



U.S. Immigration and Customs Enforcement

July 27, 2007

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

FROM: [REDACTED] [REDACTED]
Reviewer in Charge
San Antonio Detention and Removal Operations

SUBJECT: Annual Detention Review for Frio County Detention Center

The San Antonio Field Office, Office of Detention and Removal conducted a detention review of the Frio County Detention Center on July 17 and 18, 2007. This review was conducted by [REDACTED] and [REDACTED]. 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. At the time of the inspection this facility did not have any ICE detainees.

Review Summary:

It was determined through this review that the Frio County Detention Center is operating at the acceptable overall level. Warden [REDACTED] has made several improvements from the last review, and has brought the facility up to the acceptable level. All the deficiencies that were noted in the last inspection have been corrected and the facility is in compliance with the ICE National Detention Standards.

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.

Compliant - X

Deficient -
At-Risk -
Non-Applicable -

Standards Summary Findings:
This facility was in compliance.

RIC Observations:

It is in my observation that this facility has improved a great deal since I have last visited this facility. The only negative observation was in the food service area, there is a lack of storage shelves for the dry goods and in the freezer. Also there seemed to be a lack of drainage, there was water accumulating on the floor where the work detail was washing dishes.

RIC Issues and Concerns

The only issues and concerns were in the food service area, there was a lack of storage and shelf space in the kitchen and in the freezer. This was discussed with the warden and he said the problem was that he never knows how many detainees he is going to have.

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-324A and are supported by the written documentation contained in the review file.

A. Type of Facility Reviewed

ICE Service Processing Center
 ICE Contract Detention Facility
 ICE Intergovernmental Service Agreement

B. Current Inspection

Type of Inspection
 Field Office HQ Inspection
 Date[s] of Facility Review
 July 17 and 18, 2007

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
 December 10 and 11, 2006
 Previous Rating
 Superior Good Acceptable Deficient At-Risk

D. Name and Location of Facility

Name
 Frio County Detention Center
 Address (Street and Name)
 410 Cedar Street
 City, State and Zip Code
 Pearsall, Texas 78061
 County
 Frio
 Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)
 b6, b7c
 Telephone # (Include Area Code)
 830- b6, b7c
 Field Office / Sub-Office (List Office with oversight responsibilities)
 San Antonio, Texas
 Distance from Field Office
 One Hour

E. ICE Information

Name of Inspector (Last Name, Title and Duty Station)
 956- b6, b7c
 b6, b7c / Immigration Enforcement Agent / Laredo
 Name of Team Member / Title / Duty Location
 b6, b7c / Immigration Enforcement Agent / Hutto
 Name of Team Member / Title / Duty Location
 / /
 Name of Team Member / Title / Duty Location
 / /

F. CDF/IGSA Information Only

Contract Number JD80-M-110/80-99-0218	Date of Contract or IGSA May 27, 1998
Basic Rates per Man-Day \$46.56	
Other Charges: (If None, Indicate N/A) ;	
Estimated Man-days Per Year 0	

G. Accreditation Certificates

List all State or National Accreditation[s] received:
 Texas Commission on Jail Standards
 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
 1988
 Date Last Remodeled or Upgraded

 Date New Construction / Bedspace Added
 1994 Williams Unit 96/ 1997 Trevino Unit 96
 Future Construction Planned
 Yes No Date:
 Current Bedspace
 391
 Future Bedspace (# New Beds only)
 Number: NA Date: NA

J. Total Facility Population

Total Facility Intake for previous 12 months
 381
 Total ICE Mandays for Previous 12 months
 0 25 per Warden

K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male			
Adult Female			

L. Facility Capacity

	Rated	Operational	Emergency
Adult Male	383	383	
Adult Female	8	8	
<input type="checkbox"/> Facility holds Juveniles Offenders 16 and older as Adults			

M. Average Daily Population

	ICE	USMS	Other
Adult Male	0	7	370
Adult Female	0		

N. Facility Staffing Level

Security: b2High Support:

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 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.

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

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.

DHS/ICE Detention Standards Review Summary Report

1. Acceptable 2. Deficient 3. At Risk 4. Repeat Finding 5. Not Applicable

Legal Access Standards

	1.	2.	3.	4.	
1. Access to Legal Materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Group Presentations on Legal Rights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Telephone Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Detainee Services

5. Admission and Release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Classification System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Correspondence and Other Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Detainee Handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Food Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Funds and Personal Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Detainee Grievance Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Issuance and Exchange of Clothing, Bedding, and Towels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Marriage Requests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Non-Medical Emergency Escorted Trip	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Religious Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Voluntary Work Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Health Services

18. Hunger Strikes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Suicide Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Terminal Illness, Advanced Directives and Death	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Security and Control

22. Contraband	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Detention Files	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Disciplinary Policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Emergency Plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Environmental Health and Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Hold Rooms in Detention Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Key and Lock Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Population Counts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Post Orders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Security Inspections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Special Management Units (Administrative Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Special Management Units (Disciplinary Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. Tool Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Transportation (Land management)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Use of Force	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Staff/ Detainee Communication (Added August 2003)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Detainee Transfer (Added September 2004)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Accept = 36
 N/A = 2
 38

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

RIC 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)	b6,b7c
b6,b7c	b6,b7c
Title & Duty Location	Date
Immigration Enforcement Agent, Laredo, Texas	7/27/2007

Team Members	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
b6,b7c Immigration Enforcement Agent, Hutto	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location

Recommended Rating:

- Superior
- Good
- Acceptable
- Deficient
- At-Risk

Comments: This Facility has made several changes and improvements since the last review.

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)	S
b6,b7c	b6,b7c
Title	NOV 20 2007
Chief	

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

Comments: The Review Authority concurs with the recommended rating of "Acceptable".

Responses to the components within the review reflect changes made by HQ-DDO-TJN, after a conversation with the RIC to clarify his responses.