



U.S. Immigration and Customs Enforcement

March 29, 2007

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

FROM: [REDACTED] b6,b7c
Immigration Enforcement Agent
Dallas Field Office

SUBJECT: Farmers' Branch Police Department's Annual Detention Review

The Dallas Field Office, Office of Detention and Removal conducted a detention review of the Farmers' Branch Police Department on March 22, 2007. This review was conducted by [REDACTED] b6,b7c and [REDACTED] b6,b7c. 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. No prior reviews have been conducted at this facility.

Review Summary:

The facility is not currently accredited. No other inspections by State or local entities have occurred during the last twelve months.

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	-	26
Deficient	-	1
At-Risk	-	0
Non-Applicable	-	0

27?
Review time 28!

Standards Summary Findings:

Detainee Handbook

- There is no written Detainee handbook in-use at the facility.

RIC Observations:

The Farmers' Branch City Jail staff is well trained and very courteous. The facility is well maintained and is extremely sanitary.

RIC Issues and Concerns

Although there is no handbook available it is apparent that all operational procedures and expectations are made well aware to the detainee population verbally

Recommended Rating and Justification:

It is the Reviewer in Charge recommendation that the facility receive a rating of "Satisfactory".

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.

A. Type of Facility Reviewed

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
3/22/07

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
N/A
Previous Rating
 Acceptable Deficient At-Risk

D. Name and Location of Facility

Name
██
Address (Street and Name)
3723 Valley View Lane
City, State and Zip Code
██████████, ██████████, ██████████
County
Dallas
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)
Sid Fuller, Police Chief
Telephone # (Include Area Code)
972-919-9304
Field Office Sub-Office (List Office with oversight responsibilities)
██████████
Distance from Field Office
10.58 miles

E. ICE Information

Name of Reviewer In Charge (Last, Title and Duty Station)
b6,b7c / IEA / Dallas Field Office
Name of Team Member / Title / Duty Location
b6,b7c IEA / Dallas Field Office
Name of Team Member / Title / Duty Location
/ /
Name of Team Member / Title / Duty Location
/ /

F. CDF/IGSA Information Only

Contract Number
N/A
Date of Contract or IGSA
Basic Rates per Man-Day
Other Charges: (If None, Indicate N/A)
Estimated Man-days Per Year

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
12/99
Date Last Remodeled or Upgraded
N/A
Date New Construction / Bedspace Added
N/A
Future Construction Planned
 Yes No Date:
Current Bedspace
26
Future Bedspace (# New Beds only)
Number: N/A Date:

J. Total Facility Population

Total Facility Intake for previous 12 months
4594
Total ICE Mandays for Previous 12 months
00

K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male	N/A	N/A	N/A
Adult Female	N/A	N/A	N/A

L. Facility Capacity

	Rated	Operational	Emergency
Adult Male	30	20	10
Adult Female	10	06	04

Facility holds Juveniles Offenders 16 and older as Adults

M. Average Daily Population

	ICE	USMS	Other
Adult Male	0	0	10
Adult Female	0	0	02

N. Facility Staffing Level

Security: ██████████ Support:
b2High

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.

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

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. At-Risk, 2. Deficient, 3. At-Risk, 4. Repeat Finding, 5. Not Applicable

Legal Access Standards

	1.	2.	3.	4.	5.
Visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Telephone Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Detainee Services

Admission and Release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Classification System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Detainee Handbook	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Funds and Personal Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Detainee Grievance Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Issuance and Exchange of Clothing, Bedding, and Towels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Religious Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Health Services

Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Suicide Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Security and Control

Contraband	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Detention Files	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Disciplinary Policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency Plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Environmental Health and Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hold Rooms in Detention Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Key and Lock Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Population Counts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Security Inspections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Special Management Units (Administrative Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Special Management Units (Disciplinary Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tool Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Transportation (Land management)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Use of Force	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Staff / Detainee Communication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Detainee Search	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

All findings (At-Risk, Repeat Deficiency and Deficient) 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 Review 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)	S [REDACTED] b6,b7c
[REDACTED] b6,b7c	
Title & Duty Location	Date
IEA, Dallas Field Office	March 29, 2007

Team Members

Print Name & Duty Location	Print Name & Duty Location
[REDACTED] b6,b7c IEA, Dallas Field Office	[REDACTED] b6,b7c
Print Name & Duty Location	Print Name & Duty Location
	[REDACTED] b6,b7c

RIC Rating Recommendation: **Acceptable**
 Deficient
 At-Risk

RIC Comments: SEE ATTACHED MEMORANDUM

HEADQUARTERS EXECUTIVE REVIEW

Review Authority

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

HQDRO EXECUTIVE REVIEW: (Please Print Name)	<i>Signature</i>
Title	Date

Final Rating: **Acceptable**
 Deficient
 At-Risk

Comments:

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
b6,b7c	b6,b7c
Title	Date
Chief, DSCU	10/7/07

- Final Rating:**
- Superior
 - Good
 - Acceptable
 - Deficient
 - At-Risk
 - No Rating

Comments: The Review Authority concurs with the Reviewer-In-Charge's (RIC) recommended rating of "Acceptable" based on the information contained in the RIC memorandum and G324A worksheets.