# ICE Detention Standards Compliance Review

Val Verde County Correctional Facility

September 30 - October 2, 2008

REPORT DATE - October 9, 2008



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

Executive Vice President
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October 9, 2008

**MEMORANDUM FOR:** 

James T. Hayes, Jr.

Director

Office of Detention and Removal Operations

FROM:

Reviewer-In-Charge

b6, b7c

SUBJECT:

Val Verde County Correctional Facility Annual Detention Review

Creative Corrections conducted the Annual Detention Review (ADR) of Val Verde County Correctional Facility, in Del Rio, Texas, on September 30 - October 2, 2008. Val Verde County has an Intergovernmental Services Agreement (IGSA) with the United States Marshals Service (USMS) to house adult male and female ICE detainees for over 72 hours. Val Verde County Correctional Facility is operated by The GEO Group, Inc., and ICE detainees were housed in the facility during 2001-2005. The facility is working with the Sub-Office in Del Rio in anticipation of bed space for detainees in the future. As noted on the attached documents, the team of Subject Matter Experts (SME) included the position of the security; and the proof of Service.

A closeout meeting was held on October 2, 2008, with the best of t

## **Type of Review**

This review is a scheduled Detention Standard Review to determine compliance with ICE National Detention Standards for facilities used over 72 hours.

#### **Review Summary**

Val Verde County Correctional Facility is accredited by the Texas Commission on Jail Standards. It is not accredited by the American Correctional Association (ACA), National

Commission on Correctional Health Care, or Joint Commission on Accreditation of Healthcare Organizations.

# Standards Compliance:

The following statistical information provides a direct comparison of the October 2008 ADR and the ADR conducted in June 2004.

June 2004 Review		September 2008, Review				
Compliant	37	Compliant	35			
Deficient	0	Deficient	0			
At Risk	0	At-Risk	0			
Non-Applicable	1	Non-Applicable	3			

## **Recommended Rating and Justification**

It is the Reviewer-In-Charge recommendation that the facility receive a rating of "Acceptable" Although Val Verde County Correctional Facility currently has no ICE detainees; the facility has incorporated the requirements of the National Detention Standards. The warden is coordinating efforts for future use with local ICE officials. Additional bed space is anticipated with the activation of a 1,500 bed GEO facility in Laredo, Texas.

### **RIC Assurance Statement**

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

A. Type of Facility Reviewed	<u> </u>	Estimated Man-c	lays Per Year				
ICE Service Processing Center		* See Comments on page 4.					
ICE Contract Detent	<u></u>	out out and out project.					
	tal Service Agreement	G. Accreditation Certificates					
2022		List all State or National Accreditation[s] received:					
B. Current Inspection		Texas Commissi					
Type of Inspection				no accreditation[s			
Field Office HQ Inspec	ction	L. 1-24			<del> </del>		
Date[s] of Facility Review		H. Problems / C	Complaints (	Copies must be a	ttached)		
September 30 - October 2, 20	008			rder or Class Action			
		Court Order		Class Action Ord			
C. Previous/Most Recent Fa	cility Review			itigation Pending	7		
Date[s] of Last Facility Review		☐ Major Litigat		Life/Safety Issue	S		
2005		Check if No					
Previous Rating							
☐ Superior ☐ Good ☐ Acc	eptable Deficient At-Risk	I. Facility His	torv				
		Date Built					
D. Name and Location of Fa	cility	2000					
Name		Date Last Remo	deled or Ung	raded			
Val Verde Correctional Facility	7	2007		-			
Address (Street and Name)		Date New Const	ruction / Bec	space Added			
253 FM 2523 Hamilton Lane		December, 2007		· opuoo riddod			
City, State and Zip Code		Future Construc					
Del Rio, Texas 78840		☐ Yes ☑ No					
County		Current Bed spa		e Bed space (# Ne	w Beds only)		
Val Verde	000 000 000	1,451	Numl		W Dods omy)		
Name and Title of Chief Executive	e Officer (Warden/OiC/Supt.)	[ 1,131		Joi. Date.	· · · · · · · · · · · · · · · · · · ·		
Warden 66, b7c		J. Total Facility Population					
Telephone # (Include Area Code) (830) 66,67c		Total Facility Intake for previous 12 months					
Field Office / Sub-Office (List Off	ice with oversight responsibilities)	23,659					
San Antonio, Texas	ice with eversight responsibilities)	Total ICE Man-	lavs for Prev	ious 12 months			
Distance from Field Office		0	, 5 101 1 107	iodo 12 montho			
150 miles			<del></del>	``			
130 11110		K Classificati	on Level (IC	E SPCs and CDI	's Only)		
E. ICE Information			L		L-3		
Name of Inspector (Last Name	. Title and Duty Station)	Adult Male		1 22			
b6, b7c / Reviewe	er-In-Charge /	Adult Female					
Name of Team Member / Title		A Addit I dillate					
b6 / SME / Medi				<del></del>			
Name of Team Member / Title		L. Facility Cap	acity				
56 / SME / Food Se		za racinty cap	Rated	Operational	Emergency		
Name of Team Member / Title		Adult Male	1,291	1,291	0		
be byc / SME / Safety		Adult Female	160	160	0		
Name of Team Member / Title / Duty Location			<del></del>	fenders 16 and old			
66, 570. / SME / Security		LI TACHILY HOLDS	Juronite Ol	ividers to and old	A 45 / LUUIS		
		M. Average Da	aily Ponnisti	on			
F. CDF/IGSA Information C	Only	M. A. A. A. C.	IC		Other		
Contract Number	Date of Contract or IGSA	Adult Male		880	131		
80-98-0061	October 1, 1998	Adult Female		) 111	131		
Basic Rates per Man-Day		Addit Female		, 111	13		
\$50.57		N Facility Cto	ffing I aval				
Other Charges: (If None, Indic	cate N/A)	N. Facility Sta	iming Level	Cumnout:			
N/A		Security:	2High	Support:			
	· · · · · · · · · · · · · · · · · · ·			WILDOWSKY THE WASHINGTON			

