TEXAS COMMISSION ON JAIL STANDARDS JAIL POPULATION REPORT

Brown County Sheriffs Office

Â.

Note: Due on or before 5th day of each month

May 19, 2025

| | ue on or be | mates Hous | | | · · · · | Local I | nmates |
|---|----------------|------------|----------------|--------|----------|---------|--------------------------|
| | Local Contract | | | | Isewhere | | |
| | M | F | M | F | | М | F |
| a. Pretrial Class C Misdemeanant | | | | | | | |
| b. Pretrial Class A & B | | | | | | | |
| Misdemeanant | 12 | 5 | 1 | | | | |
| c. Convicted Misdemeanant | | | | 1 | | | |
| d. Felons Whose Penalty has been | | | | | | | |
| reduced to a Misdemeanor | | | | | | | |
| e. Bench Warrants | | | | | | | |
| (in-state only) | | | | | | , | |
| f. Pretrial Felons (do not include | | | | | | | |
| Parole Violaters and State Jail Felons) | 58 | 15 | 2 | 1 | | | |
| g. Parole Violaters or Blue Warrants | 5 | 2 | | | 1 | | |
| h. Parole Violaters with a New Charge | 18 | 2 | | | | | |
| i. Convicted Felons sentenced to | | | | | | | 0 |
| county jail time | | | | | | | |
| j. Convicted Felons sentenced to | | | | | | | |
| TDCJ (ID/Boot Camp/SAFP, White | | | | e E | | | |
| Warrant, PIA) | 17 | 5 | | | | | |
| k. Federal Inmates | | | | | | | |
| I. Pretrial State Jail Felons (SJF) | 8 | 6 | 1 | | | | |
| m. Convicted SJF sentenced to | | | | | | | |
| county jail time | | | | ά. | | , | |
| n. Convicted SJF sentenced to | | | | | | | |
| state jail time | 5 | | | | | | |
| o. Others (specify) | | | | | | | |
| TOTAL | 123 | 35 | 4 | 2 | ivý | | |
| p. Capacity (All County Facilities) | | | | | 196 | | |
| q. Paper-Ready Inmates (ID/Boot Camp | | | | | | | |
| White Warrant, PIA) less than 45 days | 4 | 2 | | | | | |
| r. Paper-Ready Inmates (ID/Boot Camp | | | 20099607 (A 5) | | | | and Decontraction (SDAC) |
| White Warrant, PIA) 45 days or longer | | | | | | | |
| s. Paper-Ready SAFP Inmates | | | | | | | |

May 19, 2025 1

(Exhibit #7)

TEXAS COMMISSION ON JAIL STANDARDS JAIL POPULATION REPORT

Brown County Sheriffs Office

May 19, 2025

| | Contrac | ntract | |
|---|---|--------|--|
| County | М | F | |
| Coleman | 1 | | |
| San Saba | 3 | 2 | |
| u. List, by county the number of male and female inmates you are ho | using in another facility. | | |
| u. List, by county the number of male and female inmates you are ho | using in another facility. Local Inma housed else | | |
| u. List, by county the number of male and female inmates you are ho County | Local Inma | | |
| | Local Inma housed else | where | |

I certify that the above information is complete and accurate:

Sheriff's Signatur Typed Name

Shauna Report Prepared by: (print or type)

(Form POP-2) Revised 9/2019

DUPLICATE AS NECESSARY

(325) 641-2202

Phone Number

5/19/2025

Date

(325) 641-2202

Phone Number

TEXAS COMMISSION ON JAIL STANDARDS

INMATES WITH IMMIGRATION DETAINER

| | | | F | or the wor | nul ol. |
|-----------|--------------------------------|--------|---------------------|------------|----------------------|
| | Brown | County | | 5/2025 | |
| Part (a) | | | D | ue 5th day | after the end of the |
| Daily Imm | nigration detainer inmate coun | t | R | eporting N | Aonth |
| Date | Number | Date | Number | Date | Number |
| 1 | 0 | 11 | 0 | 21 | 0 |
| 2 | 0 | 12 | 0 | 22 | 0 |
| 3 | 0 | 13 | 0 | 23 | 0 |
| 4 | 0 | 14 | 0 | 24 | 0 |
| 5 | 0 | 15 | 0 | 25 | 0 |
| 6 | 0 | 16 | 0 | 26 | 0 |
| 7 | 0 | 17 | 0 | 27 | 0 |
| 8 | 0 | 18 | 0 | 28 | 0 |
| 9 | 0 | 19 | 5 | 29 | 0 |
| 10 | 0 | 20 | 0 | 30 | 0 |
| | | | | 31 | 0 |
| | | | TOTAL PRISONER DAYS | | 5 |

