



U.S. Immigration and Customs Enforcement

May 4, 2007

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

FROM: [REDACTED] b6,b7c [REDACTED] b6,b7c
Deportation Officer
Big Spring, TX

SUBJECT: Lubbock County Detention Center Annual Detention Review

The Dallas Field Office, Office of Detention and Removal conducted a detention review of the Lubbock County Detention Center on April 30th, 2007. This review was conducted by Deportation Officer [REDACTED] b6,b7c RIC, and Deportation Officer [REDACTED] b6,b7c, ARIC. This facility is used for detainees requiring housing for 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 noted deficiencies from last year have been corrected. The Lubbock County Detention Center is due to have their annual Texas Jail Standard Inspection in October 2007. The new Lubbock Direct Supervision Detention Center is scheduled to be completed in August 2008. The Lubbock County Detention Center contract medical providers, the Physician Network Association, are accredited by the National Commission on Correctional Health Care and the Joint Accreditation Commission for Healthcare.

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	-	24
Deficient	-	
At-Risk	-	1

Non-Applicable - 2

Standards Summary Findings:

The tool room is within the secured perimeter and is in total disarray. There is no organization or accountability for tools or supplies that are maintained by the staff who work maintenance. Staff was willing to complete a plan of action to consistent with ICE standards.

RIC Observations:

All staff from management to correctional officers was professional and knowledgeable in operational procedures. The facility was sanitary and well maintained considering its age. Inspectors observed officer's strict adherence to policy and prompt action to addressing the reasoning of unscheduled fire alarm activation. The facility currently contracts with other jails to keep overcrowding to a minimal.

RIC Issues and Concerns

Disorderliness within the tool room was brought to the attention of administration. Management was very open to suggestions of having the room cleaned-up and or to the possibility of having the tool room located outside the secured perimeter. Management seemed very willing to complete a plan of action to comply with ICE standards.

Recommended Rating and Justification:

It is the Reviewer in Charge recommendation that the facility receive a rating of "Acceptable" upon the completion of a plan of action for the Tool Room to meet ICE Standards.

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

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	<i>for</i>
Title	Date
Chief, DSCU	JUL 13 2007

- 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. A plan of action is required in the following standards:

Tool Control

Security Inspections

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
April 30, 2007

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
4/26/2006
Previous Rating
 Acceptable Deficient At-Risk

D. Name and Location of Facility

Name
LUBBOCK COUNTY DETENTION CENTER
Address (Street and Name)
801 Main Street
City, State and Zip Code
Lubbock, Texas 79408
County
Lubbock
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)
b6,b7c Major
Telephone # (Include Area Code)
817 b6,b7c
Field Office / Sub-Office (List Office with oversight responsibilities)
Dallas, TX
Distance from Field Office
.25 from Lubbock BP Station where DRO Officers work at.

E. ICE Information

Name of Reviewer In Charge (Last, Title and Duty Station)
b6,b7c / Deportation Officer / Big Spring, TX
Name of Team Member / Title / Duty Location
b6,b7c / Deportation Officer / Oklahoma City, OK
Name of Team Member / Title / Duty Location
/ /
Name of Team Member / Title / Duty Location
/ /

F. CDF/IGSA Information Only

Contract Number J-D77-M-108	Date of Contract or IGSA
Basic Rates per Man-Day \$55.00	
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
1981
Date Last Remodeled or Upgraded
1987 & 1989
Date New Construction / Bedspace Added
New Jail summer of 2008
Future Construction Planned
 Yes No Date: New Jail summer of 2008
Current Bedspace
795
Future Bedspace (# New Beds only)
Number: 1500 Date: 8/2008

J. Total Facility Population

Total Facility Intake for previous 12 months
16,835
Total ICE Mandays for Previous 12 months
331 Mandays for the past 6 months

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	N/A	657	N/A
Adult Female	N/A	138	N/A
<input type="checkbox"/> Facility holds Juveniles Offenders 16 and older as Adults			

M. Average Daily Population

	ICE	USMS	Other
Adult Male	2	10	602
Adult Female	0	2	130

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	2
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	1	1	0
Number of Times Special Reaction Team Deployed/Used		0	1	1	0
# Times Four/Five Point Restraints applied/used	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	V-1
	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	C
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	0	0	0
Escapes	Attempted	0	0	0	1
	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	S-1
	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

	1.	2.	3.	4.	5.
Legal Access Standards					
Visitation	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
Detainee Services					
Admission and Release	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
Detainee Handbook	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
Funds and Personal Property	<input 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 type="checkbox"/>
Issuance and Exchange of Clothing, Bedding, and Towels	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
Health Services					
Medical Care	<input checked="" type="checkbox"/>	<input 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"/>	<input 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 type="checkbox"/>
Emergency Plans	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
Hold Rooms in Detention Facilities	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
Population Counts	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
Special Management Units (Administrative Segregation)	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
Tool Control	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>
Staff Detainee Communication	<input checked="" type="checkbox"/>	<input 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"/>	<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)	S	b6,b7c
b6,b7c		b6,b7c
Title & Duty Location	E	2/4/2007
Deportation Officer, Big Spring, TX		

Team Members

Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
b6,b7c DO, Oklahoma City, OK	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location

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

Comments: The Tool Room is in total disarray. There is no organization or accountability for supplies or tools. A plan of action to conform to standards is required and a 90 day follow-up needs to be completed for compliance. It is the recommendation of the Reviewer-In-Charge that the Lubbock County Detention Center receive a rating of Acceptable upon the completion of a plan of action to address this deficiency.
 There were no incidents involving ICE detainees.

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)	Signature
Title	Date

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

Comments: