



U.S. Immigration
and Customs
Enforcement

September 10, 2007

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

FROM:

b6,b7c

b6,b7c

J. P. Torres
Reviewer-In-Charge
Willacy Detention Center

SUBJECT: Review Summary Report for: Comal County Detention Center
(Initial under 72-hr)

The San Antonio Field Office Area of Responsibility, Office of Detention and Removal conducted a detention review of the **Comal County Detention Center** on September 7, 2007. This facility is used for detainees requiring housing under 72-hours. I, b6,b7c Reviewer-in-Charge conducted the review.

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:

It was determined through this review that the Comal County Detention Center is presently operating at an "Acceptable" level. I didn't identify any issues.

Subject: Detention Review Summary Report
Page 2

BEST PRACTICE:

Review Finding:

The following information summarizes those standards in compliance. Each standard is identified and a short summary provided regarding standards or procedures currently in compliance.

Compliant - ALL

Deficient - None

At-Risk - None

Non-Applicable - No CDLs, however they do use two officers to Transport.

They don't search the vehicles before each transport because they use take home vehicles.

Standards Summary Finding:

During the review **no** constraints or abnormal difficulties were encountered. Staff was extremely cooperative and was available to assist reviewer and to answer questions posed by this me.

RIC Observations:

This facility is committed to improving and is currently spending whatever monies are necessary to comply with ICE commitments and standards.

RIC Issues and Concerns:

There were no issues or concerns with this facility.

Recommended Rating and Justification:

It is this RIC's recommendation that the facility is operating in an acceptable level. The facility was supportive of ALL the changes needed to meet the standards set in this review. This facility's goal is to comply with ALL of the standards.

RIC Assurance Statement:

It is the opinion of this RIC that the findings of compliance are documented in the G-324a Inspection Form and that it is supported by documentation in the review file.

MANAGEMENT REVIEW

Review Authority

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

HQDRO MANAGEMENT REVIEW: (Print Name) b6,b7c	Signature b6,b7c
Title Chief, Detention Standards Compliance Unit	Date 11/07

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

Comments: The Review Authority concurs with the rating of "Acceptable".

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
September 07, 2007

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
September 08, 2006
Previous Rating
 Acceptable Deficient At-Risk

D. Name and Location of Facility

Name
Comal County Jail
Address (Street and Name)
3005 W. San Antonio Street
City, State and Zip Code
New Braunfels, Tx. 78130
County
Comal
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)
b6,b7c, Jail Administrator
Telephone # (Include Area Code)
(830) b6,b7c
Field Office / Sub-Office (List Office with oversight responsibilities)
San Antonio, Texas
Distance from Field Office
30 miles

E. ICE Information

Name of Reviewer In Charge (Last, Title and Duty Station)
b6,b7c / DPO / Willacy Detention Center
Name of Team Member / Title / Duty Location
/ /
Name of Team Member / Title / Duty Location
/ /
Name of Team Member / Title / Duty Location
/ /

F. CDF/IGSA Information Only

Contract Number DL-93-6059	Date of Contract or IGSA 10/01/1992
Basic Rates per Man-Day \$50.00	
Other Charges: (If None, Indicate N/A) N/A; ;	
Estimated Man-days Per Year 45,000	

G. Accreditation Certificates

List all State or National Accreditation[s] received:
Texas Commission on Jail Standards Inspected 9/2007
 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
1985
Date Last Remodeled or Upgraded
09/2000
Date New Construction / Bedspace Added
N/A
Future Construction Planned
 Yes No Date:
Current Bedspace | Future Bedspace (# New Beds only)
337 | Number: N/A Date:

J. Total Facility Population

Total Facility Intake for previous 12 months
6,870
Total ICE Mandays for Previous 12 months
6882

K. Classification Level (ICE SPCs and CDFs Only)

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

L. Facility Capacity

	Rated	Operational	Emergency
Adult Male	270	270	270
Adult Female	67	67	67
<input type="checkbox"/> Facility holds Juveniles Offenders 16 and older as Adults			

M. Average Daily Population

	ICE	USMS	Other
Adult Male	6	0	
Adult Female	0	0	

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				
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	N/A	N/A	N/A	N/A
	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. 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	
Detainee Transfer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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	[Redacted] ✓
Title & Duty Location Deportation Officer Raymondville, Texas	[Redacted] b6,b7c 09/10/2007

Team Members

Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location

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

Comments: