility staff conducted three out of four required inventory audits in the last 12 months. ODO found the facility valuables, non-valuables and baggage inventory logs were not conducted at least once each quarter, and valuable's log did not indicate the time and name of the officer(s) who conducted the inventory (**Deficiency F&PP-1**¹³).

SEARCH OF DETAINEES (SOD)

ODO reviewed 18 detainee detention files and determined file documentation in 14 files showed signatures that female intake staff regularly conducted pat-down searches of male detainees in intake (**Deficiency SOD-1**¹⁴).

SPECIAL MANAGEMENT UNIT (SMU)

ODO reviewed 12 detainee detention files, logs, and interviewed SMU facility staff. ODO found the files of two out of two detainees sanctioned to 30 days discipline did not contain a signed written order by the Institutional Disciplinary Panel (IDP) chair before being placed into disciplinary segregation (DS) and DS orders were not completed with details for the placement (**Deficiency SMU DS-1**¹⁵). Furthermore, the two detainees were not provided copies of the DS order with content communicated in a language or manner the detainee could understand (**Deficiency SMU DS-2**¹⁶). ODO also determined the releasing officer did not document the release date and time on the two DS forms and the completed DS orders were not included in the detainee's detention file (**Deficiency SMU DS-3**¹⁷).

¹³ "Each facility shall have a written procedure for inventory and audit of detainee funds, valuables, and personal property. An inventory of detainee baggage and other non-valuable property will be conducted by the facility administrator or designee at least once each quarter. The facility's log will indicate the date, time, and name of the officer(s) conducting the inventory." *See* ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(D).

¹⁴ "Opposite gender pat-down searches of male detainees shall not be conducted unless, after reasonable diligence, male staff is not available at the time the pat-down search is required, or in exigent circumstances. All opposite gender pat-down searches shall be documented." *See* ICE NDS 2019, Standard, Search of Detainees, Section (II)(C)(B).

¹⁵ "A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed into disciplinary segregation. Prior to a detainee's actual placement in disciplinary segregation, the IDP shall complete the disciplinary segregation order detailing the reasons for placing the detainee in disciplinary segregation. All relevant documentation must be attached to the order." *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(2)(a).

¹⁶ "The completed disciplinary segregation order shall be immediately provided to the detainee and its contents communicated to him or her in a language or manner the detainee can understand, unless delivery would jeopardize the safe, secure, or orderly operation of the facility." *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(2) & (II)(B)(2)(a-b).

¹⁷ "When the detainee is released from disciplinary segregation, the releasing officer shall indicate the date and time of release on the disciplinary segregation order. The completed order shall then be included in the detainee's detention file or maintained in a retrievable format." *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(2)(C).

The SMU housing log showed detainee meals were not consistently documented on the special housing unit record form I-888 (**Deficiency SMU-4¹⁸**). ODO verified two detainees in SMU were not offered at least one hour of recreation per day outside their cell for at least five days per week. In addition, the two detainees were not provided written notification, including reasons for the suspension of recreation, by the facility administrator or IDP (**Deficiency SMU-5¹⁹**). There was also no documentation indicating detainees denied recreation for more than seven days had concurrence of facility administrator or a health care professional. Furthermore, the facility did not provide written notification to ICE/ERO Dallas when a detainee was denied recreation privileges in excess of seven days (**Deficiency SMU-6²⁰**).

ODO also determined copies of administrative segregation (AS) orders for two out of two detainee files were not sent to ICE/ERO Dallas (**Deficiency SMU AS-6²¹**).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

RPDC had SAAPI written policy and procedures. However, ICE/ERO Dallas did not approve the facility's written policy and procedures (**Deficiency SAAPI-1²²**).

CARE

FOOD SERVICES (FS)

The cleaning schedules were not developed and posted in the kitchen area (**Deficiency FS-1²³**).

¹⁸ "The Special Management Housing Unit Record or comparable form shall be prepared immediately upon the detainee's placement in the SMU.

The special housing unit officer shall immediately record:

1) Whether the detainee ate, showered, recreated and took any medication."

See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(a)(1).

¹⁹ "Facilities are encouraged to maximize opportunities for group participation during recreation and other activities, consistent with safety and security considerations...Detainees in the SMU shall be offered at least one hour of recreation per day, outside their cells and scheduled at a reasonable time, at least five days per week. When recreation privileges are suspended, the institutional disciplinary panel or facility administrator shall provide the detainee written notification, including the reason(s) for the suspension, any conditions that must be met before restoration of privileges, and the anticipated duration of the suspension (provided the requisite conditions are met for restoration of privileges)." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(V) & (II)(V)(1).

