
ICE Detention Standards Compliance Review

Bedford City Jail

May 7-8, 2009

REPORT DATE – May 9, 2009



Contract Number: ODT-6-D-0001
Order Number: HSCEOP-07-F-01016

[REDACTED] b6, Executive Vice President
Creative Corrections
6415 Calder, Suite B
Beaumont, TX 77706

[REDACTED] b6, COTR
U.S. Immigration and Customs Enforcement
Detention Standards Compliance Unit
500 12th St, SW
Washington, DC 20536



May 9, 2009

MEMORANDUM FOR: James T. Hayes, Jr.
Director
Office of Detention and Removal Operations

FROM:

[REDACTED] b6,b7c

for

[REDACTED] b6,b7c

Reviewer-In-Charge

[REDACTED] b6,b7c

SUBJECT: Bedford City Jail Annual Detention Review

Creative Corrections conducted an Annual Detention Review (ADR) of the Bedford City Jail, also called the Bedford Municipal Detention Center, located in Bedford, Texas, a municipality of the Dallas/Fort Worth metropolitan area, on May 7-8, 2009. The facility is operated by the City of Bedford Police Department and has a contract with Immigration and Customs Enforcement (ICE) to house detainees. As noted on the attached documents, the team of Subject Matter Experts included [REDACTED] b6, Health Services; [REDACTED] b6, b7c, Environment Health and Safety; [REDACTED] b6,b7c, Security; and [REDACTED] b6, Food Service.

A closeout meeting was conducted on May 8, 2009, with Bedford City Jail Administrator, [REDACTED] b6; Chief Deputy [REDACTED] b6,b7c; Field Office Director Nuria T. Prendes; Supervisory Detention and Deportation Officer [REDACTED] b6,b7c; Detention and Removal Officer (and Contracting Officer's Technical Representative) [REDACTED] b6,b7c; and the Review Team. All aspects of the review were discussed at this meeting.

Type of Review

This review was a scheduled ADR to determine compliance with established ICE National Detention Standards for facilities used for under 72 hours.

Review Summary

The facility is not accredited by the National Commission on Correctional Health Care, American Correctional Association, or Joint Commission on Accreditation of Healthcare Organizations.

Standards Compliance

The following statistical information provides a comparison of the 2008 ADR and this ADR conducted for 2009.

May 8-9, 2008 Review

Compliant	27
Deficient	1
At-Risk	0
Non-Applicable	0

May 7-8, 2009 Review

Compliant	27
Deficient	0
At-Risk	0
Non-Applicable	1

Recommended Rating and Justification

It is the Reviewer-in-Charge (RIC) recommendation that the facility receive a rating of "Acceptable." Based on the review findings, a Plan of Action is not required for this facility.

RIC Assurance Statement

All findings of this review have been documented on the Detention Review Worksheet and are supported by the written documentation contained in the review file.

A. TYPE OF FACILITY REVIEWED

ICE Service Processing Center
 ICE Contract Detention Facility
 ICE Intergovernmental Service Agreement

G. ACCREDITATION CERTIFICATES N/A

List all State or National Accreditation[s] received:

B. CURRENT INSPECTION

Type of Inspection
 Field Office HQ Inspection
 Date[s] of Facility Review
 May 7-8, 2009

H. PROBLEMS / COMPLAINTS (COPIES MUST BE ATTACHED)

The Facility is under Court Order or Class Action Finding
 Court Order Class Action Finding
 The Facility has Significant Litigation Pending
 Major Litigation Life/Safety Issues
 None

C. PREVIOUS/MOST RECENT FACILITY REVIEW

Date[s] of Last Facility Review
 May 8-9, 2008
 Previous Rating
 Superior Good Acceptable Deficient At-Risk

I. FACILITY HISTORY

Date Built
 1999
 Date Last Remodeled or Upgraded
 N/A
 Date New Construction / Bed Space Added
 N/A
 Future Construction Planned
 Yes No Date:
 Current Bed space 80 Future Bed Space (# New Beds only)
 Number: Date:

D. NAME AND LOCATION OF FACILITY

Name
 Bedford City Jail (Bedford Municipal Detention Center)
 Address
 2121 L. Don Dodson Drive
 City, State and Zip Code
 Bedford, Texas 76021
 County
 Tarrant
 Name and Title of Chief Executive Officer
 (Warden/OIC/Superintendent)
 b6,b7c Jail Administrator
 Telephone Number (Include Area Code)
 817-952 b6,b7c
 Field Office / Sub-Office (List Office with Oversight)
 Dallas
 Distance from Field Office
 12 miles

J. TOTAL FACILITY POPULATION

Total Facility Intake for Previous 12 months
 4,116
 Total ICE Man Days for Previous 12 months
 5,412

E. ICE Information

Name of Inspector (Last Name, Title and Duty Station)
 b6,b7c / Reviewer-in-Charge /
 Name of Team Member / Title / Duty Location
 b6,b7c / Security /
 Name of Team Member / Title / Duty Location
 b6 / Health Services /
 Name of Team Member / Title / Duty Location
 b6,b7c / Environmental Health Safety /
 Name of Team Member / Title / Duty Location
 b6 / Food Service /

