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

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**Office of Detention Oversight**  
**Special Review**  
**2024-003-321**

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

**Randall County Jail**  
**Amarillo, Texas**

**April 2-4, 2024**

**SPECIAL REVIEW  
of the  
RANDALL COUNTY JAIL  
Amarillo, Texas**

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## SPECIAL REVIEW TEAM MEMBERS



Team Lead  
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ODO  
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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 Randall County Jail (RCJ) in Amarillo, Texas, from April 2 to 4, 2024.<sup>1</sup> The facility opened in 2007 and is owned and operated by the Randall County Sheriff’s Office (RCSO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at RCJ in 2007 under the oversight of ERO’s Field Office Director in Dallas (ERO Dallas). ICE is an authorized user of this facility under a United States Marshals Service intergovernmental agreement contract, which does not specify an ICE National Detention Standard (NDS), and ODO inspected to the NDS listed on the ERO Custody Management Division Authorized Facility List as of April 1, 2024. RCJ was inspected against the NDS 2019, and ODO’s assigned rating is for ERO’s informational purposes only.

[REDACTED]. An RCSO captain handles daily facility operations and manages [REDACTED] support personnel. The RCSO provides food services and medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the Texas Corrections Accreditation Commission and the National Commission on Correctional Health Care in December 2022.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of April 2, 2024)	[REDACTED]
Adult Female Population (as of April 2, 2024)	[REDACTED]

During its last special review, in Fiscal Year (FY) 2023, ODO found 47 deficiencies in the following areas: Environmental Health and Safety (1); Hold Rooms in Detention Facilities (3); Use of Force and Restraints (1); Sexual Abuse and Assault Prevention and Intervention (39); Food Service (1); Recreation (1); and Detainee Handbook (1).

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

<sup>2</sup> Data Source: ERO Custody Management Division Authorized Facility List as of April 1, 2024.

<sup>3</sup> *Ibid.*

## SPECIAL REVIEW 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 over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.<sup>4</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as “deficiencies.” ODO highlights instances when 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.

In FY 2022, ODO began conducting special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees. Additionally, ODO began conducting unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO’s informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility’s contractually required ICE NDS or in accordance with the ICE NDS listed in the current ERO Custody Management Division Authorized Facility List for facilities that are not contractually obligated to an ICE NDS, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Significant Self-harm and Suicide Prevention and Intervention, Hunger Strikes, Food Service, Environmental Health and Safety, Special Management Units (SMU) or Hold Rooms (if the facility does not have an SMU), Use of Force and Restraints/Use of Physical Control Measures, and Sexual Abuse and Assault Prevention and Intervention.

Upon completion of each special review or unannounced inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating uniform corrective action plans (UCAPs); 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.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>5,6</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Hold Rooms in Detention Facilities	1
Use of Force and Restraints	0
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	30
<b>Sub-Total</b>	<b>31</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	1
Medical Care	0
Significant Self-Harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 6 - Justice</b>	
Detainee Handbook	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>32</b>

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

<sup>6</sup> During a special review, ODO will review a facility's compliance with at least 10 individual 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 1, meeting the ODO requirement for special reviews.

## SPECIAL REVIEW FINDINGS

### SECURITY

#### HOLD ROOMS IN DETENTION FACILITIES (HRDF)

ODO reviewed the detention log, interviewed a facility lieutenant, and found officers completed 30-minute irregular visual checks instead of the 15-minute check required by the standard (**Deficiency HRDF-37<sup>7</sup>**). **This is a repeat deficiency and a priority component.**

#### SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's sexual abuse and assault prevention policies and procedures, interviewed a facility lieutenant, and found the facility does not have written SAAPI procedures that:

- Reflect the unique characteristics of the facility (**Deficiency SAAPI-1<sup>8</sup>**). **This is a repeat deficiency;**
- Outline the facility's SAAPI program (**Deficiency SAAPI-2<sup>9</sup>**). **This is a repeat deficiency;**
- Mandate zero tolerance toward all forms of sexual abuse or assault and outline the facility's approach to prevent, detect, and respond to such conduct (**Deficiency SAAPI-3<sup>10</sup>**). **This is a repeat deficiency;**
- Assess detainees for their risk of sexual abusiveness or victimization; house detainees per their classification levels; train employees, contractors, and volunteers on zero tolerance policies and individual responsibilities, nor notify detainees of the facility's

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<sup>7</sup> "Officers shall closely supervise the hold rooms through direct supervision, which involves irregular visual monitoring not to exceed 15 minutes between checks (each time recording the time and officer's name or identifier in the detention log)." See ICE NDS 2019, Standard, Hold Rooms in Detention Facilities, Section (II)(D)(4).

<sup>8</sup> "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).

