



U.S. Immigration and Customs Enforcement

August 20, 2007

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

FROM: [REDACTED] b6,b7c
Reviewer-In-Charge
El Paso Detention and Removal Operations

SUBJECT: Culberson County Jail Annual Detention Review

The El Paso Field Office, Office of Detention and Removal conducted a detention review of the Culberson County Jail on August 13, 2007. This review was conducted by [REDACTED] b6,b7c, Reviewer-In-Charge and was assisted by Team Member [REDACTED] b6,b7c Immigration Enforcement Agent, El Paso District. 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. The last review of this facility was on December 19, 2005.

Review Summary:

The facility was last inspected by the State of Texas on July 23, 2007 and received an acceptable rating by the State Commission on Jail Standards.

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	-	25
Deficient	-	03
At-Risk	-	0
Non-Applicable	-	0

Standards Summary Findings:

Food Service-Deficient:

- Detainees have access to knife cabinet.
- Observed (trustee) detainee securing cabinet.

During the closing review, the Sheriff and the Jail Administrator were notified regarding the seriousness of the above deficiencies. They determined that change would be immediate and ensured that policy and procedures would be followed.

Environmental Health and Safety-Deficient:

- No Material Safety Data Sheets (MSDS) at hand, unable to view.
- MSDS are not readily accessible to staff or detainees in the work area.
- Some smoke detectors are not operating properly.
- All fire extinguishers are not initialed or inspected monthly.

During the closing review, the Sheriff and the Jail Administrator informed the review team that all MSDS are located in the local hospital 4-6 blocks away if needed. We advise them that MSDS need to be placed wherever they have chemicals stored or handled by staff or detainees. We addressed the discrepancies with the smoke detectors and the fire extinguishers with the sheriff. They indicated they utilize the hospital Health and Safety Officer and/or the Fire Marshall for any issues that arise in the facility including inspections.

Security Inspections-Deficient:

- Observed detainee in the control center and dispatcher area.
- Facility does not maintain a log for incoming or departing vehicles.
- Staff does not conduct search of each vehicles entering or leaving the facility.

During the closing review, the Sheriff and the Jail Administrator were notified regarding the above deficiencies. They informed us they were performing their daily sanitation and there is always staff present. The team informed the Sheriff the accountability issues with not maintaining a log for the vehicle traffic that enters and exits the facility. They replied by stating the premises is completely open parking.

RIC Observations:

Staff: The employees perform several duties to include officer, dispatcher, cook, etc. Staff did exhibit confidence and courtesy throughout the review. Staff was questioned at length regarding day to day operations. The team observed that the facility operated very complacently.

Best Practice: The facility is exceptionally clean for being 43 years old.

RIC Issues and Concerns:

The overwhelming complacency with staff has led to detainees having access to the knife cabinet. The facility needs to post the Material Safety Data Sheets at the facility. The functionality of the smoke detectors and the fire extinguisher monthly inspections needs to be addressed.

Recommended Rating and Justification:

It is the Reviewer in Charge recommendation that the facility receive a rating of "Deficient". It is the recommendation of the RIC that a plan of action is required for this facility.

Several suggestions were discussed after the review with a great acceptance. At the time of the review, there were no ICE detainees housed in the facility. The Sheriff and Jail Administrator were very supportive of any changes that will enable them to be in compliance with National Detention Standards.

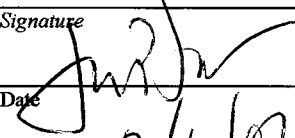
RIC Assurance Statement:

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
John P. Torres	
Title	Date
Director	2/6/07

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

Comments: The Review Authority agrees with the recommended rating of "Deficient". A Plan of Action is needed to correct the deficiencies noted with the Food Service, Environmental Health and Safety, and Security Inspection standards.

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
08/13/2007

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
12/19/2005
Previous Rating
 Acceptable Deficient At-Risk

D. Name and Location of Facility

Name
Culberson County Jail
Address (Street and Name)
301 La Caverna
City, State and Zip Code
Van Horn, TX 79855
County
Culberson
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)
Sheriff Oscar E. Carrillo
Telephone # (Include Area Code)
(432) b6,b7c
Field Office / Sub-Office (List Office with oversight responsibilities)
El Paso
Distance from Field Office
120 miles

E. ICE Information

Name of Reviewer In Charge (Last, Title and Duty Station)
b6,b7c / SIEA / El Paso, TX
Name of Team Member / Title / Duty Location
b6,b7c / IEA / El Paso, TX
Name of Team Member / Title / Duty Location
/ /
Name of Team Member / Title / Duty Location
/ /

F. CDF/IGSA Information Only

Contract Number
809342
Date of Contract or IGSA
unknown
Basic Rates per Man-Day
\$37.19
Other Charges: (If None, Indicate N/A)
; ; ;
Estimated Man-days Per Year
800

G. Accreditation Certificates

List all State or National Accreditation[s] received:
Texas Jail Commission / Passed
 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
1964
Date Last Remodeled or Upgraded
2006
Date New Construction / Bedspace Added
Future Construction Planned
 Yes No Date:
Current Bedspace
17
Future Bedspace (# New Beds only)
Number: Date:

J. Total Facility Population

Total Facility Intake for previous 12 months
350
Total ICE Mandays for Previous 12 months
54

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		17	
Adult Female			

Facility holds Juveniles Offenders 16 and older as Adults

M. Average Daily Population

	ICE	USMS	Other
Adult Male	1	0	11
Adult Female	1	0	1

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

Significant Incident Summary Worksheet

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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: Detainees 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 consensual or non-consensual
³ Routing 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	<input type="checkbox"/>	<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"/>	<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 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"/>	<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 type="checkbox"/>	<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"/>	<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 type="checkbox"/>	<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"/>	<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 checked="" type="checkbox"/>	<input 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"/>	<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) b6,b7c	Signature b6,b7c
Title & Duty Location SIEA, El Paso, Texas	Date August 20, 2007

Team Members

Print Name, Title, & Duty Location b6,b7c IEA, El Paso, Texas	Print Name, Title, & Duty Location
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location

RIC Rating Recommendation: Acceptable
 Deficient
 At-Risk

Comments:

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: