



U.S. Department of Homeland Security
Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
Washington, DC 20536-5501

**Office of Detention Oversight
Follow-Up Compliance Inspection**

**Enforcement and Removal Operations
ERO Houston Field Office**

**Limestone County Detention Center
Groesbeck, Texas**

July 19-21, 2022

FOLLOW-UP COMPLIANCE INSPECTION
of the
LIMESTONE COUNTY DETENTION CENTER
Groesbeck, Texas

TABLE OF CONTENTS

FACILITY OVERVIEW	4
FOLLOW-UP COMPLIANCE INSPECTION PROCESS.....	5
FINDINGS BY NATIONAL DETENTION STANDARDS (NDS) 2019 MAJOR CATEGORIES.....	6
DETAINEE RELATIONS.....	7
FOLLOW-UP COMPLIANCE INSPECTION FINDINGS.....	8
SAFETY.....	8
Environmental Health and Safety	8
CARE	8
Personal Hygiene	8
ACTIVITIES.....	8
Telephone Access	8
CONCLUSION	9

FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a follow-up compliance inspection of the Limestone County Detention Center (LCDC) in Groesbeck, Texas, from July 19 to 21, 2022.¹ This inspection focused on the standards found deficient during ODO’s last inspection of LCDC from March 1 to 3, 2022. The facility opened in 1990 and is owned and operated by LaSalle Corrections. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at LCDC in 2019 under the oversight of ERO’s Field Office Director in Houston (ERO Houston). The facility operates under the National Detention Standards (NDS) 2019.

ERO has deportation officers (DO) assigned to the facility. A warden handles daily facility operations and manages [REDACTED] support personnel. Correct Commissary and Supplies provides food and commissary services, and LaSalle Corrections provides medical care at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of July 19, 2022)	[REDACTED]
Adult Female Population (as of July 19, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2022, ODO found 10 deficiencies in the following areas: Admission and Release (1); Detainee Transfers (1); Funds and Personal Property (2); Medical Care (5); and Post Orders (1).

¹ This facility holds male detainees with low, medium-low, medium-high, and high security classification levels for periods greater than 72 hours.

² Data Source: Facility List as of July 17, 2022.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, and where detainees are housed for longer than 72 hours, to assess compliance with ICE National Detention Standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniform corrective action plan (UCAP), and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{4,5}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	1
Sub-Total	1
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Post Orders	0
Special Management Unit	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Personal Hygiene ⁶	1
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	1
Part 5 - Activities	
Telephone Access	1
Sub-Total	1
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Part 7 - Administration and Management	
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	3

⁴ For greater detail on ODO's findings, see the *Follow-up Inspection Findings* section of this report.

⁵ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

⁶ The deficiency cited under Personal Hygiene standard was identified during the inspection, the Personal Hygiene standard was not reviewed in its entirety.

DETAINEE RELATIONS

ODO interviewed 26 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

Admission and Release: Three detainees stated they did not receive the ICE National Detainee Handbook upon arrival to LCDC.

- Action Taken: ODO informed the ERO Houston DO and facility intake officer that three detainees requested copies of the ICE National Detainee Handbook. Two detainees arrived at LCDC on June 29, 2022, and the third arrived on July 13, 2022. On July 20, 2022, ODO reviewed each detainee's file and found all three detainees signed for the handbooks. On July 21, 2022, ERO Houston confirmed with ODO the facility reissued ICE National Detainee Handbooks to each of the detainees.

Correspondence and Other Mail: One detainee stated he did not know how to send or receive mail.

- Action Taken: ODO informed the ERO Houston DO and the LCDC lieutenant of the detainee's lack of knowledge on how to send and receive mail. On July 21, 2022, the ERO Houston DO and the LCDC lieutenant informed ODO they spoke to the detainee and informed him of the LCDC procedures for sending and receiving mail. ODO also observed the LCDC correspondence and other mail procedures in English and Spanish, posted in the housing unit.

Telephone Access: One detainee stated he requested a telephone access PIN reset on July 18, 2022, but LCDC staff had not responded.

- Action Taken: ODO informed the LCDC lieutenant and business manager responsible for responding to detainees' requests for telephone access and PIN resetting. On July 20, 2022, the LCDC lieutenant and business manager provided the detainee with a new telephone access PIN. ODO met with the detainee on the same day and confirmed the detainee could access the telephones in the housing unit.

Telephone Access: One detainee stated he arrived at LCDC on approximately June 1, 2022, and had not been able to use the telephones to contact family members.

- Action Taken: ODO met with the LCDC lieutenant and business manager responsible for responding to detainees' requests for telephone access and informed them of this detainee's telephone access issue. On July 20, 2022, the LCDC lieutenant and business manager provided the detainee with a new telephone access PIN. ODO met with the detainee on the same day and confirmed the detainee could access the telephones in the housing unit.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

Environmental Health and Safety (EHS)

ODO interviewed the LCDC fire and safety manager, reviewed LCDC EHS policies, toured LCDC, and found the facility's cleanliness and sanitation standards for housing units were below recognized industry standards. Specifically, ODO observed in four out of five housing units, evidence of lime buildup on shower walls and sink surfaces. ODO also found rust on metal partitions between toilets and rust on exposed, metal edges of all restroom corners (**Deficiency EHS-64⁷**).

CARE

PERSONAL HYGIENE (PH)

ODO found LCDC did not maintain strict control of distributed razors. Specifically, ODO found an unsecured razor on the shower floor of a housing unit (**Deficiency PH-15⁸**).

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO reviewed LCDC's daily telephone inspection logs and found LCDC inspected telephones during the weekdays but not on weekends (**Deficiency TA-7⁹**).

Corrective Action: Prior to the completion of the inspection, LCDC initiated corrective action by emailing to all facility staff a memorandum signed by the warden, stating effective July 21, 2022, first shift shall be responsible for conducting daily telephone service checks and maintaining the telephone log on the weekends (**C-1**).

⁷ "General: Facility cleanliness and sanitation shall be maintained. All surfaces, fixtures, and equipment shall be kept clean and in good repair." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(2).

⁸ "The distribution of razors shall be strictly controlled." See ICE NDS 2019, Standard, Personal Hygiene, Section (II)(F).

⁹ "Appropriate facility staff shall inspect the telephones daily, promptly report out-of-order telephones to the repair service, and ensure required repairs are completed quickly." See ICE NDS 2019, Standard, Telephone Access, Section (II)(D).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under NDS 2019 and found the facility in compliance with 14 of those standards. ODO found three deficiencies in the remaining three standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the UCAP for ODO's last inspection of LCDC in March 2022.

Compliance Inspection Results Compared	First FY 2022 (NDS 2019)	Second FY 2022 (NDS 2019)
Standards Reviewed	19	17
Deficient Standards	5	3
Overall Number of Deficiencies	10	3
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	1
Facility Rating	Superior	N/A