²⁰ "Denial of recreation privileges for more than seven days requires the concurrence of the facility administrator and a health care professional. It is expected that such denials shall rarely occur, and only in extreme circumstances. The facility shall notify ICE/ERO in writing when a detainee is denied recreation privileges in excess of seven days." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(V)(2) & (II)(V)(3).

²¹ "A copy of the administrative segregation order shall be immediately provided to ICE/ERO." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(A)(2)(b).

²² "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).

²³ "The FSA shall develop a cleaning schedule for each food service area and post it for easy reference. All areas (walls, windows, vent hoods, etc.) and equipment (chairs, tables, fryers, ovens, etc.) will be grouped by frequency of cleaning, e.g., After Every Use, Daily, Weekly, Monthly, Semi-annually, or Annually." See ICE NDS 2019, Standard, Food Service, (II)(I)(6)(a).

MEDICAL CARE (MC)

The Health Services Administrator (HSA) was unable to provide documentation of current arrangements with nearby medical facilities or health care providers to provide required health care not available within the facility (**Deficiency MC-1²⁴**) and the Clinical Medical Authority (CMA) was not the designated medical staff to determine the availability and placement of first aid kits (**Deficiency MC-2²⁵**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action and designated the CMA as the authority to determine first aid kits placement. (C-2).

ODO reviewed [REDACTED] medical staff files and found the following [REDACTED] medical staff employee files did not have a valid professional licensure and/or certification for the jurisdiction in which they practiced and performed duties within the scope of their clinical license: CMA, contract dentist, Licensed Vocational Nurse [REDACTED], and telemedicine psychiatric Certified Nurse Practitioner [REDACTED] (**Deficiency MC-3²⁶**).

In all, 19 detainee medical files reviewed included tuberculosis (TB) screening with a purified protein derivative (PPD) test or current chest x-rays; however, one detainee's PPD test was read past the 48-72 hours as per Center for Disease Control and Prevention guidelines (**Deficiency MC-4²⁷**).

The facility medical staff did not obtain signed consent from two detainees, prior to administering psychotropic medications and did not document one detainee's prescribed medication on the consent form (**Deficiency MC-5²⁸**).

ODO cited entries and forms in the medical files reviewed, had illegible signatures with no printed name, nor title as an **Area of Concern** for authenticating documents. Entries in medical records, as a rule, need signed name, print or use a block stamp, and credentials. ODO also noted missing dates and times in some papers. Interview with the HSA revealed she was aware and working to educate medical staff.

²⁴ "The Health Service Administrator (HSA) will negotiate and keep current arrangements with nearby medical facilities or health care providers to provide required health care not available within the facility." See ICE NDS 2019, Standard, Medical Care, Section (II)(A).

²⁵ "The Clinical Medical Authority (CMA) will determine the availability and placement of first aid kits." See ICE NDS 2019, Standard, Medical Care, Section (II)(K).

²⁶ "Health care staff shall have a valid professional licensure and/or certification for the jurisdiction in which they practice and will perform duties within the scope of their clinical license." See ICE NDS 2019, Standard, Medical Care, Section (II)(C).

²⁷ "All new arrivals shall receive tuberculosis (TB) screening in accordance with the most current Centers for Disease Control and Prevention (CDC) guidelines, including, but not limited to, CDC Guidelines for Correctional Facilities, prior to being placed in general population." See ICE NDS 2019, Standard, Medical Care, Section (II)(D)(1).

²⁸ "The facility health care practitioner will obtain specific signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances. Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medications side effects, shall be obtained." See ICE NDS 2019, Standard, Medical Care, Section (II)(O).

ACTIVITES

RELIGIOUS ACTIVITIES (RA)

ODO reviewed the facility policy and interviewed the chaplain. ODO found RPDC does not post religious programming schedules in the housing units (**Deficiency RA-1²⁹**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under NDS 2019 and found the facility in compliance with 10 of those standards. ODO found 22 deficiencies in the remaining nine standards. ODO commends facility staff for their responsiveness during this inspection and noted there were two instances in which staff initiated immediate corrective action. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding, in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2016 (PBNS 2011)	FY 2020 (NDS 2019)
Standards Reviewed	16	19
Deficient Standards	9	9
Overall Number of Deficiencies	25	22
Deficient Priority Components	7	N/A
Repeat Deficiencies	1	N/A
Corrective Actions	6	2

²⁹ "Current program schedules shall be posted in living units, or otherwise made available to detainees." See ICE NDS 2019, Standard, Religious Practices, Section (II)(E).