<sup>9</sup> "The facility shall have written policy and procedures for a Sexual Abuse and Assault Prevention and Intervention Program." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

<sup>10</sup> "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," See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

- SAAPI program (**Deficiency SAAPI-4<sup>11</sup>**). **This is a repeat deficiency;**
- Include immediate reporting procedures for SAAPI allegations through the facility’s chain of command to ERO Dallas, staff responsibilities to report all allegations or suspicions of sexual assault or abuse, referrals to law enforcement agencies, written documentation requirements, and third-party reporting (**Deficiency SAAPI-5<sup>12</sup>**). **This is a repeat deficiency;**
- Require prompt and effective intervention to address the safety and treatment needs of detainee victims if an allegation or an assault occurs and procedures for offering immediate protection, including prevention of retaliation and medical and mental health referrals (**Deficiency SAAPI-6<sup>13</sup>**). **This is a repeat deficiency and a priority component;**
- Include victim advocate services in SAAPI programs (**Deficiency SAAPI-7<sup>14</sup>**). **This**

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<sup>11</sup> “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:

1. Procedures on preventing sexual abuse and assault, including:
  - a. Procedures for assessing all detainees for their risk of sexual abusiveness or victimization;
  - b. Procedures for housing detainees in accordance with their classification assessment;
  - c. Training of all employees, contractors, and volunteers on the agency’s and facility’s zero tolerance policies and their responsibilities under those policies; and
  - d. Notification to detainees of the facility’s Sexual Abuse and Assault Prevention and Intervention Program.”

*See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(1)(a-d).*

<sup>12</sup> “This policy must mandate zero tolerance toward all forms of sexual abuse and assault, outline the facility’s approach to preventing, detecting, and responding to such conduct, and include, at a minimum: ...

2. Procedures for immediate reporting of sexual abuse and assault allegations, including:
  - a. Procedures for immediate reporting of sexual abuse and assault allegations through the facility’s chain of command, from the reporting official to the highest facility official, also including procedures for notifying ICE/ERO (this notification must be sent directly to the FOD) and a method by which staff can report outside the chain of command;
  - b. Responsibility of all staff to report allegations or suspicions of sexual abuse and assault;
  - c. Referrals to law enforcement agencies;
  - d. Written documentation requirements to ensure that each allegation or suspicion is properly reported and addressed; and
  - e. A method to receive third-party reports of sexual abuse and assault in its facility, with information made available to the public regarding how to report sexual abuse and assault on behalf of a detainee.”

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

<sup>13</sup> “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, including:
  - a. Procedures for offering immediate protection, including prevention of retaliation and medical and mental health referrals;
  - b. Plan to coordinate actions taken by staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse and assault; and
  - c. Methods for addressing the alleged victim’s future safety, medical, and mental health needs.”

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

<sup>14</sup> “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).*



- **is a repeat deficiency;**
- Address investigating and disciplining assailants (**Deficiency SA-API-8<sup>15</sup>**). **This is a repeat deficiency;**
- Require coordination with ERO Dallas and other appropriate investigative agencies for completion of administrative/criminal investigations (**Deficiency SA-API-9<sup>16</sup>**). **This is a repeat deficiency;**
- Include a uniform evidence protocol for accessing a forensic medical exam to maximize the potential for obtaining usable, physical evidence for administrative proceedings and criminal prosecutions (**Deficiency SA-API-10<sup>17</sup>**). **This is a repeat deficiency;**
- Include procedures for coordination of internal administrative investigations with the assigned criminal investigative entity to ensure non-interference with criminal investigations, such as coordinating with ICE OPR (**Deficiency SA-API-11<sup>18</sup>**). **This is a repeat deficiency;**
- Cover disciplinary sanctions for staff, up to termination when there is a substantiated allegation of sexual abuse and assault, or when staff violated agency sexual abuse and assault policies (**Deficiency SA-API-12<sup>19</sup>**). **This is a repeat deficiency;**
- Address collecting data, reporting, and cooperating with ERO Dallas audits for

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<sup>15</sup> “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).*

<sup>16</sup> “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).*

<sup>17</sup> “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).*

<sup>18</sup> “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).*

<sup>19</sup> “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).*

- monitoring compliance with the standard (**Deficiency SAAPI-13<sup>20</sup>**). **This is a repeat deficiency;**
- ERO Dallas reviewed and approved (**Deficiency SAAPI-14<sup>21</sup>**). **This is a repeat deficiency;**
  - Required posting SAAPI protocols for public viewing on the facility’s website (**Deficiency SAAPI-16<sup>22</sup>**). **This is a repeat deficiency;**
  - Designated a prevention of sexual assault (PSA) compliance manager to serve, oversee, coordinate, and acting as the facility point of contact for the ICE/ERO PSA coordinator to ensure compliance with SAAPI policies and procedures (**Deficiency SAAPI-17<sup>23</sup>**). **This is a repeat deficiency and a priority component;**
  - Assigned a designated PSA compliance manager to assist with the development of written policies and procedures for the SAAPI program (**Deficiency SAAPI-18<sup>24</sup>**). **This is a repeat deficiency;**
  - Required the facility’s PSA compliance manager to assist with developing initial and ongoing training protocols (**Deficiency SAAPI-19<sup>25</sup>**). **This is a repeat deficiency;**
  - Assigned a designated PSA compliance manager to serve as a liaison with other agencies (**Deficiency SAAPI-20<sup>26</sup>**). **This is a repeat deficiency;**
  - Required the designated PSA compliance manager to coordinate the gathering of statistics and reports on incidents of sexual abuse or assault as detailed in “O. Data Collection” in this standard (**Deficiency SAAPI-21<sup>27</sup>**). **This is a repeat deficiency;**
  - Required the designated PSA compliance manager to review the results of every investigation of sexual abuse and assault and to assisting in conducting annual reviews of all investigations (**Deficiency SAAPI-22<sup>28</sup>**). **This is a repeat deficiency;**

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<sup>20</sup> “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).

<sup>21</sup> “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).

<sup>22</sup> “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).

<sup>23</sup> “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).

<sup>24</sup> “The PSA Compliance Manager shall assist with the development of written policies and procedures for the Sexual Abuse and Assault Prevention and Intervention Program,” *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(C)(1).

<sup>25</sup> “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).

<sup>26</sup> “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).

<sup>27</sup> “The PSA Compliance Manager shall coordinate the gathering of statistics and reports on incidents of sexual abuse or assault, as detailed in “O. Data Collection” in this standard;” *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(C)(4).

<sup>28</sup> “The PSA Compliance Manager shall review the results of every investigation of sexual abuse and assault and assist

- Required the designated PSA compliance manager to review and maintain required levels of confidentiality of facility practices (**Deficiency SAAPI-23<sup>29</sup>**). **This is a repeat deficiency**;
- The designated PSA compliance manager to distribute notifications of sexual assault allegations (**Deficiency SAAPI-24<sup>30</sup>**). **This is a repeat deficiency**;
- Provided detainees who are sexual abuse and assault victims, the option to report the incident or situation to a designated staff member other than an immediate point of contact, such as the program coordinator or a mental health specialist (**Deficiency SAAPI-47<sup>31</sup>**). **This is a repeat deficiency**;
- Provided detainees with a program coordinator or staff members' contact information for reporting allegations (**Deficiency SAAPI-48<sup>32</sup>**). **This is a repeat deficiency**; and
- Issued a SAAPI pamphlet to detainees that includes the PSA compliance manager's name, mailing address, and toll-free numbers for local organizations for victims of sexual abuse (**Deficiency SAAPI-52<sup>33</sup>**). **This is a repeat deficiency**.

Additionally, ODO interviewed a facility lieutenant and found the facility did not develop written, administrative investigation procedures to include the:

- Preservation of physical, DNA, or electronic evidence; interviewing alleged victims, suspects, and witnesses; and reviewing prior complaints and sexual abuse and assault reports of the suspect (**Deficiency SAAPI-136<sup>34</sup>**). **This is a repeat deficiency**;
- 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 and the effort

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in conducting an annual review of all investigations in compliance with the Privacy Act to assess and improve prevention and response efforts;" *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(C)(5).

<sup>29</sup> "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).

<sup>30</sup> "The PSA Compliance Manager shall be notified of every allegation." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(C)(7).

<sup>31</sup> "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." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(1).

<sup>32</sup> "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).

<sup>33</sup> "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." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(3).

<sup>34</sup> "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).

- to determine whether actions or failures to act at the facility contributed to the abuse (**Deficiency SA-API-137**<sup>35</sup>). **This is a repeat deficiency**;
- Documentation of each investigation by written report and retention of such reports (**Deficiency SA-API-138**<sup>36</sup>). **This is a repeat deficiency**; and
- Preparation of a negative report for sexual assaults indicating the facility had no sexual assaults during the reporting period (**Deficiency SA-API-161**<sup>37</sup>). **This is a repeat deficiency**.

## CARE

### HUNGER STRIKES (HS)

ODO reviewed [REDACTED] facility staff training records, interviewed the health services administrator, and found no initial nor annual training for facility staff to recognize the signs of a hunger strike, to implement the procedures for medical assessment referral, and to manage a detainee on a hunger strike for all [REDACTED] staff members (**Deficiency HS-1**<sup>38</sup>).

## CONCLUSION

During this special review, ODO assessed the facility's compliance with 10 standards under NDS 2019 and found the facility in compliance with 7 of those standards. ODO found 32 deficiencies in the remaining 3 standards. Since RCJ's last special review in February 2023, the facility's compliance with NDS 2019 showed some improvement. RCJ went from 7 deficient standards and 47 deficiencies to 3 deficient standards and 33 deficiencies during this most recent special review. ODO identified most of the deficiencies as administrative in nature and the result of no facility SA-API policy and procedure on hand. No available SA-API policy resulted in 30 repeat deficiencies. The facility completed a UCAP for their last ODO special review that occurred in February 2023; however, most SA-API deficiencies remain unresolved with a corrective action

<sup>35</sup> "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).

<sup>36</sup> "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).

<sup>37</sup> "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).

<sup>38</sup> "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).

response of “No Corrective action taken”, “Not required by Texas Commission on Jail Standards.” ODO recommends ERO Dallas work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2023 Special Review NDS 2019</b>	<b>FY 2024 Special Review NDS 2019</b>
Standards Reviewed	10	10
Deficient Standards	7	3
Overall Number of Deficiencies	47	32
Priority Component Deficiencies	6	3
Repeat Deficiencies	N/A	31
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Failure	Failure