

September 24, 2007

MEMORANDUM FOR:

John P. Torres

Director

Office of Detentio

b6,b7c

Deportation Office

Pearsall, Texas

Brooks County Detention C

SUBJECT:

9-17-07 thru 9/2/07 Tow

nual Detention Review

The Harlingen, Texas Field Office, Office of Detention and Removal conducted a detention review of the Brooks County Detention Center on September 18 to September 19, 2007. This review was conducted by Deportation Officers and below and below This facility is used for detainees requiring housing over 72 hours.

Type of Review:

This review is a scheduled Operational Review to determine general compliance with established Immigration and Customs Enforcement (ICE) National Detention Standards, for facilities utilized for detention over 72 hours. The last review of this facility was on April 14, 2006.

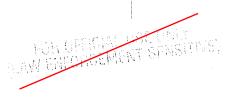
Review Summary:

The Brooks County Detention Center is owned and operated by L.C.S. Corrections. Warden advised that L.C.S. is currently reviewing and revising policies and manuals; policy dated 2005. Brooks County Detention Center is not currently accredited.

Review Findings:

The following information summarizes those standards <u>not</u> in compliance. Each standard is identified and a short summary provided regarding standards or procedures not currently in compliance.

Compliant - 23
Deficient - 10
At-Risk - 05



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Standards Summary Findings:

Classification System-Deficient:

• ICE does not provide facility with information on detainees' criminal history or information in reference to case information or proceedings.

- The facility currently classifies all ICE detainees as high flight/escape risks.
- ICE detainees are all housed together and separate from USM and BOP detainees.
- ✓ ICE needs to be addressed in providing pertinent information for classification purposes.
- ✓ Plan of Action: Facility is providing classification information in the detainee handbook, they are also purchasing new uniforms in attempt to address classification system.

Detainee Handbook-Deficient:

- Information provided in handbook is very limited in reference to the classification system, count times, issuance of specific items, religious programming, free calls to consulates, programmed phone numbers and the grievance process.
- An inspection of dorms and living areas indicate this information is not provided in any written form.
- We were advised by staff that most of the information is provided to detainees verbally by staff.
 - ✓ Plan of Action: Facility Administration has provided us with a draft copy of the new detainee handbook being prepared. They will address deficiencies noted during this inspection.

Disciplinary Policy-Deficient:

- The detainee handbook does not identify sanctions imposed with infractions.
- Disciplinary reports are not properly reviewed and forwarded as required.
- ✓ Plan of Action: Facility Major will address the disciplinary issue as well as post in the new detainee handbook.

Environmental Health & Safety-Deficient:

- Cleaning supplies are maintained in janitor closets in 2 outer buildings.
- No record of inventory maintained.
- Logs for handling and disposing requirements are not available.
- Inmates where observed handling chemicals without gloves and cleaning supplies were not clearly identified on containers.
- The staff is provided with limited training in handling flammable, toxic materials upon employment and is limited to accessibility to MSDS manuals.
- No record of OSHA inspection was provided.
- ✓ Plan of Action: Warden and his staff will address deficiencies.

FOR OFFICIAL USE ONLY LAW EDFORGEMENT SENSITIVE)

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Key and Lock Control-Deficient:

• Key ring indicates 7 keys are available, only 6 key on ring.

- One key contained is broken, the lock was changed and 2 additional keys were added without removal of broken key.
- Facility is equipped with one safe; the only person with knowledge of combination is the administrative assistant.
- Seven keys were logged out off the key control; only six keys were properly signed out in log.
- Facility could not provide an inventory sheet.
- ✓ Plan of Action: Warden advised that they are currently utilizing a temporary chit system. He and the Chief of security will address key control to incorporate a more efficient system.

Post Orders-Deficient:

• The Post Orders have not received annual review, the last update and review was 2005.

b2High

- The tower guard is an armed position and has not qualified with provided weapon.
- ✓ Plan of Action: Post Orders are currently under review by Facility Administration. They will address deficiencies noted during this inspection.

