April 26, 2007

MEMORANDUM FOR: John P. Torres  
Director  
Office of Detention and Removal

FROM: Immigration Enforcement Agent  
Oklahoma City, Oklahoma

SUBJECT: Annual Field Office Detention Review- Euless City Jail

The Dallas Field Office, Office of Detention and Removal conducted a detention review of the Euless City Jail on April 25, 2007. This review was conducted by Immigration Enforcement Agents and This facility is used for detainees requiring housing less than 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.

Review Summary:  
The facility is not accredited by the National Commission on Correctional Health Care and the Joint Accreditation Commission for Healthcare or the American Correctional Association (ACA).

Review Findings:  
The following information summarizes those standards not in compliance. Each standard is identified and a short summary provided regarding standards or procedures not currently in compliance.

<table>
<thead>
<tr>
<th>Compliance Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliant</td>
<td>27</td>
</tr>
<tr>
<td>Deficient</td>
<td></td>
</tr>
<tr>
<td>At-Risk</td>
<td></td>
</tr>
<tr>
<td>Non-Applicable</td>
<td>1</td>
</tr>
</tbody>
</table>
Standards Summary Findings:
The Euless Jail does not have medical staff on site. The Euless City EMT's respond to any medical emergencies and transport to the local hospital, if needed, which is within approximately two miles.

RIC Observations:
The Jail Supervisor and Public Service Officers (Detention Officers) were very professional and all information requested was immediately provided.

RIC Issues and Concerns
There is not a detainee handbook available. Procedures are covered in the SOP but not issued to detainees.

Recommended Rating and Justification:
It is the Reviewer in Charge recommendation that the facility receive a rating of "Acceptable".

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

<table>
<thead>
<tr>
<th>HQDRO EXECUTIVE REVIEW: (Please Print Name)</th>
<th>Signature</th>
<th>b6,b7c</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Date</td>
<td>2/4/08</td>
</tr>
<tr>
<td>Chief</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Final Rating:  
- Superior
- Good
- Acceptable
- Deficient
- At-Risk

Comments: The Review Authority concurs with the Acceptable rating.
Department Of Homeland Security
Immigration and Customs Enforcement

ICE Intergovernmental Service Agreement
ICE Staging Facility (12 to 72 hours)

B. Current Facility Review
Type of Facility Review
Field Office □ HQ Review
Date[s] of Facility
April 25, 2007

C. Previous/Most Recent Facility Review
Date[s] of Last Facility Review
May 19, 2006
Previous Rating
Acceptable □ Deficient □ At-Risk

D. Name and Location of Facility
Name
Eules City Jail
Address (Street and Name)
1102 W. Eules Blvd.
City, State and Zip Code
Eules, Texas 76040
County
Tarrant
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)
Assistant Chief
Phone # (Include Area Code)
972-9e.67c
Field Office / Sub-Office (List Office with oversight responsibilities)
Dallas, Texas
Distance from Field Office
6.5 miles

E. ICE Information
Name of Reviewer In Charge (Last, Title and Duty Station)
Immigration Enforcement Agent / OKC
Name of Team Member / Title / Duty Location
Immigration Enforcement Agent / DAL
Name of Team Member / Title / Duty Location
Name of Team Member / Title / Duty Location
Name of Team Member / Title / Duty Location

F. CDF/IGSA Information Only
Contract Number
IGSA/DLS-606092
Date of Contract or IGSA
10-24-1994
Basic Rates per Man-Day
$55.00
Other Charges: (If None, Indicate N/A)
N/A;
Estimated Man-days Per Year
2793

G. Accreditation Certificates
List all State or National Accreditation[s] received:
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 □ Class Action Order
The Facility has Significant Litigation Pending
□ Major Litigation □ Life/Safety Issues
Check if None.

I. Facility History
Date Built
January 10, 2002
Date Last Remodeled or Upgraded
N/A
Date New Construction / Bedspace Added
N/A
Future Construction Planned
Yes □ No □ Date:
Current Bedspace
Future Bedspace (# New Beds only)
75 Number: N/A Date: N/A

J. Total Facility Population
Total Facility Intake for previous 12 months
7687
Total ICE Mandays for Previous 12 months
3803

K. Classification Level (ICE SPCs and CDFs Only)
Adult Male
L-1 □ L-2 □ L-3 □
Adult Female

L. Facility Capacity
Rated Operational Emergency
Adult Male
74 □ N/A □ N/A
Adult Female
10 □ N/A □ N/A
Facility holds Juveniles Offenders 16 and older as Adults

M. Average Daily Population
ICE USMS Other
Adult Male
9 □ N/A □ N/A
Adult Female
2 □ N/A □ N/A

N. Facility Staffing Level
Security: □ b2High
Support:

Form G-324A (Rev. 8/13/04) No Prior Version May Be Used After 10/1/04
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**Significant Incident Summary Worksheet**

For ICE to complete its Review of your facility, the following information must be completed 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. 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.

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

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\(^1\) 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.

\(^3\) 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.

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Form G-324B (Rev. 10/18/04) No Prior Version May Be Used After 12/1/04
<table>
<thead>
<tr>
<th>DHS/ICE Detention Standards Review Summary Report</th>
</tr>
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<tbody>
<tr>
<td><strong>Legal Access Standards</strong></td>
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<tr>
<td>Visitation</td>
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<td>Telephone Access</td>
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<tr>
<td><strong>Detainee Services</strong></td>
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<td>Admission and Release</td>
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<tr>
<td>Classification System</td>
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<tr>
<td>Detainee Handbook</td>
</tr>
<tr>
<td>Food Service</td>
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<tr>
<td>Funds and Personal Property</td>
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<tr>
<td>Detainee Grievance Procedures</td>
</tr>
<tr>
<td>Issuance and Exchange of Clothing, Bedding, and Towels</td>
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<td>Religious Practices</td>
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<tr>
<td><strong>Health Services</strong></td>
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<tr>
<td>Medical Care</td>
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<tr>
<td>Suicide Prevention and Intervention</td>
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<tr>
<td><strong>Security and Control</strong></td>
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<tr>
<td>Contraband</td>
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<td>Detention Files</td>
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<tr>
<td>Disciplinary Policy</td>
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<tr>
<td>Emergency Plans</td>
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<tr>
<td>Environmental Health and Safety</td>
</tr>
<tr>
<td>Hold Rooms in Detention Facilities</td>
</tr>
<tr>
<td>Key and Lock Control</td>
</tr>
<tr>
<td>Population Counts</td>
</tr>
<tr>
<td>Security Inspections</td>
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<tr>
<td>Special Management Units (Administrative Segregation)</td>
</tr>
<tr>
<td>Special Management Units (Disciplinary Segregation)</td>
</tr>
<tr>
<td>Tool Control</td>
</tr>
<tr>
<td>Transportation (Land management)</td>
</tr>
<tr>
<td>Use of Force</td>
</tr>
<tr>
<td>Staff / Detainee Communication</td>
</tr>
</tbody>
</table>

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RID Review Assurance Statement

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.

Reviewer-In-Charge: (Print Name)
Title & Duty Location: Immigration Enforcement Agent
Date: 4-25-2007

Team Members

Print Name, Title, & Duty Location
Immigration Enforcement Agent, DAL

RIC Rating Recommendation: ☒ Acceptable
☐ Deficient
☐ At-Risk

Comments:

Form G-324B (Rev. 10/18/04) No Prior Version May Be Used After 12/1/04
MANAGEMENT REVIEW

Review Authority

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

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<thead>
<tr>
<th>HQDRO MANAGEMENT REVIEW: (Print Name)</th>
<th>Signature</th>
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<tbody>
<tr>
<td>Title</td>
<td>Date</td>
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Final Rating: □ Acceptable  □ Deficient  □ At-Risk

Comments:

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