-- Significant Incident Summary Worksheet

For ICE 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 <sup>2</sup> , Physical, etc.)	10 P	2 P	10 P	2 P
Offenders on Offenders <sup>1</sup>	With Weapon	0	0	0	0
	Without Weapon	10	2 .	10	2
Assault:	Types (Sexual Physical, etc.)	2 P	1 P	0	0
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	2	1	0	0
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		1	0	0	1
Disturbances <sup>4</sup>		Ó	0	0	0.
Number of Times Chemical Agents Used		5	4	1	9 .
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.		4	2	1	1
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	14	23	19	13
	# Resolved in favor of Offender/Detainee	1	1	0	2
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	41	32	18	42
	# Psychiatric Cases referred for Outside Care	0	0	0	0

Any attempted physical contact or physical contact that involves two or more offenders

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.

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

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

Department Of Homeland Security Immigration and Customs Enforcement	Detention Facility Inspection Form Facilities Used Over 72 hours
RIC	Review Assurance Statement — — — — — — — — — — — — — — — — — — —
contained in the Inspection Report are supported by ev accomplishments are supported by sufficient and reliab	fies that all findings of noncompliance with policy or inadequate controls idence that is sufficient and reliable. Furthermore, findings of noteworthy ble evidence. Within the scope of the review, the facility is operating in ty and resources are efficiently used and adequately safeguarded, except for the
Reviewer-In-Charge: (Print Name)  59, 576  Title & Duty Location	Signature Date  b6, b7c
Reviewer-In-Charge, Creative Corrections	October 2, 2008
Team Members	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
<sup>b6</sup> SME - Medical	56, 57c SME - Environmental Health and Safety

Print Name, Title, & Duty Location

SME - Security

b6 SME - Food Service		b6, b7
Recommended Rating:	Superior	
	Good	
	Acceptable	
	Deficient	
	At-Risk	

Print Name, Title, & Duty Location

Comments: There are no ICE detainees currently housed at Val Verde Correctional Facility. Detainees were housed at the facility from 2001 until 2005.

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REVIEW	А	U	L	ñ k	u	an a	11 I

THE SIGNATURE BELOW CONSTITUTES REVIEW AND ACCEPTANCE OF THIS REPORT BY THE REVIEW AUTHORITY. FOD/OIC/CEO WILL HAVE THIRTY (30) CALENDAR DAYS FROM RECEIPT OF THIS REPORT TO RESPOND TO ALL FINDINGS AND RECOMMENDATIONS.

HQDRO MANAGEMENT REVIEW: (Print Name)	Signatu	66 b7c	
James T. Hayes, Jr.	b6, b	uu ort	-
Title	Date		
Director	Jans	uary 10, 2009	

FINAL RATING:

**SUPERIOR** 

GOOD

ACCEPTABLE

DEFICIENT

AT-RISK

COMMENTS: The Review Authority concurs with the recommended rating of Acceptable. A Plan of Action is required for the line item deficiencies noted in the Access to Legal Materials, Detainee Telephone Access, Hunger Strikes, Terminal Illness, Advanced Directives, and Death, Emergency Plans, Key and Lock Control, Post Orders, and Special Management Unit (Disciplinary Segregation) Standards.