



## U.S. Immigration and Customs Enforcement

March 8, 2007

MEMORANDUM FOR: John P. Torres  
Director  
Office of Detention and Removal [REDACTED] b6,b7c

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

SUBJECT: Rolling Plains Regional Detention Center Annual Jail Review

The Dallas, Texas Field Office of Detention and Removal conducted a detention review of the Rolling Plains Regional Detention Center on March 5, 2007. This review was conducted by Immigration Enforcement Agent [REDACTED] b6,b7c Reviewer-In-Charge and Immigration Enf. Agent [REDACTED] b6,b7c. This facility is used for detainees requiring housing over 72 hours. Rolling Plains Regional Detention Center currently has 327 I.C.E. detainees in their custody. 297 are male detainees and 30 are female.

### 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 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.

**Review Findings:**

<b>Compliant</b>	-	<b>39</b>
<b>Deficient</b>	-	<b>0</b>
<b>At-Risk</b>	-	<b>0</b>
<b>Non-Applicable</b>	-	<b>3</b>

**Standards Summary Findings:**

There are no areas of the review that were considered to be deficient.

**RIC Observations:**

Warden [b6,b7c] Assistant Warden [b6,b7c] Major [b6,b7c], Lt. [b6,b7c] Lt. [b6,b7c] and the entire staff were helpful, courteous, and very hospitable during our inspection. The facility overall is in good condition. Some of the rooms in the segregation area had gang graffiti on the walls. The cells were immediately painted the following day and all graffiti was removed. It is noted that the facility moves in rapid fashion to correct anything that needs attention. Several female detainees made complaints about recreation, medical, and other areas. The facility immediately provided documentation rebutting these accusations. The facility staff made serious efforts to correct any discrepancies during the inspection and these efforts are commended by [b6,b7c] and me.

**RIC Issues and Concerns**

Strip-searches are conducted for every new arrival at the facility. This is the policy of the facility in order to ensure safety of the detainees and staff. This is not within the parameters of the review.

**Recommended Rating and Justification:**

It is the recommendation of the Reviewer-In-Charge that the facility receive a rating of "Good".

**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.

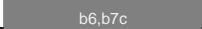

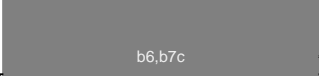

---

# HEADQUARTERS EXECUTIVE REVIEW

---

<b>Review Authority</b>
-------------------------

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)	
 b6,b7c	
Title	 b6,b7c
Chief	 JAN 13 2001

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

Comments: The Review Authority concurs with the Reviewer in Charge's recommended rating of "Good".

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

**A. Current Inspection**

Type of Review  
 Field Office  HQ Review  
Date[s] of Review  
03/5/2007 - 03/07/2007

Previous/Most Recent Review

Date[s] of Last Review  
March 22-23, 2006  
Previous Rating  
 Superior  Good  Acceptable  Deficient  At-Risk

**B. Name and Location of Facility**

Name  
Rolling Plains Regional Detention Center  
Address (Street and Name)  
118 County Road 206  
City, State and Zip Code  
Haskell, TX 79521  
County  
Haskell  
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)  
Warder [redacted]  
Telephone # (Include Area Code)  
(940) [redacted]  
District  
Dallas Field Office  
Distance from District Office  
210 Miles

**C. ICE Information**

Name of Reviewer (Last Name, Title and Duty Station)  
[redacted] / I.E.A. / Dallas, TX  
Last Name / Title of Team Members (Reviewers)  
[redacted] / IEA.; Dallas, TX / ; /  
Controlling Field Office  
Dallas, TX  
Nearest Field or Sub-Office  
Big Spring IRP, TX

**D. CDF/IGSA Information Only**

Contract Number ACD-2-H-1007	Date of Contract or IGSA 07/19/2002
Basic Rates per Man-Day \$57.67	
Other Charges: (If None, Indicate N/A) Transportation; ; ;	
Estimated Man-days Per Year 3900	

**E. Accreditation Certificates**

Accredited By:  
ACA:  NCCHC:  JCAHO:   
Date: Aug. 2004 Date: Date:

**F. 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  
Checked Box above requires a detailed written memorandum.

**G. Facility History**

Date Built  
February 2002  
Date Last Remodeled or Upgraded  
Date New Construction / Bedspace Added  
Future Construction Planned  
 Yes  No Date: N/A  
Current Bedspace  
551  
Future Bedspace

**H. Total Facility Population**

Total Intake for previous 12 months  
4424  
Total Mandays for Previous 12 months  
6289

**Classification Level (ICE SPCs and CDFs Only)**

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

**I. Facility Capacity**

	Rated	Operational	Emergency
Adult Male			
Adult Female			

**Average Daily Population**

	ICE	USMS	Other
Adult Male	297		148
Adult Female	30		49

**Staffing Level**

Security: [redacted] 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.

<i>Incidents</i>	<i>Description</i>	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault: Offenders on Offenders <sup>1</sup>	Types (Sexual <sup>2</sup> , Physical, etc.)	0	0	0	0
	With Weapon	0	0	0	0
	Without Weapon	0	0	2	1
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	0	0	0	0
	With Weapon	0	0	0	0
	Without Weapon	1	0	0	0
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		0	0	0	2
Disturbances <sup>4</sup>		0	1	0	1
Number of Times Chemical Agents Used		0	0	0	0
Number of Times Special Reaction Team Deployed/Used		0	0	0	1/0
# 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	2	1
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	15	54	54	62
	# 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	9	16	23	24
	# Psychiatric Cases referred for Outside Care	2	3	2	1

<sup>1</sup> Any attempted physical contact or physical contact that involves two or more offenders

<sup>2</sup> Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting

<sup>3</sup> Routine transportation of detainees/offenders is not considered "forced"

<sup>4</sup> 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 (IGSA's Only)

### Legal Access Standards

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

### Detainee Services

5. Admission and Release	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
7. Correspondence and Other Mail	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
9. Food Service	<input checked="" type="checkbox"/>	<input 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"/>	<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"/>	<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 checked="" type="checkbox"/>
15. Recreation	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
17. Voluntary Work Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Health Services

18. Hunger Strikes	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
20. Suicide Prevention and Intervention	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>

### Security and Control

22. Contraband	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
25. Emergency Plans	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
27. Hold Rooms in Detention Facilities	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
29. Population Counts	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
31. Security Inspections	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
33. Special Management Units (Disciplinary Segregation)	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
35. Transportation (Land management)	<input checked="" 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"/>	<input type="checkbox"/>
37. Staff / Detainee Communication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Detainee Transfer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Detainee Search	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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) b6,b7c	Signature b6,b7c
Title & Duty Location Immigration Enforcement Agent/Dallas, TX	Date b6,b7c 03/08/2007

**Team Members**

Print Name & Duty Location Tracy L. Evans/Immigration Enf. Agent; Dallas, TX	Print Name & Duty Location
Print Name & Duty Location	Print Name & Duty Location

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

RIC Comments: The facility management and staff went above and beyond the review team's expectations to facilitate our inspection. Any discrepancies in individual areas of the review were addressed immediately and corrected. The food service area is one that is noteworthy. The food service area is extremely organized well ran.

---

# HEADQUARTERS EXECUTIVE REVIEW

---

<b>Review Authority</b>
-------------------------

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:**
- Superior**
  - Good**
  - Acceptable**
  - Deficient**
  - At-Risk**

Comments: