Office of Detention and Removal Operations

U.S. Department of Homeland Security 425 I Street, NW Washington, DC 20536



# U.S. Immigration and Customs Enforcement

MEMORANDUM FOR:	John P. Torres Director	66,b7c
FROM:	B6.b7c Reviewer- In- Charge HQDRO/DMD/DSCU	b6,b7c
SUBJECT:	Houston Contract Detention	n Facility Annual Review

The Detention Management Division, Detention Standards Compliance Unit, performed a Headquarters Detention Review of the Houston Contract Detention Facility (CDF) in Houston, Texas on February 6-8, 2007. This is a Contract Detention Facility operated by the Corrections Corporation of America (CCA). The review was performed under the guidance of b6.b7c , Reviewer-In-Charge. Team members included b6.b7c Buffalo Field Office, b6.b7c , Boston Field Office and b6 , Department of Immigration Health Services (DIHS).

# **Type of Review**

This review is a scheduled Headquarters Review, which is performed to determine overall compliance with the Immigration Customs Enforcement (ICE) National Detention Standards (NDS). The facility received a previous rating of "Good" during the February 2006 review.

## **Review Summary**

The American Correctional Association (ACA) accredited the Houston CDF in January 2005.

## **Standards Compliance**

The following information is a summary of the standards that were reviewed and overall compliance that was determined as a result of the 2006 and 2007 detention reviews:

<b>2006 Review</b>		<u>2007 Review</u>	
Compliant	37	Compliant	38
Deficient	0	Deficient	0
<b>Repeat Deficiency</b>	1	<b>Repeat Deficiency</b>	0





Memorandum for John P. Torres Houston Contract Detention Facility Annual Review Page 2

# **<u>RIC Issues and Concerns</u>**

# **Transportation**

It was a security concern that the detainees being transported out of the facility were not being positively identified by the officer assigned to the post at the back gate and the detainees were being transported without restraints. This was of concern because CCA transporting officers are not armed and staff vehicles are parked within the secure perimeter due to lack of parking spaces. This issue was addressed with ICE management and Warden bebre and immediate action was taken to correct the issue. A memorandum was issued that day reminding all transport officers that detainees are to be restrained during transport. The back gate officer must visually account for all detainees and make a notation in the back gate logbook. The next day the review team observed detainees being transported in restraints and visually accounted for before leaving the facility.

# **Best Practices**

## Funds and Personal Property-Best Practice

From admission all the way to the release process Houston CDF has a meticulous and exceptionally accurate system to maintaining funds and personal property. The property room is very organized and each bag is not only tagged with an I-77 and tamper-proof serialized seal, the facility also created a numerical tag system as a way of organizing property. The funds and small valuables are also marked with the corresponding tag number so that the detainee receives all of his or her property and not just part of the property before leaving the facility. Despite the fact that this facility holds such a large number of detainees and has a high removal rate it still maintains one of the most accurate and effective property systems.

## Bulletin Boards-Best Practice

Bulletin boards located within the facility housing units were set up neatly and were visibly available to the detainee population. All items were arranged in concise order in English and Spanish. Bulletin boards were consistently arranged in mirror image order from unit to unit. This demonstrated the facility's good quality effort to assure that communication via bulletin presentation was made available to detainees.

# **Significant Observations**

## Staff-Interaction

Warden b6.b7c and the management staff at Houston CDF were professional and included many years of experience and various law enforcement backgrounds. Staff noticeably emulated the professionalism set forth by their management team.

Memorandum for John P. Torres Houston Contract Detention Facility Annual Review Page 3

Any information requested was retrieved in an expeditious manner and any concerns were addressed immediately. The staff was well versed in policy and procedure at this location and take pride in their facility. There was a great working relationship between CCA, ICE, and DIHS. Houston CDF exemplifies what can be achieved with good communication, cooperation and the team approach.

## Environmental Health and Safety

The sanitation of the facility was outstanding. Posted cleaning schedules appear to be followed and detainees were observed to be cleaning throughout the review. It is apparent the high level of cleanliness is enforced daily. The quality of life for detainees is excellent.

# **Recommended Rating and Justification:**

The Reviewer-In-Charge recommends that the facility receive a rating of "Superior." The facility complies with 38 of 38 Immigration and Customs Enforcement, National Detention Standards.

## **<u>RIC Assurance Statement</u>**

The findings of compliance and noncompliance are documented on the G-324a Inspection form and are supported by documentation in the review file.



А.	Type	of Facility	Reviewed
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	<b>ICE Service Processing Center</b>
$\boxtimes$	ICE Contract Detention Facility

**ICE Contract Detention Facility** 

**ICE Intergovernmental Service Agreement** 

### **B.** Current Inspection

	Type of Inspection
	Field Office HQ Inspection
	Date[s] of Facility Review
Į	Feb 6-8, 2007

### C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review Feb 6-10, 2006	
Previous Rating	ble 🗌 Deficient 🗌 At-Risk

### D. Name and Location of Facility

Name
Houston Contract Detention Facility
Address (Street and Name)
15850 Export Plaza
City, State and Zip Code
Houston Texas 77032
County
Harris
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)
b6,b7c , Warden
Telephone # (Include Area Code)
281 b6,b7c
Field Office / Sub-Office (List Office with oversight responsibilities)
Houston
Distance from Field Office
8 miles

#### E. ICE Information

Name of Inspector (Last Name, Title and Duty Station)
b6,b7c / DDO / HQ, DSCU
Name of Team Member / Title / Duty Location
b6,b7c / IEA / BUF Field Office
Name of Team Member / Title / Duty Location
ьб,ьтс / IEA / BOS Field Office
Name of Team Member / Title / Duty Location
b6 / DIHS / MIA Field Office

#### F. CDF/IGSA Information Only

Contract Number	Date of Contract or IGSA	
ACD-3-C-0015	10/01/03	
Basic Rates per Man-Day		
\$86.36		
Other Charges: (If None, Indicate N/A)		
\$1.84; \$.395; \$22.07; \$1.00;		
Estimated Man-days Per Year		
330,325		

### G. Accreditation Certificates

List all State or National Accreditation[s] received:	
ACA: January 2005	
Check box if facility has no accreditation[s]	

### H. Problems / Complaints (Copies must be attached)

The Facility is under Court Order or Class Action Finding
Court Order
The Facility has Significant Litigation Pending
Major Litigation Life/Safety Issues
Check if None.

### I. Facility History

Date Built		
April 1984		
Date Last Remodeled	or Upgraded	
July 2005		
Date New Construction / Bedspace Added		
July 2005		
Future Construction Planned		
🗌 Yes 🖾 No Date:		
Current Bedspace	Future Bedspace (# New Beds only)	
905	Number: Unknown Date:	

#### J. Total Facility Population

Total Facility Intake for previous 12 months 10,327
Total ICE Mandays for Previous 12 months 302,828

### K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male	592	80	82
Adult Female	93	5	1

### L. Facility Capacity

2 11 8 1	Rated	Operational	Emergency
Adult Male	740	740	0
Adult Female	165	165	0
Facility holds Juveniles Offenders 16 and older as Adults			

### M. Average Daily Population

	ICE	USMS	Other
Adult Male	753.78	n/a	n/a
Adult Female	72.85	n/a	n/a

### N. Facility Staffing Level

Security:		Support:
	b2High, b7e	

#### Significant Incident Summary Worksheet

For the INS to complete its Inspection of your facility, the following information must be completed prior to the inspection. 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 INS and DOJ Detention Standards in assessing your Detention Operations against the needs of the INS and its detained population. This form should be filled out by the facility prior to the start of any inspection.

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
		Р	N/A	Р	Р
Assault: Offenders on	Types (Sexual <sup>2</sup> , Physical, etc.)				
Offenders <sup>1</sup>	With Weapon	1	0	1	0
	· · · · · · · · · · · · · · · · · · ·	0	0	1	1
	Without Weapon				
		Р	Р	Р	Р
Assault:	Types (Sexual Physical, etc.)				
Detainee on Staff	With Weapon	0	0	0	1
Stull		1	2	1	1
	Without Weapon	•	-	•	•
Number of Forced Moves, incl.		0	0	1	0
Forced Cell moves <sup>3</sup>					
		0	0	0	0
Disturbances <sup>4</sup> Number of Times Chemical		0	1 (Inflormation)	1 (Inflammation)	0
Agents Used		0	1- (Inflammatory Agent-O/C only)	1- (Inflammatory Agent-O/C only)	0
Number of Times Special		0	Agent-0/C only)	Agent-0/C only)	0
Reaction Team Deployed/Used		Ŷ	Ů	Ŭ	Ů
	Number/Reason (M=Medical,	0-N/A	0-N/A	0-N/A	0-N/A
# Times Four/Five Point	V=Violent Behavior, O=Other)				
Restraints applied/used	Type (C=Chair, B=Bed,	N/A	N/A	N/A	N/A
	BB=Board, O=Other)				
Offender / Detainee Medical Referrals as a result of injuries		0	0	0	0
sustained.					
sustanieu.		0	0	0	0
Escapes	Attempted	-		·	, , , , , , , , , , , , , , , , , , ,
		0	0	0	0
	Actual				
Grievances:	# Dession 1	66	28	0	0
	# Received # Resolved in favor of	20	3		0
	Offender/Detainee	20	5		
Deaths	Reason (V=Violent, I=Illness,	N/A	N/A	N/A	S
	S=Suicide, A=Attempted				
	Suicide, O=Other)				
	Number	0	0	0	1
Psychiatric / Medical Referrals	# Medical Cases referred for	91	74	58	74
r syemano / modical referrais	Outside Care	· · ·			
	# Psychiatric Cases referred for	1	1	3	3
	Outside Care				

<sup>&</sup>lt;sup>1</sup> Any attempted physical contact or physical contact that involves two or more offenders

<sup>&</sup>lt;sup>2</sup> Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting

<sup>&</sup>lt;sup>3</sup> Routine transportation of detainees/offenders is not considered "forced"

<sup>&</sup>lt;sup>4</sup> 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.

#### Significant Incident Summary Worksheet

For the INS to complete its Inspection of your facility, the following information must be completed prior to the inspection. 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 INS and DOJ Detention Standards in assessing your Detention Operations against the needs of the INS and its detained population. This form should be filled out by the facility prior to the start of any inspection.

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A	Types (Servel <sup>2</sup> Dhypical etc.)	р			
Assault: Offenders on	Types (Sexual <sup>2</sup> , Physical, etc.)	1			· · · · · · · · · · · · · · · · · · ·
Offenders <sup>1</sup>	With Weapon	1			
	Without Weapon	0			
	Without Weapon	N/A			
Assault:	Types (Sexual Physical, etc.)	IV/A			
Detainee on Staff	With Weapon	0			
	Without Weapon	0			
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		0			
Disturbances <sup>4</sup>		0			
Number of Times Chemical Agents Used		0			
Number of Times Special Reaction Team Deployed/Used		0			
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0-N/A			
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	N/A			
Offender / Detainee Medical Referrals as a result of injuries sustained.		0			
Escapes	Attempted	0			
F	Actual	0			
Grievances:	# Received	0			
	# Resolved in favor of Offender/Detainee	0			
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	N/A			
	Number	0			
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	14		· · · · · · · · · · · · · · · · · · ·	
	# Psychiatric Cases referred for Outside Care	0			

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# HEADQUARTERS EXECUTIVE REVIEW

Review	Author	itv

The signature below constitutes review of this report and acceptance by the Review Authority. OIC/CEO will have 30 days from receipt of this report to respond to all findings and recommendations.

HQDRO EXECUTIVE REVIEW: (Please Print Name) John P. Torres	Signature	
Title Director	Date $(a   (3   0))$	
	w / · · / ·	
Final Rating: 🛛 Superior	1 1	
Good		
Acceptable		
Deficient		
At-Risk		

Comments: The Review Authority (RA) concurs with the recommended rating of "Superior" made by the Reviewer-In-Charge (RIC) as justified in the RIC Memorandum and the G-324A Worksheets.