



U.S. Immigration and Customs Enforcement

September 17, 2007

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

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

SUBJECT: Taylor County Sheriff's Detention Center Initial Detention Review

The Dallas Field Office, Office of Detention and Removal conducted a detention review of the Taylor County Sheriff's Detention Center on September 11, 2007 through September 13, 2007. This review was conducted by [REDACTED] b6,b7c and [REDACTED] b6,b7c. This facility is used for detainees requiring housing over 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. No prior reviews have been conducted at this facility.

Review Summary:

The facility is accredited by the Texas Commission of Jail Standards. The facility was last inspected on September 07, 2007 by the Texas Department of Health. The facility received an acceptable rating. No other inspections by State or local entities have occurred during the previous 12 months.

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	-	38
Deficient	-	0
At-Risk	-	0

Non-Applicable - 0

Standards Summary Findings:
Not Applicable

RIC Observations:

Best Practice: The staff interviewed and observed were very professional. Their appearances were very uniformed and very neat. The tenure of the average employee at the facility was well over five years. The staff were very knowledgeable. They answered all questions promptly and thoroughly.

THE FACILITY: The facility was immaculate. The food service and kitchen area was extremely well kept. The food service administrator was well versed and extremely knowledgeable on all aspects of food service, preparations, inventories, health and safety and training issues.

DETAINEE HANDBOOK: The Detainee hand book covered all aspects of what is required at the facility. The handbook leaves no question as to what is expected from detainees at Taylor County Sheriff's Detention Center.

RIC Issues and Concerns

The medical department area is located in an area entirely too small. Though policy is followed and strictly enforced there is no room for storing files and paperwork. The staff inside the medical department need much more room for filing their records and necessary documents. Major Graham, the Jail Administrator, advised me there is revisions in place to expand the medical department into a larger area in the near future.

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-324A and are supported by the written documentation contained in the review file.

A. Type of Facility Reviewed

<input type="checkbox"/>	ICE Service Processing Center
<input type="checkbox"/>	ICE Contract Detention Facility
<input checked="" type="checkbox"/>	ICE Intergovernmental Service Agreement

B. Current Inspection

Type of Inspection	
<input checked="" type="checkbox"/>	Field Office
<input type="checkbox"/>	HQ Inspection
Date[s] of Facility Review	
September 11 th 2007 – September 13 th 2007	

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review	
Not Applicable	
Previous Rating	
<input type="checkbox"/>	Superior
<input type="checkbox"/>	Good
<input type="checkbox"/>	Acceptable
<input type="checkbox"/>	Deficient
<input type="checkbox"/>	At-Risk

D. Name and Location of Facility

Name	
Taylor County Adult Detention Center	
Address (Street and Name)	
910 South 27 th Street	
City, State and Zip Code	
Abilene, Texas 79602	
County	
Taylor	
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)	
Major [redacted]	
Telephone # (Include Area Code)	
(325) [redacted] (325) [redacted]	
Field Office / Sub-Office (List Office with oversight responsibilities)	
Dallas Field Office	
Distance from Field Office	
184 Miles	

E. ICE Information

Name of Inspector (Last Name, Title and Duty Station)	
[redacted] / IEA / Dallas Field Office	
Name of Team Member / Title / Duty Location	
[redacted] / SDDO / Big Spring IRP	
Name of Team Member / Title / Duty Location	
/ /	
Name of Team Member / Title / Duty Location	
/ /	

F. CDF/IGSA Information Only

Contract Number	Date of Contract or IGSA
Not Applicable	
Basic Rates per Man-Day	
Other Charges: (If None, Indicate N/A)	
; ; ;	
Estimated Man-days Per Year	

G. Accreditation Certificates

List all State or National Accreditation[s] received:	
Texas Commission Jail Standards	
<input type="checkbox"/>	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	
<input type="checkbox"/>	Court Order
<input type="checkbox"/>	Class Action Order
The Facility has Significant Litigation Pending	
<input type="checkbox"/>	Major Litigation
<input type="checkbox"/>	Life/Safety Issues
<input checked="" type="checkbox"/>	Check if None.

I. Facility History

Date Built	
1984	
Date Last Remodeled or Upgraded	
2000	
Date New Construction / Bedspace Added	
2007/ 212 (Under Construction)	
Future Construction Planned	
<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No
Date: April 2009	
Current Bedspace	Future Bedspace (# New Beds only)
664	Number: 212 Date: April 2009

J. Total Facility Population

Total Facility Intake for previous 12 months
13, 404
Total ICE Mandays for Previous 12 months
Not Applicable

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	544		
Adult Female	118		
<input type="checkbox"/> Facility holds Juveniles Offenders 16 and older as Adults			

M. Average Daily Population

	ICE	USMS	Other
Adult Male			471
Adult Female			98

N. Facility Staffing Level

Security:	Support:
[redacted]	[redacted]

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 against the needs of the ICE and its detained population. 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 and the possible reduction or removal of ICE' detainees at your facility.

<i>Incidents</i>	<i>Description</i>	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault: Offenders on Offenders ¹	Types (Sexual ² , Physical, etc.)	Physical	Physical	Physical	
	With Weapon	0	0	0	0
	Without Weapon	4	3	1	0
Assault: Detainee on Staff	Types (Sexual Physical, etc.)		Physical		
	With Weapon	0	0	0	0
	Without Weapon	0	1	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		10	3	3	8
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)	12/V	14/V	17/V	11/V
	Type (C=Chair, B=Bed, BB=Board, O=Other)	C	C	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	209	169	112	115
	# Resolved in favor of Offender/Detainee	10	8	5	6
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	468	475	511	373
	# Psychiatric Cases referred for Outside Care	68	67	62	58

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.
1. Access to Legal Materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Group Presentations on Legal Rights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Telephone Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Detainee Services

5. Admission and Release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Classification System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Correspondence and Other Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Detainee Handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Food Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Funds and Personal Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Detainee Grievance Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Issuance and Exchange of Clothing, Bedding, and Towels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Marriage Requests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Non-Medical Emergency Escorted Trip	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Religious Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Voluntary Work Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health Services

18. Hunger Strikes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Suicide Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Terminal Illness, Advanced Directives and Death	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Security and Control

22. Contraband	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Detention Files	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Disciplinary Policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Emergency Plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Environmental Health and Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Hold Rooms in Detention Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Key and Lock Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Population Counts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Post Orders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Security Inspections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Special Management Units (Administrative Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Special Management Units (Disciplinary Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. Tool Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Transportation (Land management)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Use of Force	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Staff/ Detainee Communication (Added August 2003)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Detainee Transfer (Added September 2004)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

All findings (Deficient and At-Risk) require written comment describing the finding and what is necessary to meet compliance.

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)	<i>Signature</i>
b6, b7c	b6, b7c
Title & Duty Location	b6, b7c
Immigration Enforcement Agent, Dallas, TX.	September 17, 2007

Team Members	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
b6, b7c Supervisory Deportation Officer Big Spring, TX.	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location

Recommended Rating:

- Superior
- Good
- 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) b6,b7c	Signature b6,b7c
Title Chief	Date 11/1/07

- Final Rating:**
- Superior
 - Good
 - Acceptable
 - Deficient
 - At-Risk
 - No Rating

Comments: The Review Authority concurs with the Acceptable rating.