Special Management Unit (Administrative Segregation) – Deficient:

- No administrative segregation order available.
- No record of supervisor reviews or 7 day reviews.
- Copies of decision are not provided to detainee.
- Medical staff only provides health case visits upon request from detainee.
- ✓ Plan of action: Facility administrator will address SMU. RIC was advised that medical staff conducts visits but has no form of documentation (Confirmed with Head Nurse because). Facility administrator will address health care documentation with medical staff.

<u>Special Management Unit (Disciplinary Segregation) – Deficient:</u>

- Disciplinary segregation orders were not available.
- Inspector was advised that they are placed in inmate folders upon completion of segregation.
- No reports were available for detainees currently in segregation.
- Medical staff only provides health case visits upon request from detainee.
- ✓ Plan of Action: Facility Administrator will address SMU. RIC was advised that medical staff conducts visits but has no form of documentation. Facility administrator will address health care documentation with medical staff.



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Transportation-Deficient:

• The Facility's current policy does not meet ICE standards. Transport vehicles are not equipped with two-way radios.

- The Warden advised that although officers carry Nextel phones, there are large areas where service is not available.
- ✓ Plan of Action: The Warden the RIC that the LCS policy is currently under review and will address Transportation issue.

<u>Use of Force-Deficient:</u>

- The Facility's policy does not cover less than lethal procedures.
- Logs for use of force are not available.
- Policy does not meet ICE standards in the consultation with supervisors or medical staff prior to use of force.
- ✓ Plan of Action: The Warden the RIC that the LCS policy is currently under review and will address Use of Force issue.

RIC Observations:

BEST PRACTICE: The facility's food service department has an outstanding program. The kitchen supervisor was very knowledgeable of policies and practices. The kitchen staff was very courteous, orderly and efficient throughout the inspection. The kitchen vents, ceilings, storage rooms and freezer were free of oils or debris. The carts and tray were clear of any buildup or grease; appeared clean and sanitary.

STAFF: The staff was questioned at length on various components. The staff was knowledgeable of policies and procedures in place. Although some of their policies were contrary to ICE requirements, the staff provided truthful information in respect to practices and procedures. The staff was very friend and courteous and appeared to have great rapport with one another.

COMMUNICATION: There are no significant concerns or issues as a result of the review. ICE staff is not on-site or part of the management team of the facility. The United States Marshal Service has oversight of this facility; representatives from the USMS were not available during this review.

RIC Issues and Concerns

In reviewing the disciplinary policy for the Brooks Detention Center, the facility does not have a policy compliant with ICE standards. Detainee rules of conduct, sanctions and procedures for violations are not addressed the detainee handbook nor in any other written form of notification. According to their policy, detainees may be deprived of bedding, recreation time and visitation rights for disciplinary violations. Such sanctions, if imposed, may have effect on detainees' welfare and well-being. Furthermore, lack of logs or documentation of disciplinary actions taken can not be provided or accounted for by the facility.



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Recommended Rating and Justification:

It is the Reviewer in Charge recommendation that the facility receive a rating of "Acceptable". It is the recommendation of the RIC that a plan of action is required for this facility.

RIC Assurance Statement:

All findings of this review have been documented on Form G-324A and are supported by the written documentation contained in the review file.



N/A;;;