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	60	60	60
Adult Female	20	20	20
<input type="checkbox"/> Facility Holds Juveniles Offenders 16 and Older as Adults			

M. AVERAGE DAILY POPULATION

	ICE	USMS	Other
Adult Male	11	0	15
Adult Female	3	0	3

F. CDF/IGSA INFORMATION ONLY

Contract Number IGSA-A/ACD-99-60554 Date of Contract or IGSA 6/30/99
 Basic Rates per Man-Day \$51.12
 Other Charges: (If None, Indicate N/A)
 ; ; N/A
 Estimated Man-days per Year
 5,000

N. FACILITY STAFFING LEVEL

Security: b2High Support:

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SIGNIFICANT INCIDENT SUMMARY WORKSHEET

In order for Creative Corrections to complete its review of your facility, you must complete the following worksheet prior to your scheduled review dates. This worksheet must contain data for the past twelve months. We will use this worksheet in conjunction with the ICE Detention Standards to assess your detention operations with regard to the needs of ICE and its detainee population. Failure to complete this worksheet will result in a delay in processing this report, and may result in a reduction or removal of ICE detainees from your facility.

INCIDENTS	DESCRIPTION	Jan – Mar	Apr – Jun	Jul – Sep	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	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	1	0	0	2
	# 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.

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Form G-324B SIS (Rev. 7/9/07)

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.	Visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
2.	Telephone Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
DETAINEE SERVICES										
3.	Admission and Release	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
4.	Classification System	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
5.	Detainee Handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
6.	Food Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
7.	Funds and Personal Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
8.	Detainee Grievance Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
9.	Issuance and Exchange of Clothing, Bedding, and Towels	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
10.	Religious Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
HEALTH SERVICES										
11.	Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
12.	Suicide Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
SECURITY AND CONTROL										
13.	Contraband	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
14.	Detention Files	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
15.	Disciplinary Policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
16.	Emergency Plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
17.	Environmental Health and Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
18.	Hold Rooms in Detention Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
19.	Key and Lock Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
20.	Population Counts	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
21.	Security Inspections	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
22.	Special Management Units (Administrative Detention)	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
23.	Special Management Units (Disciplinary Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
24.	Tool Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
25.	Transportation (Land management)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26.	Use of Force	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
27.	Staff / Detainee Communication (Added August 2003)	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
28.	Detainee Transfer (Added September 2004)	<input checked="" type="checkbox"/>	<input type="checkbox"/>							

ALL FINDINGS OF DEFICIENT AND AT-RISK REQUIRE WRITTEN COMMENT DESCRIBING THE FINDING AND WHAT IS NECESSARY TO REACH COMPLIANCE.

RIC REVIEW ASSURANCE STATEMENT

BY SIGNING BELOW, THE REVIEWER-IN-CHARGE (RIC) CERTIFIES THAT:

1. ALL FINDINGS OF NON-COMPLIANCE WITH POLICY OR INADEQUATE CONTROLS, AND FINDINGS OF NOTEWORTHY ACCOMPLISHMENTS, CONTAINED IN THIS INSPECTION REPORT, ARE SUPPORTED BY EVIDENCE THAT IS SUFFICIENT AND RELIABLE; AND
2. WITHIN THE SCOPE OF THIS REVIEW, THE FACILITY IS OPERATING IN ACCORDANCE WITH APPLICABLE LAW AND POLICY, AND PROPERTY AND RESOURCES ARE BEING EFFICIENTLY UTILIZED AND ADEQUATELY SAFEGUARDED, EXCEPT FOR ANY DEFICIENCIES NOTED IN THE REPORT.

REVIEWER-IN-CHARGE	
Reviewer-In-Charge: (Print Name) b6,b7c	Signature  b6,b7c
Title & Duty Location	Date May 9, 2009
Reviewer-In-Charge	b6,b7c

TEAM MEMBERS	
Print Name, Title, & Duty Location b6,b7c, Security	Print Name, Title, & Duty Location b6, Health Services
Print Name, Title, & Duty Location b6,b7c, Environmental Health and Safety	Print Name, Title, & Duty Location b6, Food Service

RECOMMENDED RATING:

ACCEPTABLE
 DEFICIENT
 AT-RISK

COMMENTS:

Bedford City Jail (Bedford Municipal detention Center) is in compliance with all 28 Standards for facilities holding detainees for under-72 hours. The facility is clean and well managed and had no significant incidents. ICE uses this facility for short term housing due to its proximity to the Dallas/Ft Worth International Airport. The facility works closely with the Dallas Field Office to coordinate transports and other activities.

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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	Signature b6
Title Assistant Director for Management	Date 10/2/2009

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

Comments: The Review Authority concurs with the recommended rating of "Acceptable." No Plan of Action is required at this time and the review is closed.