



U.S. Immigration
and Customs
Enforcement

May 21, 2007

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

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

SUBJECT: Bedford Detention Center Annual Detention Review

The Dallas Field Office, Office of Detention and Removal conducted a detention review of the Bedford Detention Center on 5/14/2007. This review was conducted by Agent [REDACTED] b6,b7c Reviewer-in-Charge, 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.

Review Summary:

All standards were found to be compliant or non-applicable.

Review Findings:

Compliant -		27
Deficient -		0
At-Risk -		0
Non-Applicable -		1

Standards Summary Findings:

None present.

RIC Observations:

The Bedford Police Department Detention officers and support staff were found to be quite professional, and caring employees. All officers were well trained, and very alert. It was observed that the entire facility was superbly sanitary, and maintained above board. The Detention Supervisor, [REDACTED] displayed a very keen sense of knowledge, and a 'can-do-spirit'.

RIC Issues and Concerns:

No "deficient" or "at-risk" findings were present. Improvements over the 2006 Review were apparent by the 'walk-thru' and jail SOP updates. Management should be encouraged to have detention employees trained in Use-of-Force Team Technique for cell extractions, etc; see page 20 of the Review Worksheets.

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-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
Date of Review: 5/14/07

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
5/26/06
Previous Rating
 Acceptable Deficient At-Risk

D. Name and Location of Facility

Name
BEDFORD MUNICIPAL DETENTION CENTER, (Police Staion)
Address (Street and Name)
2121 L. Don Dodson Drive
City, State and Zip Code
Bedford, TX. 76021
County
Tarrant
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)
b6,b7c Police Chief
Telephone # (Include Area Code)
817 b6,b7c
Field Office / Sub-Office (List Office with oversight responsibilities)
Dallas
Distance from Field Office
16.69 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
IGSA-A/ACD-99-6055
Date of Contract or IGSA
6/30/99
Basic Rates per Man-Day
\$51.12
Other Charges: (If None, Indicate N/A)
N/A; ;
Estimated Man-days Per Year
365

G. Accreditation Certificates

List all State or National Accreditation[s] received:
Annual inspection by TX Jail Standards Commission
 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
03/99
Date Last Remodeled or Upgraded
N/A
Date New Construction / Bedspace Added
N/A
Future Construction Planned
 Yes No Date:
Current Bedspace
80
Future Bedspace (# New Beds only)
Number: N/A Date:

J. Total Facility Population

Total Facility Intake for previous 12 months
4,778
Total ICE Mandays for Previous 12 months
3,281

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	110	60	50
Adult Female	50	20	30
<input checked="" type="checkbox"/> Facility holds Juveniles Offenders 16 and older as Adults			

M. Average Daily Population

	ICE	USMS	Other
Adult Male	5.40	0	5.18
Adult Female	0.47	0	1.87

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. 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.

<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	N/A	N/A	N/A	N/A
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	1	0	0	1
	# 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. Acceptable		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"/>	
Telephone Access						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Detainee Services										
Admission and Release						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Classification System						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Detainee Handbook						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food Service						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Funds and Personal Property						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detainee Grievance Procedures						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Issuance and Exchange of Clothing, Bedding, and Towels						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Religious Practices						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health Services										
Medical Care						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suicide Prevention and Intervention						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Security and Control										
Contraband						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Detention Files						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disciplinary Policy						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Plans						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Environmental Health and Safety						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hold Rooms in Detention Facilities						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Key and Lock Control						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Population Counts						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Security Inspections						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Special Management Units (Administrative Segregation)						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Special Management Units (Disciplinary Segregation)						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tool Control						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	
Staff / Detainee Communication						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Detainee Transfer Standard</i>						<input checked="" type="checkbox"/>				

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	Signature b6,b7c
Title & Duty Location IEA, Dallas Field Office	Date 5/17/07

Team Members

Print Name, Title, & Duty Location b6,b7c IEA, Dallas Field Office	Print Name, Title, & Duty Location
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location

RIC Rating Recommendation: **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	6/15/07

- 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.