365

Estimated Man-days Per Year



| A. Type of Facility Reviewed | i | | | | | | | |
|--|------------------------------------|---|----------------|----------------|-------------|-----------|--|--|
| ☐ ICE Service Processing Center | | G. Accreditation Certificates | | | | | | |
| ICE Contract Detention Facility | | List all State or National Accreditation[s] received: | | | | | | |
| ☐ ICE Intergovernmental Service Agreement | | | | | | | | |
| | | Check box if facility has no accreditation[s] | | | | | | |
| B. Current Inspection | | | | | | | | |
| Type of Inspection | | H. Problems / | | | | | | |
| Field Office HQ Inspe | ction | The Facility is u | | | | | | |
| Date[s] of Facility Review | | Court Order | | | Action Ord | er | | |
| 9/17/07 - 09/21/07 | | The Facility has | | | | | | |
| | | Major Litiga | tion 🔲 | Life/S | afety Issue | S | | |
| C. Previous/Most Recent Fa | | | ne. | | | | | |
| Date[s] of Last Facility Review | , | | | | | | | |
| 01/26-27/2006 | | I. Facility His | story | | | | | |
| Previous Rating | | Date Built | | | | | | |
| Superior Good Acc | eptable Deficient At-Risk | 2001 | | | | | | |
| • | | Date Last Remo | deled or Upgi | aded | | | | |
| D. Name and Location of Fa | cility | 2002 | | | | | | |
| Name | | Date New Construction / Bedspace Added | | | | | | |
| Brooks County Detention Center | | 2002 | | | | | | |
| Address (Street and Name) | | Future Construction Planned | | | | | | |
| 901 County Road 201 City, State and Zip Code | | ☐ Yes ⊠ No | Date: | | | | | |
| Falfurrias, Texas 78355 | | Current Bedspace Future Bedspace (# New Beds only) | | | | | | |
| County | | Number: Date: | | | | | | |
| Brooks | | | | | | | | |
| Name and Title of Chief Executive O | fficer (Warden/OIC/Superintendent) | J. Total Facil | ity Populatio | n | | | | |
| Telephone # (Include Area Code) | | Total Facility In | | | months | | | |
| (361) b6,b7c | | AVERAGE 542 | | | | | | |
| Field Office / Sub-Office (List Office | with oversight responsibilities) | Total ICE Mand | ays for Previo | us 12 | months | | | |
| SNA Field Office | | | | | | | | |
| Distance from Field Office | · | | | | | | | |
| | | K. Classificati | on Level (IC | E SPO | Cs and CD | Fs Only) | | |
| E. ICE Information | | | L | | L-2 | L-3 | | |
| Name of Inspector (Last Name | Title and Duty Station) | Adult Male | | | | | | |
| | Officer / Pearsall, Texas | Adult Female | | | | | | |
| Name of Team Member / Title | | | | | L | | | |
| | ficer / Hutto, Texas | L. Facility Ca | nacity | | | | | |
| Name of Team Member / Title | | | Rated | One | erational | Emergency | | |
| | / Buty Eccation | Adult Male | 480 | <u> </u> | 480 | 480 | | |
| Name of Team Member / Title | / Duty Location | Adult Female | 64 | | 64 | 64 | | |
| | / Duty Location | | Juveniles Off | andars | | | | |
| 1 1 | | racinty noids | 5 Juvennes On | ciideis | To and olde | as Audits | | |
| F. CDF/IGSA Information | Only | M. Average Da | aily PopulaH | \int | | | | |
| Contract Number | Date of Contract or IGSA | -, | /(IC | | USMS | Other | | |
| ACD-4-H-1003 | 09/30/2004 | Adult Male | 0 | 1 1 | 400 | 25 | | |
| Basic Rates per Man-Day | 1 | Adult Female | / 0 | | 44 | 10 | | |
| \$47.00 | | | | - / | | | | |
| Other Charges: (If None, Indic | ate N/A) | N. Facility Sta | affing Level | | | | | |
| N/A; ; ; | 11/4/ | Security: | | Sun | port: | | | |
| , + v - +9 9 9 | | | | P | 1 | I | | |



Significant Incident Summary Worksheet

For ICE to complete its review of your facility, the following information <u>must be completed</u> prior to the scheduled review dates. The information on this form should contain data for the past twelve months in the boxes provided. The information on this form is used in conjunction with the ICE Detention Standards in assessing your Detention Operations against the needs of the ICE and its detained population. This form should be filled out by the facility prior to the start of any inspection. Failure to complete this section will result in a delay in processing this report and the possible reduction or removal of ICE' detainees at your facility.