Part (b)

Ter,

1. Per day cost of housing one inmate.

\$75.00

\$375.00

(Jail budget divided by jail capacity divided by 365)

2. Total cost of housing inmates with immigration detainer.

(Total prisoner days X per day cost)

3. If applicable, you may indicate any extrordinary cost incurred in this reporting period associated

with a particular ICE detainee such as catastrophic medical care (i.e. cancer, heart attack, etc.)

| | Inmate | (First Initial, Last Name) | Event | Total Cost |
|---|--------|----------------------------|-------|----------------|
| 1 | | | | |
| 2 | | | | |

I certify that the above information is complete and accurate:

Sheriff's Signature Typed Name NA

Report prepared by: (print or type)

(325) 641-2202 Telephone Number 5/19/2025 Date

For the Month of

(325) 641-2202

Telephone Number

If not signed by the Sheriff, please submit a letter of authoriation, signed by the Sheriff, indicating the names of the individuals authorized to sign.

DUPLICATE AS NEEDED

Form ID-1 9/11

TEXAS COMMISSION ON JAIL STANDARDS MONTHLY PAPER-READY INMATE REPORT

| | | | F | or the M | onth of: |
|-------------------------------------|---------------------------|--------|-----------------|-----------|-------------------------|
| Brow | wn County Sheriffs Office | County | 0 | 5/2025 | |
| Part (a) | | | Γ | Due 5th d | ay after the end of the |
| Daily "Paper Ready" Inmate Count Re | | | Reporting Month | | |
| Date | Number | Date | Number | Date | Number |
| 1 | 0 | 11 | 0 | 21 | 0 |
| 2 | 0 | 12 | 0 | 22 | 0 |
| 3 | 0 | 13 | 0 | 23 | 0 |
| 4 | 0 | 14 | 0 | 24 | 0 |
| 5 | 0 | 15 | 0 | 25 | 0 |
| 6 | 0 | 16 | 0 | 26 | 0 |
| 7 | 0 | 17 | 0 | 27 | 0 |
| 8 | 0 | 18 | 0 | 28 | 0 |
| 9 | 0 | 19 | 6 | 29 | 0 |
| 10 | 0 | 20 | 0 | 30 | 0 |
| 的考虑 | | | | 31 | 0 |

Part (b)

| 1. During the reporting period, were there inmates for which all paperwork and proce | ssing had been | |
|--|----------------|--|
| completed for 45 days or longer? □Yes? ☑No? | 0 | |
| 2.On the last day of the period, how many of these from (b) 1 are still confined? | 0 | |
| Part (c) | | |
| 1.How many inmates became Paper-Ready during the Reporting Month? | 0 | |
| 2.How many inmates were released/transferred during the Reporting Month? | 0 | |
| | 5 | |

I certify that the above information is complete and accurate:

| hall | |
|---------------------|---|
| Sheriff's Signature | |
| Aner [] | ÷ |
| Typed Name | |
| Sha II | |

<u>Shawna Kames</u> Report prepared by: (print or type)

| (325) 641-2202 | | |
|------------------|---|--|
| Telephone Number | | |
| 5/19/2025 | | |
| Date | 3 | |
| (325) 641-2202 | | |
| Telephone Number | | |

If not signed by the Sheriff, please submit a letter of authoriation, signed by the Sheriff, indicating the names of the individuals authorized to sign.

DUPLICATE AS NEEDED

TEXAS COMMISSION ON JAIL STANDARDS

Pregnant Inmate Report

County: Brown

Due by 5th day after the end of the reporting month.

Month: 5/19/2025 through 5/19/2025

Daily Inmate Count

| Date | Number | Date | Number | Date | Number |
|------|--------|------|--------|------|--------|
| 1 | 0 | 11 | 0 | 21 | 0 |
| 2 | 0 | 12 | 0 | 22 | 0 |
| 3 | 0 | 13 | 0 | 23 | 0 |
| 4 | 0 | 14 | 0 | 24 | 0 |
| 5 | 0 | 15 | 0 | 25 | 0 |
| 6 | 0 | 16 | 0 | 26 | 0 |
| 7 | . 0 | 17 | . 0 | 27 | 0 |
| 8 | 0' | 18 | 0 | 28 | 0 |
| 9 | 0 | 19 | 0 | 29 | 0 |
| 10 | 0 | 20 | 0 | 30 | 0 |
| | | | | 31 | 0 |

Form PIR-2 Effective 12/1/2019