



U.S. Immigration and Customs Enforcement

April 26, 2007

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

FROM: [REDACTED] b6,b7c
Immigration Enforcement Agent
Oklahoma City, Oklahoma

SUBJECT: Annual Field Office Detention Review- Euless City Jail

The Dallas Field Office, Office of Detention and Removal conducted a detention review of the Euless City Jail on April 25, 2007. This review was conducted by Immigration Enforcement Agents [REDACTED] b6,b7c 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:

The facility is not accredited by the National Commission on Correctional Health Care and the Joint Accreditation Commission for Healthcare or the American Correctional Association (ACA).

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

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Standards Summary Findings:

The Euless Jail does not have medical staff on site. The Euless City EMT's respond to any medical emergencies and transport to the local hospital, if needed, which is within approximately two miles.

RIC Observations:

The Jail Supervisor and Public Service Officers (Detention Officers) were very professional and all information requested was immediately provided.

RIC Issues and Concerns

There is not a detainee handbook available. Procedures are covered in the SOP but not issued to detainees.

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.

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) b6,b7c	Signature b6,b7c
Title Chief	Date 2/4/58

Final Rating:

- Superior
- Good
- Acceptable
- Deficient
- At-Risk

Comments: The Review Authority concurs with the Acceptable rating.

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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 Review
April 25, 2007

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
May 19, 2006
Previous Rating
 Acceptable Deficient At-Risk

D. Name and Location of Facility

Name
Euless City Jail
Address (Street and Name)
1102 W. Euless Blvd.
City, State and Zip Code
Euless, Texas 76040
County
Tarrant
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)
Assistant Chief b6,b7c
Telephone # (Include Area Code)
817 b6,b7c
Field Office / Sub-Office (List Office with oversight responsibilities)
Dallas, Texas
Distance from Field Office
6.5 miles

E. ICE Information

Name of Reviewer In Charge (Last, Title and Duty Station)
b6,b7c Immigration Enforcement Agent / OKC
Name of Team Member / Title / Duty Location
b6,b7c Immigration Enforcement Agent / DAL
Name of Team Member / Title / Duty Location
/ /
Name of Team Member / Title / Duty Location
/ /

F. CDF/IGSA Information Only

Contract Number
IGSA/DLS-606092
Date of Contract or IGSA
10-24-1994
Basic Rates per Man-Day
\$55.00
Other Charges: (If None, Indicate N/A)
N/A; ;
Estimated Man-days Per Year
2793

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
January 10, 2002
Date Last Remodeled or Upgraded
N/A
Date New Construction / Bedspace Added
N/A
Future Construction Planned
 Yes No Date:
Current Bedspace
75
Future Bedspace (# New Beds only)
Number: N/A Date: N/A

J. Total Facility Population

Total Facility Intake for previous 12 months
7687
Total ICE Mandays for Previous 12 months
3803

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	74	N/A	N/A
Adult Female	10	N/A	N/A
<input type="checkbox"/> Facility holds Juveniles Offenders 16 and older as Adults			

M. Average Daily Population

	ICE	USMS	Other
Adult Male	9	N/A	N/A
Adult Female	2	N/A	N/A

N. Facility Staffing Level

Security: b2High Support:

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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	1	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)	1/V	0	1/V	1/V
	Type (C=Chair, B=Bed, BB=Board, O=Other)	C	0	C	C
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	2	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

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

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.

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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 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 checked="" 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"/>	

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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 Immigration Enforcement Agent	Date 4-25-2007

Team Members	
Print Name, Title, & Duty Location b6,b7c Immigration Enforcement Agent, DAL	Print Name, Title, & Duty Location
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location

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

Comments:

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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:

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