| Incidents | Description | Jan – Mar | Apr – Jun | Jul – Sept | Oct – Dec |
|--|--|-----------|-----------|------------|-----------|
| | m (a 12 m) | 0 | 0 | 0 | 0 |
| Assault: Offenders on | Types (Sexual ² , Physical, etc.) | 2 | 4 | 3 | _ |
| Offenders of Offenders 1 | With Weapon | 2 | 4 | 3 | 0 |
| | Will Weller | 0 | 0 | 0 | 0 |
| | Without Weapon | | | | |
| Assault: | True as (Carmal Physical etc.) | 0 | 0 | 0 | 0 |
| Detainee on | Types (Sexual Physical, etc.) | 0 | 0 | 0 | 0 |
| Staff | With Weapon | Ů | | | ľ |
| | | 0 | 0 | 0 | 0 |
| N. J. CF. J.M. | Without Weapon | ^ | | | |
| Number of Forced Moves, incl. Forced Cell moves ³ | | 0 | 0 | 0 | 0 |
| mei. I eleca cen meves | | 1 | 0 | 0 | 0 |
| Disturbances ⁴ | | | | | |
| Number of Times Chemical | | 0 | 0 | 0 | 0 |
| Agents Used Number of Times Special | | 0 | 0 | 0 | 0 |
| Reaction Team | | | V | 0 | 0 |
| Deployed/Used | | | | | , |
| | Number/Reason (M=Medical, | 0 | 0 | 0 | 0 |
| # Times Four/Five Point Restraints applied/used | V=Violent Behavior, O=Other) Type (C=Chair, B=Bed, | 0 | 0 | 0 | 0 |
| Restraints applied/used | BB=Board, O=Other) | U | 0 | 0 | |
| Offender / Detainee Medical | | 0 | 0 | 0 | 0 |
| Referrals as a result of | | | | | |
| injuries sustained. | | 0 | 0 | 0 | 0 |
| Escapes | Attempted | U | 0 | 0 | 0 |
| 200400 | | 0 | 0 | 0 | 0 |
| | Actual | | | | |
| Grievances: | # Received | 23 | .11 | 18 | 0 |
| : | # Received # Resolved in favor of | 2 | 0 | 1 | 0 |
| · | Offender/Detainee | | | | • |
| Deaths | Reason (V=Violent, I=Illness, | 0 | 0 | 0 | 0 |
| | S=Suicide, A=Attempted | | | | 9 |
| | Suicide, O=Other) Number | 0 | 0 | 0 | 0 |
| | | ` | * | ľ | |
| Psychiatric / Medical | # Medical Cases referred for | 0 | 0 | 0 | 0 |
| Referrals | Outside Care | | | | |
| | # Psychiatric Cases referred for | 0 | 0 | 0 | 0 |
| | Outside Care | · | | <u> </u> | |

Any attempted physical contact or physical contact that involves two or more offenders

Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting

Routine transportation of detainees/offenders is not considered "forced"

Any incident that involves four or more detainees/offenders, includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large scale incidents.

| | cceptable 2. Deficient 3. At Risk 4. Repeat Finding Sold Application | 1 | | 2. | 3. | 4. | 2. |
|-----------|--|-----------------|-----|--------------------|-----------|------------------|-------------|
| | A Access Standards | | | ∠. □ | <u> </u> | - | 222 |
| • | Access to Legal Materials | | | 井 | - | + | |
| • | Group Presentations on Legal Rights | J | | 片 | 井 | | |
| • | Visitation Tylenham Access | | | ₩ | <u> </u> | + | |
| | Telephone Access | | | | | Ш. | |
| | inee Services | | , , | | | | |
| | Admission and Release | | 7 | 닞 | ᆜ | <u> </u> | |
| | Classification System | | 3 | \boxtimes | 닏 | <u> </u> | |
| | Correspondence and Other Mail | | _ | Щ | 부 | <u></u> | |
| | Detainee Handbook | <u> </u> | | | <u> </u> | ᆜ | |
| | Food Service | <u> </u> | | | ᆜ | <u>Ц</u> | |
|). | Funds and Personal Property | × | | Ш | <u>Ц</u> | Ц. | |
| l. | Detainee Grievance Procedures | | | Ш | Щ. | Щ | |
| 2. | Issuance and Exchange of Clothing, Bedding, and Towels | | 1 | Ш | <u>Ц</u> | Ш | 676 |
| 3. | Marriage Requests | | Ц | | | | \boxtimes |
| | Non-Medical Emergency Escorted Trip | |] | | | | \boxtimes |
| 5. | Recreation | | | | | | |
| ó. | Religious Practices | |] | | | | |
| | Voluntary Work Program | | | | | | \boxtimes |
| eal | th Services | | | | | | |
| | Hunger Strikes | | 1 | | | | |
| | Medical Care | | | | | | |
| | Suicide Prevention and Intervention | | 1. | П | | T | |
| | Terminal Illness, Advanced Directives and Death | | | | | | |
| cu | rity and Control | • | | | | | |
| | Contraband | | 1 | П | \Box | | |
| | Detention Files | | | Ħ | Ħ | Ħ | |
| | Disciplinary Policy | · - | | X | Ħ | Ħ | |
| , | Emergency Plans | | | Ħ | Ħ | Ħ | |
| | Environmental Health and Safety | | | 茵 | | Ħ | |
| | Hold Rooms in Detention Facilities | | _ | Ħ | Ħ | 一 | |
| | Key and Lock Control | 1 | ╅┼ | 岩 | H | Ħ | |
| | Population Counts | | ╅┼ | 置 | \forall | Ħ | |
| | Post Orders | | ╅┼ | d | \forall | \forall | |
| • | Security Inspections | | | H | + | ╫ | |
| • | Special Management Units (Administrative Segregation) | | _ | d | H | + | |
| • | Special Management Units (Disciplinary Segregation) | | | | + | H | |
| | Tool Control | | _ | | ╫ | ₩ | |
| | | · | _ | ₩ | # | ₩ | |
| • | Transportation (Land management) | - | | \boxtimes | 井 | | |
| • | Use of Force | | | <u>N</u> | # | 片 | |
| • | Staff / Detainee Communication (Added August 2003) | | | 井 | H | | |
| | Detainee Transfer (Added September 2004) | × | 4 | Щ | Ш | Ш | |

#2 # # 21 are 5- Not Applicable

RIC Review Assurance Statement

| contained in the Inspection Report are supported by evidence the accomplishments are supported by sufficient and reliable eviden | all findings of noncompliance with policy or inadequate controls at is sufficient and reliable. Furthermore, findings of noteworthy ace. Within the scope of the review, the facility is operating in sources are efficiently used and adequately safeguarded, except for the |
|--|---|
| deficiencies noted in the report. | |
| | |
| Reviewer-In-Charge: (Print Name) b6,b7c | b6,b7c |
| Title & Duty Location D.O., b6,b7c | Systember 24, 2007 |
| 1 | / |
| Team Members | |
| Print Name, Title, & Duty Location | Print Name, Title, & Duty Location |
| b6,b7c D.O., Hutto, Texas | |
| Print Name, Title, & Duty Location | Print Name, Title, & Duty Location |
| Recommended Rating: Superior Good Acceptable Deficient At-Risk | |
| | enter are US Marshals and Bureau of Prisons detainees. There were provides temporary detention for ICE and year to date the facility has |
| | erated by LCS and their policies and procedures are currently under icy and procedures in effort to implement policies that will "cater" to |
| | detaining inmates for US Marshal and Bureau of Prison inmates versus es, the Warden has advised that Standard Operating Procedures are I meet ICE standards and requirements. |
| | |

| MANAGEMENT REVIEW | | |
|---|-----------|---|
| · · · · · · · · · · · · · · · · · · · | | |
| Review Authority | | |
| The signature below constitutes review of this report a from receipt of this report to respond to all fit | | ention and Removal. The Facility has 30 |
| HQDRO MANAGEMENT REVIEW: (Print Name) | Signature | |
| John P. Torres | | |
| Title | Date | |
| Director (Acting) | | i e |
| Final Rating: Superior Good Acceptable Deficient At-Risk | | |

Comments: