



**U.S. Department of Homeland Security**  
U.S. Immigration and Customs Enforcement  
Office of Professional Responsibility  
ICE Inspections  
Washington, DC 20536-5501

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**Office of Detention Oversight**  
**Unannounced Compliance Inspection**  
**2024-004-384**

**Enforcement and Removal Operations**  
**ERO Houston Field Office**

**Limestone County Detention Center**  
**Groesbeck, Texas**

**May 7-9, 2024**

**UNANNOUNCED COMPLIANCE INSPECTION  
of the  
LIMESTONE COUNTY DETENTION CENTER  
Groesbeck, Texas**

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## COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Acting Team Lead	ODO
[REDACTED]	Senior Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections

## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted an unannounced compliance inspection of the Limestone County Detention Center (LCDC) in Groesbeck, Texas, from May 7 to 9, 2024.<sup>1</sup> The facility opened in 1990 and is owned and operated by LaSalle Corrections. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at LCDC in 2019 under the oversight of ERO’s Field Office Director in Houston (ERO Houston). ICE is an authorized user of this facility under a United States Marshals Service intergovernmental agreement contract, which does not specify an ICE National Detention Standard (NDS), and ODO inspected to the NDS listed on the ERO Custody Management Division Authorized Facility List as of May 6, 2024. LCDC was inspected against the NDS 2019, and ODO’s assigned rating is for ERO’s informational purposes only.

[REDACTED] A warden handles daily facility operations and manages [REDACTED] support personnel. Correct Commissary & Supplies provides food services, LaSalle Corrections provides medical care, and Correct Commissary & Supplies provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of May 7, 2024)	[REDACTED]
Adult Female Population (as of May 7, 2024)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2023, ODO found 3 deficiencies in the following areas: Correspondence and Other Mail (2) and Disability Identification, Assessment, and Accommodation (1).

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<sup>1</sup> This facility holds male detainees with low, medium-low, medium-high, and high security classification levels for periods greater than 72 hours.

<sup>2</sup> Data Source: ERO Custody Management Division Authorized Facility List as of May 6, 2024.

<sup>3</sup> *Ibid.*

## UNANNOUNCED COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.<sup>4</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as “deficiencies.” ODO highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

In FY 2022, ODO began conducting special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees. Additionally, ODO began conducting unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO’s informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility’s contractually required ICE NDS or in accordance with the ICE NDS listed in the current ERO Custody Management Division Authorized Facility List for facilities that are not contractually obligated to an ICE NDS, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Significant Self-harm and Suicide Prevention and Intervention, Hunger Strikes, Food Service, Environmental Health and Safety, Special Management Units (SMU) or Hold Rooms (if the facility does not have an SMU), Use of Force and Restraints/Use of Physical Control Measures, and Sexual Abuse and Assault Prevention and Intervention.

Upon completion of each special review or unannounced inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating uniform corrective action plans (UCAPs); and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>5,6,7</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Post Orders	0
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	0
Significant Self-Harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Religious Practices	0
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Grievance System	1
Law Libraries and Legal Materials	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 7 – Administration and Management</b>	
Detention Files	1
Detainee Transfers	0
<b>Sub-Total</b>	<b>1</b>
<b>Total Deficiencies</b>	<b>2</b>

<sup>5</sup> For greater detail on ODO’s findings, see the *Unannounced Compliance Inspection Findings* section of this report.

<sup>6</sup> Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

<sup>7</sup> During an unannounced inspection, ODO will review a facility’s compliance with at least 10 individual standards; however, unannounced full inspections will include a review of the same standards as announced full inspections.

## DETAINEE RELATIONS

ODO interviewed 32 detainees, who each voluntarily agreed to participate. One detainee alleged sexual abuse at another facility. ODO informed the facility's leadership and ERO Houston of the allegation and reviewed the incident. Most detainees reported satisfaction with facility services except for the concern listed below.

*Sexual Abuse and Assault Prevention and Intervention:* One detainee stated he was sexually assaulted during a strip search conducted by staff at another facility.

- Action Taken: ODO immediately ended the interview and informed facility staff of the allegation. Facility staff members initiated the facility's Sexual Abuse and Assault Prevention and Intervention protocol, informed ERO Houston of the allegation, and notified the detainee's previously assigned facility. On May 9, 2024, ERO Houston informed ODO of the completion of the Prison Rape Elimination Act investigation that concluded with an unfounded determination (JICMS#202408012).

## UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

### JUSTICE

#### GRIEVANCE SYSTEM (GS)

ODO reviewed 25 grievances filed by detainees and found in 3 out of 25 grievances, facility staff responded to those grievances 20 or more days after receipt of the grievance (**Deficiency GS-15<sup>8</sup>**).

### ADMINISTRATION AND MANAGEMENT

#### DETENTION FILES (DF)

ODO reviewed 6 active detention files and 15 inactive detention files and found in 21 out of 21 files, no copies of the detainees' identification cards. Additionally, facility staff disclosed having conducted eight detainee strip-searches; however, in eight out of eight detainee detention files of detainees who had been strip-searched, facility staff did not generate documentation of the strip search (**Deficiency DF-6<sup>9</sup>**).

## CONCLUSION

During this unannounced compliance inspection, ODO assessed the facility's compliance with 21 standards under NDS 2019 and found the facility in compliance with 19 of those standards. ODO found two deficiencies in the remaining two standards. Since LCDC's last rated inspection in

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<sup>8</sup> "Barring extraordinary circumstances, grievances shall be addressed within five business days." See ICE NDS 2019, Standard, Grievance System, Section (II)(A)(2)(a).

<sup>9</sup> "The detention file shall also contain documents generated during the detainee's time in the facility." See ICE NDS 2019, Standard, Detention Files, Section (II)(C)(3).

January 2023, the facility has trended upward. LCDC went from 2 deficient standards and 3 deficiencies in January 2023 to 2 deficient standards and 2 deficiencies during this most recent full inspection. ERO Houston provided a UCAP for ODO’s last rated inspection of LCDC in March 2023, which likely resolved the deficiencies ODO found during that inspection. ODO recommends ERO Houston continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2023 Full Inspection (NDS 2019)</b>	<b>FY 2024 Full Inspection (NDS 2019)</b>
Standards Reviewed	19	21
Deficient Standards	2	2
Overall Number of Deficiencies	3	2
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	1	0
Facility Rating	Superior	Superior