



U.S. Immigration and Customs Enforcement

April 16, 2007

MEMORANDUM FOR: John P. Torres

Director

Office of Detention and Removal

FROM:

b6,b7c b6,b7c b6,b7c Reviewer-In-Charg

Harlingen Resident Office

SUBJECT:

Review Summary Report for: Limestone County Detention Center

(Initial over 72-hr)

The Harlingen Resident Office, San Antonio Field Office Area of Responsibility, Office of Detention and Removal conducted a detention review of the Limestone County Detention Center on April 10, 2007. This facility is used for detainees requiring housing over 72-hours. I, Reviewer-in-Charge and Conducted the review.

Type of Review:

This review is a scheduled Operational Review to determine general compliance with established Immigration and Customs Enforcement (ICE) National Detention Standards.

Review Summary:

It was determined through this review that the Limestone County Detention Center is presently operating at a "Good" level. The team members identified some minor issues. All of these were discussed with the facility's Administrators and they were corrected immediately and or in the process of correcting.

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It should be noted that this facility was advised by the inspection team that the placement of the current telephones. The telephones in some areas were placed in such a way that limits the amount of privacy of the caller. Some telephones were placed to close together or under a television set. These items were addressed and the management team will correct in order to meet standard. It should also be noted that the facility currently does not have a policy that addresses the Detainee Transfer Standard. According to the Special Assistant to Regional Manager this is an isolating standard. When the facility starts receiving ICE detainees, standard will be in compliance. This facility was reviewed back on the 28th of September 2006, as an under 72 hour facility.

<u>BEST PRACTICE</u>: The facility is designed where the Special Management Unit is located in the Medical section. The Medical section is staffed 24 hours a day. During the inspection, no disciplinary, administration, or medical isolation detainees were being housed.

Review Finding:

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 - ALL
Deficient - None
At-Risk - None
Non-Applicable - Detainee Transfer Standard

Standards Summary Finding:

During the review **no** constraints or abnormal difficulties were encountered. Staff was extremely cooperative and was available to assist reviewers and to answer questions posed by this team.

RIC Observations:

This facility is committed to improving and is currently spending whatever monies are necessary to comply with ICE commitments and standards.

RIC Issues and Concerns:

There were no issues or concerns with this facility.

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Recommended Rating and Justification:

It is this RIC's recommendation that the facility is operating in a good level. The facility was supportive of ALL the changes needed to meet the standards set in this review. This facility's goal is to comply with ALL of the standards.

RIC Assurance Statement:

It is the opinion of this RIC that the findings of compliance are documented in the G-324a Inspection Form and that it is supported by documentation in the review file.

Estimated Man-days Per Year

\$207,000.00



A. Type of Facility Reviewed						
☐ ICE Service Processing Cer						
☐ ICE Contract Detention Fa	G. Accreditation Certificates					
ICE Intergovernmental Ser	vice Agreement	List all State or Na				
		Texas Commission	n on Jail Sta	andard	s 14 July 2	006
B. Current Inspection		Check box if f	acility has	no acci	reditation[s]	
Type of Inspection						
Field Office HQ Inspection		H. Problems / C				
Date[s] of Facility Review		The Facility is und				
April 9 & 10 2007		Court Order			Action Ord	er
		The Facility has S	ignificant L	itigatio	on Pending	-
C. Previous/Most Recent Facility I	Review	Major Litigation		Life/S	Safety Issues	S
Date[s] of Last Facility Review		☐ Check if None	.			
Last over 72 hour review 20 Sep 2005	, date of last under 72					
hour review 28 Sep 2006		I. Facility Histo	ory			
Previous Rating		Date Built				
Superior Good Acceptable	Deficient At-Risk	1989				
		Date Last Remode	eled or Upg	raded		
D. Name and Location of Facility		2006-2007				
Name		Date New Construction / Bedspace Added				
Limestone County Detention Center		2007				
Address (Street and Name) 910 N. Tyus Road		Future Construction Planned				
City, State and Zip Code		Yes No Date:				
Groesbeck, Texas 76642		Current Bedspace Future Bedspace (# New Beds only)				
County		1026	Numl	er: NA	A Date:	
Name and Title of Chief Executive Officer (V	Vardon/OIC/Superintendent)					
b6,b7c Warden	war den/OiC/Superintendent)	J. Total Facility	y Populatio	n		
Telephone # (Include Area Code)		Total Facility Inta	ke for prev	ious 12	months	
(254) b6,b7c		4817				
Field Office / Sub-Office (List Office with oversight responsibilities) San Antonio		Total ICE Manday	ys for Previ	ous 12	months	
Distance from Field Office		136		·		
280 miles						
		K. Classification	n Le <u>vel (I</u> C	CE SP	Cs and CD	Fs Only)
E. ICE Information			L	-1	L-2	L-3
Name of Inspector (Last Name, Title	and Duty Station)	Adult Male				
b6,b7c / IEA / HLG		Adult Female				
Name of Team Member / Title / Duty	Location					
b6,b7c / DPO / T.	Don Hutto Resident	L. Facility Cap				
Office			Rated	Op	erational	Emergenc
Name of Team Member / Title / Duty	Location	Adult Male	1026		1026	1226
/ /		Adult Female	0		0	0
Name of Team Member / Title / Duty	Location	Facility holds.	Juveniles Of	fender	s 16 and olde	er as Adults
/ /						
		M. Average Dai	ly Populat	ion		
F. CDF/IGSA Information Only				CE_	USMS	Other
	of Contract or IGSA	Adult Male	3	7	16	883.5
M-80-99-0115 (USM) 22 F	EB 1999	Adult Female				
Basic Rates per Man-Day						
\$42.00		N. Facility Staf	fing Level			<u>.</u>
Other Charges: (If None, Indicate N/A)		Security: Support:				

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
Assault:	Types (Sexual ² , Physical, etc.)	Р	P	P	P
Offenders on	Types (Sexual , Physical, etc.)	0	0	10	+0
Offenders ¹	With Weapon				
	NY:	2	5	4	5
	Without Weapon	P	P	P	P
Assault:	Types (Sexual Physical, etc.)		1		•
Detainee on		0	0	0	1
Staff	With Weapon	2	3	3	5
	Without Weapon	~			
Number of Forced Moves, incl. Forced Cell moves ³	18.00	0	0	0	0
Disturbances ⁴		0	0	0	0
Number of Times Chemical	4	0	0	0	0
Agents Used	io kiloji _{Be} daniko 1 ili 4 gi				
Number of Times Special Reaction Team		0	0	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,	NA	NA NA	NA	NA
Restraints applied used	BB=Board, O=Other)	INA	NA	INA	INA.
Offender / Detainee Medical		2	5	4	4
Referrals as a result of injuries sustained.					
injuries sustained.		0	1	0	0
Escapes	Attempted				
	Actual	0	0	0	0
Grievances:	Actual	90	40	14	60
	# Received				
	# Resolved in favor of Offender/Detainee	43	21	4	35
Deaths	Reason (V=Violent, I=Illness,	NA	NA	NA NA	NA
	S=Suicide, A=Attempted				
	Suicide, O=Other) Number	0	0	0	0
	INGHIOCI	, and the second			
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	18	36	45	15
	# Psychiatric Cases referred for Outside Care	1	6	3	2

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

² 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"

⁴ 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.

DHS	S/ICE Detention Standards Review Summary Report	
	cceptable 2. Deficient 3. At Risk 4. Repeat Finding 5. Not Applicable	
Lega	al Access Standards	1. 2. 3. 4. 5.
1.	Access to Legal Materials	
2.	Group Presentations on Legal Rights	
3.	Visitation	
4	Telephone Access	
Deta	inee Services	
5.	Admission and Release	
6.	Classification System	
7.	Correspondence and Other Mail	
8.	Detainee Handbook	
9.	Food Service	
10.	Funds and Personal Property	
11.	Detainee Grievance Procedures	
12.	Issuance and Exchange of Clothing, Bedding, and Towels	
13.	Marriage Requests	
14.	Non-Medical Emergency Escorted Trip	
15.	Recreation	
16.	Religious Practices	
17.	Voluntary Work Program	
Hea	Ith Services	
18.	Hunger Strikes	
19.	Medical Care	
20.	Suicide Prevention and Intervention	
21.	Terminal Illness, Advanced Directives and Death	
Secu	rity and Control	
22.	Contraband	
23.	Detention Files	
24.	Disciplinary Policy	
25.	Emergency Plans	
26.	Environmental Health and Safety	
27.	Hold Rooms in Detention Facilities	
28.	Key and Lock Control	
29.	Population Counts	
30.	Post Orders	
31.	Security Inspections	
32.	Special Management Units (Administrative Segregation)	
33.	Special Management Units (Disciplinary Segregation)	
34.	Tool Control	
35.	Transportation (Land management)	
36.	Use of Force	
37.	Staff / Detainee Communication (Added August 2003)	
38.	Detainee Transfer (Added September 2004)	
	* *	

All findings (Deficient and At-Risk) require written comment describing the finding and what is necessary to meet compliance.

By signing below, the Reviewer-In-Charge (RIC) certifies that all findings of noncompliance with policy or inadequate controls contained in the Inspection Report are supported by evidence that is sufficient and reliable. Furthermore, findings of noteworthy accomplishments are supported by sufficient and reliable evidence. Within the scope of the review, the facility is operating in accordance with applicable law and policy, and property and resources are efficiently used and adequately safeguarded, except for the deficiencies noted in the report.				
Title & Duty Location	Date &			
Immigration Enforcement Agent, Harlingen, Texas	April 16, 2007			
Team Members				
Print Name, Title, & Duty Location be b	Print Name, Title, & Duty Location			
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location			
Recommended Rating: Superior Good				

Comments: This facility was build in 1989. It is located in the town of Groesbeck, Texas in the county of Limestone. This facility is in the San Antonio Field Office Area of Responsibility.

Acceptable Deficient At-Risk

This reviewer did advise management and the compliance team that current policies needed to be updated. Some issues were noted and addressed. One issue was the the telephones. The current location of the telephones for the detainees did not provide adequate privacy for phone calls. Item was addressed to the Warden. Warder b6,b7c stated that issue will be corrected to ensure compliance.

HEADQUARTERS EXECUTIVE REVIEW Review Authority 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) Signature Title Date Chief, DSCU **Superior** Final Rating: Good Acceptable **Deficient** At-Risk Comments: The Review Authority concurs with the Reviewer-In-Charge (RIC) recommended

rating of "Good" as justified in the RIC Memorandum and G-324A Worksheet.