



U.S. Immigration  
and Customs  
Enforcement

June 21, 2007

MEMORANDUM FOR: John P. Torres  
Director  
Office of Detention and Removal

FROM: [REDACTED] b6,b7c [REDACTED] b6,b7c  
Reviewer-In-Charge  
San Antonio Field Office

SUBJECT: Review Summary Report for: La Salle County Detention Center  
(Initial over 72-hr)

The San Antonio Field Office Area of Responsibility, Office of Detention and Removal conducted a detention review of the **La Salle County Detention Center** on May 22, 2007. This facility is used for detainees requiring housing over 72-hours. I, [REDACTED] b6,b7c Reviewer-in-Charge and [REDACTED] b6,b7c conducted the review.

**Type of Review:**

This review is a scheduled Operational Review to determine general compliance with established Immigration and Customs Enforcement (ICE) National Detention Standards.

**Review Summary:**

It was determined through this review that the La Salle County Detention Center is presently operating at an **"Acceptable"** level. The team members identified some minor issues. All of these were discussed with the facility's Administrators and they were corrected immediately or are in the process of correcting.

BEST PRACTICE: The facility is designed where the Special Management Unit is located in the Medical section. The Medical section is staffed 24 hours a day.

**Review Finding:**

The following information summarizes those standards *not* in compliance. Each standard is identified and a short summary provided regarding standards or procedures not currently in compliance.

Compliant - ALL  
Deficient - None  
At-Risk - None  
Non-Applicable - Group Legal Rights Presentation

**Standards Summary Finding:**

During the review **no** constraints or abnormal difficulties were encountered. Staff was extremely cooperative and was available to assist reviewers and to answer questions posed by this team.

**RIC Observations:**

This facility is committed to improving and is currently spending whatever monies are necessary to comply with ICE commitments and standards.

**RIC Issues and Concerns:**

There were no issues or concerns with this facility.

**Recommended Rating and Justification:**

It is this RIC's recommendation that the facility is operating in an acceptable level. The facility was supportive of ALL the changes needed to meet the standards set in this review. This facility's goal is to comply with ALL of the standards.

**RIC Assurance Statement:**

It is the opinion of this RIC that the findings of compliance are documented in the G-324a Inspection Form and that it is supported by documentation in the review file.

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

**A. Current Inspection**

Type of Review  
 Field Office  HQ Review  
Date[s] of Review  
05/22/07 to 05/23/07

Previous/Most Recent Review

Date[s] of Last Review  
12/05/06 thru 12/07/06  
Previous Rating  
 Superior  Good  Acceptable  Deficient  At-Risk

**B. Name and Location of Facility**

Name  
La Salle County Regional Detention Center  
Address (Street and Name)  
832 E. State Hwy. 44  
City, State and Zip Code  
Encinal, Texas 78019  
County  
La Salle  
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)  
b6, b7c  
Telephone # (Include Area Code)  
956 b6, b7c  
Field Office/Sub-Office (List Office with oversight responsibilities)  
Emerald Correctional Management  
Distance from District Office  
522.6 miles

**C. ICE Information**

Name of Inspector (Last Name, Title and Duty Station)  
b6, b7c / IEA / SNA District Office  
Name of Team Member / Title / Duty Location  
b6, b7c / IEA / Hig District Office  
Name of Team Member / Title / Duty Location  
Name of Team Member / Title / Duty Location

**D. CDF/IGSA Information Only**

Contract Number  
79-04-0031  
Date of Contract or IGSA  
05/01/04  
Basic Rates per Man-Day  
\$58.08  
Other Charges: (If None, Indicate N/A)  
N/A  
Estimated Man-days Per Year  
2311

**E. Accreditation Certificates**

List all State or National Accreditation(s) received:  
ACA (08/08/05)

**F. Problems / Complaints (Copies must be attached)**

The Facility is under Court Order or Class Action Finding  
 Court Order  Class Action Order  
The Facility has Significant Litigation Pending  
 Major Litigation  Life/Safety Issues  
Checked Box above requires a detailed written memorandum.

**G. Facility History**

Date Built  
April 2004  
Date Last Remodeled or Upgraded  
N/A  
Date New Construction / Bedspace Added  
N/A  
Future Construction Planned  
 Yes  No Date:  
Current Bedspace  
566  
Future Bedspace

**H. Total Facility Population**

Total Intake for previous 12 months  
1948  
Total Mandays for Previous 12 months  
226

**Classification Level (ICE SPCs and CDFs Only)**

	L-1	L-2	L-3
Adult Male	X		
Adult Female	X		

**I. Facility Capacity**

	Rated	Operational	Emergency
Adult Male	\$58.08	500	510
Adult Female	\$58.08	48	56

**Average Daily Population**

	ICE	USMS	Other
Adult Male	4	498	1
Adult Female	3	12	0

**Staffing Level**

Security: b2High Support:

**Significant Incident Summary Worksheet**

For ICE to complete its Review of your facility, the following information must be completed 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.

<i>Incidents</i>	<i>Description</i>	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault: Offenders on Offenders <sup>1</sup>	Types (Sexual <sup>2</sup> , 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 <sup>3</sup>		0	0	0	0
Disturbances <sup>4</sup>		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	0	0	0	1
	# Psychiatric Cases referred for Outside Care	0	0	0	0

<sup>1</sup> Any attempted physical contact or physical contact that involves two or more offenders  
<sup>2</sup> Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting  
<sup>3</sup> Routine transportation of detainees/offenders is not considered "forced"  
<sup>4</sup> 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.

## 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. Access to Legal Materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Group Presentations on Legal Rights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Telephone Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Detainee Services					
5. Admission and Release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Classification System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Correspondence and Other Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Detainee Handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Food Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Funds and Personal Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Detainee Grievance Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Issuance and Exchange of Clothing, Bedding, and Towels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Marriage Requests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Non-Medical Emergency Escorted Trip	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Religious Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Voluntary Work Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Services					
18. Hunger Strikes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Suicide Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Terminal Illness, Advanced Directives and Death	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Security and Control					
22. Contraband	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Detention Files	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Disciplinary Policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Emergency Plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Environmental Health and Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Hold Rooms in Detention Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Key and Lock Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Population Counts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Post Orders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Security Inspections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Special Management Units (Administrative Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Special Management Units (Disciplinary Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. Tool Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Transportation (Land management)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Use of Force	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Staff / Detainee Communication (Added August 2003)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Detainee Transfer (Added September 2004)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

### RIC Review Assurance Statement

By signing below, the Reviewer-In-Charge (RIC) 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.

Reviewer-In-Charge: (Print Name) b6,b7c	Signature b6,b7c
Title & Duty Location IEA San Antonio Field Office	Date 06/21/2007

Team Members	
Print Name, Title, & Duty Location b6,b7c IEA SNA/Harlingen Resident Office	Print Name, Title, & Duty Location
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location

**Recommended Rating:**

- Superior
- Good
- Acceptable
- Deficient
- At-Risk

Comments:

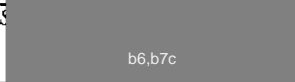
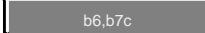

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# HEADQUARTERS EXECUTIVE REVIEW

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**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,b7c	<i>sa</i>
Title	 b6,b7c
Chief	AUG 17 2007

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

Comments: The Review Authority concurs with the Acceptable rating.