

1333 New Hampshire Avenue NW

Washington, DC 20036

Contract # 04-00-80-3818

ICE Detention Standards

Compliance Review

Facility: Inspection Date: Report Date: LaSalle County Regional Detention Center September 8 10, 2009 September 11, 2009

OF AMERICA, I	NC.	1333 New Hampshire Ave. NW Suite 300 Washington, DC 20036 202/419-3930 (T) 202/419-3931 (F) www.MGTofAmerica.com
September 11, 2009		
MEMORANDUM FOR:	David Venturella Acting Director Office of Devention and Removal	Operations
FROM:	b6,b7c b6,b7c Lead Compliance Inspector	-
SUBJECT:	LaSalle County Regional Detentio Annual Detention Review	m Center

MGT of America performed an annual inspection for compliance with the ICE National Detention Standards (NDS) at the LaSalle County Regional Detention Center (LCRDC) located in Encinal, Texas during the period of September 8-10, 2009. This facility is an IGSA.

The annual inspection was performed under the guidance of <u>b6,b7c</u>, Lead Compliance Inspector. Team members were:

Subject Manarbacht	Series Menue	
Security		
Health Services		· · · · · · · · · · · · · · · · · · ·
Food Services	b6,b7c	
Safety		

<u>Type of Review</u>

This review is a scheduled annual inspection which is performed to determine overall compliance with the ICE NDS. The facility received a previous rating of "Good" during the May 2008 inspection.

<u>Review Summary</u>

The LCRDC is currently accredited by the American Correctional Association and has a certificate of compliance from the Texas Commission on Jail Standards.

Standards Compliance

The following information is a summary of the standards that were reviewed and overall compliance that was determined as a result of the 2009 and 2008 National Detention Standards compliance annual inspection(s):

2008 Inspection	
Compliant	37
Deficient	0
Repeat Deficiency	0
Not Applicable	1

2009 Inspection	
Compliant	36
Deficient	0
Repeat Deficiency	0
Not Applicable	2

LCI Issues and Concerns

The LCRDC was not cited as having any deficient areas during this review thus there were no issues or concerns to be noted.

Best Practices

The LCRDC maintains a separate file on all thirty-eight (38) standards which includes:

- The ICE Detention Standard and checklist.
- The LCRDC Policy/Procedure.
- Example forms and documentation that would routinely be used to adhere to the standard.
- Pictures of the areas in question.

Detailed documentation exists that indicates all staff receive training on each of these standards. The inspection team found the LCRDC to be a well operated facility with staff who presented themselves professionally, competently, and courteously. All persons who are employed at this facility have a sense of "ownership," are actively engaged in the development of the processes, and take pride in the output of the work they produce.

The documentation that is maintained in all departments is thorough and timely. All aspects of the activities occurring at this facility are being conveyed, adhered to, and documented.

Recommended Rating and Justification:

The Lead Compliance Inspector recommends that the facility receive a rating of "Superior."

LCI Assurance Statement

The findings of compliance and noncompliance are accurately and completely documented on the G-324A Inspection form and are supported by documentation in the inspection file. An out briefing was conducted at the facility and the following were present: Warden b6,b7c , LCRDC; Assistant , LCRDC; Major b6,b7c Warden s, LCRDC; , Compliance Manager, LCRDC; b6,b7c , Health Services Administrator, LCRDC; , Human Resources, b6,b7c , Fire & Safety Coordinator, LCRDC; LCRDC; b6.b7c , Mailroom Supervisor, b6.b7c LCRDC; , Business Manager, LCRDC b6,b7c , Warden's Secretary, LCRDC; b6.b7c



b6,b7c
 b6,b7c
 b6,b7c
 b6,b7c
 b6,b7c
 b6,b7c
 classification Case Manager, LCRDC;
 b6,b7c
 b6,b7c
 b6,b7c
 classification Case Manager, LCRDC;
 b6,b7c
 b6,b7c

Signature: b6,b7c , LCI Se

September 11, 2009

Type of Facility Reviewed

ICE Service Processing Center

- ICE Contract Detention Facility
 - ICE Intergovernmental Service Agreement

B. Current Inspection

Type of Inspection	
Field Office K HQ Inspection	
Date[s] of Facility Review	
09/8/09-9/10/2009	

C. Previous/Most Recent Facility Review

05/20/2008 -5/22/2008	
Previous Rating	At-Risk

D. Name and Location of Facility

Name
LaSalle County Regional Detention Center (LCRDC)
Address (Street and Name)
832 East Texas State Highway 44
City, State and Zip Code
Encinal, Texas 78019
County
LaSalle
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)
b6,b7c Warden
Telephone # (Include Area Code)
956-794- b6,b7c
Field Office / Sub-Office (List Office with oversight responsibilities)
San Antonio (SNA)
Distance from Field Office
117 miles

E. ICE Information

BI YOB MINIMUM
Name of LCI (Last Name, Title and Duty Station)
b6,b7c (LCI / MGT of America
Name of Team Member / Title / Duty Location
b6,b7c Security CI / MGT of America
Name of Team Member / Title / Duty Location
b6.b7c / Safety CI / MGT of America
Name of Team Member / Title / Duty Location
b6.b7c / Medical CI / MGT of America
Name of Team Member / Title / Duty Location
1 1

F. CDF/IGSA Information Only

Contract Number	Date of Contract or IGSA
79-04-0031	1/8/2008
Basic Rates per Man-Day	
\$58.00	
Other Charges: (If None, Indicate N/A)	
2.27 transportation fee for U.	

Estimated Man-days Per Year: 3200

G. Accreditation Certificates

List all State or National Accreditation[s] received: Texas Jail Standards Certificate / ACA Accreditation 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	ss Action Order
The Facility has Significant Litiga	tion Pending
Major Litigation	e/Safety Issues
🛛 Check If None 👘 👘	

I. Facility History

Date Built		
2004		
Date Last Remodeled or Upgraded		
N/A		
Date New Construction / Bed space Added		
N/A		
Future Construction Planned		
🗌 Yes 🛛 No 🛛 Date:	:	
Current Bed space	Future Bed space (# New Beds only)	
548	Number: Date:	

J. Total Facility Population

Total Facility Intake for previous 12 months	
7,477	
Total ICE Man-days for Previous 12 months	
4,257	

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	452	452	18	
Adult Female	96	96		
Facility holds Juveniles Offenders 16 and older as Adults				

M. Average Daily Population

	ICE	USMS	Other
Adult Male	8	400	
Adult Female	1	40	

N. Facility Staffing Level

Security:		Support:	
	b2High		

Significant Incident Summary Worksheet

TICE to complete its review of your facility, the following information <u>must be completed</u> 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.

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct - Dec
Assault:	Types (Sexual ² , Physical, etc.)	Physical	Physical	Physical	Physical
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	14	19	8	8
Assault:	Types (Sexual Physical, etc.)	Physical	Physical	Physical	Physical
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	0	2	2	0
Number of Forced Moves, incl. Forced Cell moves ³		0	0	1	0
Disturbances ⁴		0	0	0	0
Number of Times Chemical Agents Used		0	1	1	0
Number of Times Special Reaction Team ployed/Used		0	0	0	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		2	1	3	2
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	3	7	7	0
	# Resolved in favor of Offender/Detainee	0	0	0	0
Deaths	Reason (V=Violent, I=IIIness, S=Suicide, A=Attempted Suicide, O=Other)				
,	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	51	32	31	14
	# Psychiatric Cases referred for Outside Care	0	0	0	0



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"

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.

	S/ICE Detention Standards Review Summary Report cceptable 2. Deficient 3. At Risk 4. Repeat Finding 5. Not Applicable					
	inee Services	 1.	2.	3.	4.	5.
1.	Access to Legal Materials		TD			
2.	Admission and Release	X				-
3.	Classification System	X				-
4.	Correspondence and Other Mail	N				
5.	Detainee Handbook	\boxtimes				
6.	Food Service					
7.	Funds and Personal Property	\boxtimes				
8.	Detainee Grievance Procedures	\boxtimes				
9.	Group Presentation On Legal Rights	\boxtimes				
10.	Issuance of Clothing, Bedding and Towels	\boxtimes				
11.	Marriage Requests	\boxtimes				
12.	Non-Medical Emergency Escorted Trips					\mathbb{X}
13.	Recreation	\boxtimes				
14.	Religious Practices	\boxtimes				
15.	Access to Telephones	\boxtimes				
16.	Visitation					
17.	Voluntary Work Program	\boxtimes				
Hea	Ith Services					
18.	Hunger Strikes	\boxtimes				
	Access to Medical Care	\boxtimes				
20.	Suicide Prevention and Intervention	\boxtimes				
21.	Terminal Illness, Advanced Directives and Death	\boxtimes				
Secu	rity and Control					
22.	Contraband					
23.	Detention Files					
24.	Disciplinary Policy					
25.	Emergency Plans	\boxtimes				
26.	Environmental Health and Safety	\boxtimes				
27.	Hold Rooms in Detention Facilities	\boxtimes				
28.	Key and Lock Control	\boxtimes				
29.	Population Counts	\square				
30.	Post Orders	\boxtimes				
31.	Security Inspections	\square				
32.	Special Management Units (Administrative Segregation)					
33.	Special Management Units (Disciplinary Segregation)					
34.	Tool Control	\boxtimes				
35.	Transportation (Land management)					
36.	Use of Force	\boxtimes				
37.	Staff / Detainee Communication (Added August 2003)	Ø				
38.	Detainee Transfer (Added September 2004)		Π		1 m	

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

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

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

LCI Review Assurance Statement

By signing below, the Lead Compliance Inspector (LCI) 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.

Lead Compliance Inspector: (Print Name)	Signature D6,07C
р b6,b7с	b6,b7c
Title & Duty Location	Date
Lead Compliance Inspector, MGT of America	9/11/2009

The second s	MENDERS
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
b6.b7c Safety CI, MGT of America	b6,b7c Security CI, MGT of America
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
b6.b7c Medical CI, MGT of America	

commended Rating:

Superior Good CAcceptable Deficient At-Risk

Comments: