

Office of Professional Responsibility

Limestone County Detention Center

Compliance Inspection 2025-001-056

March 25-27, 2025



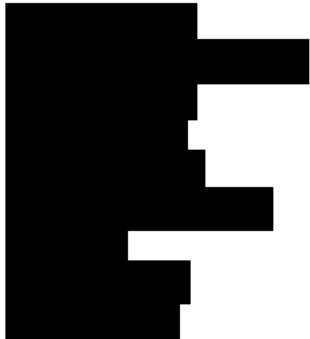
U.S. Immigration
and Customs
Enforcement

COMPLIANCE INSPECTION
of the
LIMESTONE COUNTY DETENTION CENTER
Groesbeck, Texas

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COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
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	Inspections and Compliance Specialist	ODO
	Contractor	Creative Corrections
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	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 compliance inspection of the Limestone County Detention Center (LCDC) in Groesbeck, Texas, from March 25 to 27, 2025..¹ 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). ICE is an authorized user of this facility under a United States Marshals Service Intergovernmental Agreement contract, which does not specify an ICE National Detention Standard (NDS). ODO inspected LCDC against NDS 2019, which is the NDS listed on the ERO Custody Management Division Authorized Facility List as of March 17, 2025..²

[REDACTED] A warden handles daily facility operations and manages [REDACTED] support personnel. Correct Commissary & Supplies provides food and commissary services, and LaSalle Corrections provides medical care at the facility. The facility was accredited by the American Correctional Association in August 2024.

Capacity and Population Statistics	Quantity
ICE Bed Capacity. ³	[REDACTED]
Average ICE Population. ⁴	[REDACTED]
Adult Male Population (as of March 25, 2025)	[REDACTED]
Adult Female Population (as of March 25, 2025)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 2 deficiencies in the following areas: Detention Files (1) and Grievance System (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 For ODO inspections beginning in FY 2024, ERO Custody Management Division requested ODO inspect all United States Marshals Service Intergovernmental Agreement facilities, not contractually obligated to an ICE NDS, to NDS 2019.

³ Data Source: ERO Custody Management Division Authorized Facility List as of March 17, 2025.

⁴ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.⁵

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as “deficiencies.” ODO highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{6,7}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	0
Transportation by Land	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Use of Force and Restraints	1
Special Management Units	1
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	2
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	0
Significant Self-Harm and Suicide Prevention and Intervention	0
Terminal Illness and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	0
Part 5 - Activities	
Recreation	0
Visitation	0
Sub-Total	0
Part 6 - Justice	
Detainee Handbook	0
Grievance System	0
Legal Rights Group Presentations	0
Sub-Total	0
Total Deficiencies	2

⁶ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

⁷ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

DETAINEE RELATIONS

ODO interviewed eight detainees who each voluntarily agreed to participate. ODO requested interviews from the remaining 42 detainees; however, all 42 declined to interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with the facility services except for the concern listed below.

Visitation: One detainee stated the facility did not respond to his request to speak to his legal representative confidentially.

- Action Taken: ODO interviewed a facility administrative officer, reviewed detainee requests, and found the detainee submitted a legal call request on March 20, 2025. The administrative officer stated detainees must submit a request and the facility must verify legal representative information before detainees can make unmonitored calls. On March 25, 2025, the facility verified the legal representative information. On March 26, 2025, ODO confirmed the detainee placed an unmonitored call to his legal representative and staff informed him of the procedure to submit future unmonitored calls as per the facility's policy.

COMPLIANCE INSPECTION FINDINGS

SECURITY

USE OF FORCE AND RESTRAINTS (UOFR)

ODO interviewed a facility major, reviewed one audio-video UOFR recording, and found an officer involved in the UOFR was also a part of the review team (**Deficiency UOFR-95⁸**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed three disciplinary segregation (DS) orders that contained disciplinary hearing reports and found in three out of three orders, none of the disciplinary hearing reports contained the date or time of the detainees' release from DS (**Deficiency SMU-42⁹**)

⁸ "No officer involved in the use of force shall be part of the review team." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(K).

⁹ "When the detainee is released from disciplinary segregation, the releasing officer shall indicate the date and time of release on the disciplinary segregation order. The completed order shall then be included in the detainee's detention file or maintained in a retrievable electronic format." See ICE NDS 2019, Standard, Special Management Units, Section (II)(B)(2)(c).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 21 standards under NDS 2019 and found the facility in compliance with 19 of those standards. ODO found two deficiencies in the remaining two standards. Since LCDC's last rated inspection in May 2024, the facility's overall compliance with NDS 2019 has remained constant. LCDC remained at 2 deficient standards and 2 deficiencies in May 2024, and 2 deficient standards and 2 deficiencies during this most recent inspection. ODO did not require a uniform corrective action plan for ODO's last inspection of LCDC, which occurred in September 2024. ODO recommends ERO Houston continue to work with the facility to resolve any deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (NDS 2019)	FY 2025 Full Inspection (NDS 2019)
Standards Reviewed	21	21
Deficient Standards	2	2
Overall Number of Deficiencies	2	2
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Superior



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