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August 6, 2009

MEMORANDUM FOR: David Venturella  
Acting Director  
Office of Detention <sup>b6,b7c</sup> Removal Operations  
FROM: <sup>b6,b7c</sup>  
Lead Compliance Inspector  
SUBJECT: Laredo Processing Center  
Annual Detention Review

MGT of America performed an annual inspection for compliance with the ICE National Detention Standards (NDS) at the Laredo Processing Center located in Laredo, Texas, during the period of August 4-6, 2009. This facility is an IGSA.

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

Subject Matter	Team Member
Security	<sup>b6,b7c</sup>
Health Services	
Food Services	
Safety	

**Type of Review**

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 August 2008 inspection.

**Review Summary**

The Laredo Processing Center is not currently accredited by the American Correctional Association (ACA), the National Commission on Correctional Health Care (NCCHC), and the Joint Commission on Accreditation of Health Organizations (JCAHO).

**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):

<u>2008 Inspection</u>		<u>2009 Inspection</u>	
Compliant	38	Compliant	36
Deficient	0	Deficient	0
Repeat Deficiency	0	Repeat Deficiency	0
Not Applicable	0	Not Applicable	2

**Best Practices**

The facility appeared to be well run during the period of the inspection. The warden and other administrative staff were visible and accessible to the detainee population.

Environmental Health and Life Safety are a priority at Laredo Processing Center with the designation of a full time safety officer. Several life safety issues noted on the last Annual Detention Review have been corrected to include the replacement of unauthorized locks with prison type locks and properly opening egress doors. A construction/renovation project in Dorm 6 will bring the remaining noted Life Safety issues into compliance. Exits signs in the units should be reviewed by the authority having jurisdiction for current code compliance and replaced if required.

**Recommended Rating and Justification:**

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

**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 brief was conducted at the facility and the following were present: [b6,b7c] Warden, LPC; [b6,b7c] Tool/Key Officer, LPC; [b6,b7c] Training Manager, LPC; [b6,b7c], Shift Supervisor, LPC; [b6,b7c], Chief of Security, LPC; [b6,b7c] Manager, Oper./Fin, LPC; [b6,b7c], H.S.A, LPC; [b6,b7c], Canteen Food Service, LPC; [b6,b7c], Safety Officer, LPC; [b6,b7c] Rec. Officer, LPC; [b6,b7c] Maintenance Officer, LPC; [b6,b7c] Asst. Shift Supervisor, LPC; [b6,b7c], Qual. Assurance Manager, LPC; [b6,b7c], Canteen Food Service, LPC; [b6,b7c] LPC; [b6,b7c], Nakomoto; [b6,b7c] ICE/DRO AFOD; [b6,b7c] ICE DRO SDDO; [b6,b7c], Deportation Officer; and MGT review team.

[b6,b7c]  
Lead Compliance Inspector / 08-06-09  
Signature:

**Type of Facility Reviewed**

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

**B. Current Inspection**

Type of Inspection  
 Field Office  HQ Inspection  
Date[s] of Facility Review  
August 4-6, 2009

**C. Previous/Most Recent Facility Review**

Date[s] of Last Facility Review  
August 12-14, 2008  
Previous Rating  
 Superior  Good  Acceptable  Deficient  At-Risk

**D. Name and Location of Facility**

Name  
Corrections Corporation of America – Laredo Processing Center  
Address (Street and Name)  
4702 East Saunders  
City, State and Zip Code  
Laredo, Texas 78041  
County  
Webb  
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)  
b6,b7c, CCA Warden  
Telephone # (Include Area Code)  
(956)727-b6,b7c  
Field Office / Sub-Office (List Office with oversight responsibilities)  
San Antonio, Texas  
Distance from Field Office  
170 Miles

**E. ICE Information**

Name of Inspector (Last Name, Title and Duty Station)  
b6,b7c / LCI / MGT of America  
Name of Team Member / Title / Duty Location  
b6,b7c / CI -Food Service / MGT of America  
Name of Team Member / Title / Duty Location  
b6,b7c / CI-Health Services / MGT of America  
Name of Team Member / Title / Duty Location  
b6,b7c / CI-Security / MGT of America  
Name of Team Member / Title / Duty Location  
b6,b7c / CI -Safety / MGT of America

**F. CDF/IGSA Information Only**

Contract Number  
IGA #79-02-0106  
Date of Contract or IGSA  
April 1, 2005  
Basic Rates per Man-Day  
\$59.79  
Other Charges: (If None, Indicate N/A)  
N/A

Estimated Man-days Per Year:  
140,080

**G. Accreditation Certificates**

List all State or National Accreditation[s] received:  
 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  Class Action Order  
The Facility has Significant Litigation Pending  
 Major Litigation  Life/Safety Issues  
 Check if None.

**I. Facility History**

Date Built  
1985  
Date Last Remodeled or Upgraded  
Currently Remodeling Housing Unit # 6  
Date New Construction / Bed space Added  
N/A  
Future Construction Planned  
 Yes  No Date:  
Current Bed space  
400  
Future Bed space (# New Beds only)  
Number: N/A Date: N/A

**J. Total Facility Population**

Total Facility Intake for previous 12 months  
12,044  
Total ICE Man-days for Previous 12 months  
121,772

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

	L-1	L-2	L-3
Adult Male	161	27	21
Adult Female	41	2	0

**L. Facility Capacity**

	Rated	Operational	Emergency
Adult Male	320	332	332
Adult Female	80	80	80
<input type="checkbox"/> Facility holds Juveniles Offenders 16 and older as Adults			

**M. Average Daily Population**

	ICE	USMS	Other
Adult Male	251.52	0	0
Adult Female	56.77	00	0

**N. Facility Staffing Level**

Security:  
b2High  
Support:

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**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. 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.

<i>Incidents</i>	<i>Description</i>	<i>Jan – Mar</i>	<i>Apr – Jun</i>	<i>Jul – Sept</i>	<i>Oct – Dec</i>
Assault: Offenders on Offenders <sup>1</sup>	Types (Sexual <sup>2</sup> , Physical, etc.)	Physical	Physical	0	Physical
	With Weapon	0	0	0	0
	Without Weapon	1	1	0	1
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	0	Physical	Physical	0
	With Weapon	0	0	0	0
	Without Weapon	0	1	1	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	1	1	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	3	1	4	2
	# 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

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.

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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"/>	
14.	Non-Medical Emergency Escorted Trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	
	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 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.

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**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 Lead Compliance Inspector/ MGT of America	Date August 6, 2009

Team Members	
Print Name, Title, & Duty Location b6,b7c CI-Food Service, MGT of America	Print Name, Title, & Duty Location b6,b7c CI-Health Services, MGT of America
Print Name, Title, & Duty Location b6,b7c CI-Security, MGT of America	Print Name, Title, & Duty Location b6,b7c CI-Safety, MGT of America

**Recommended Rating:**

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

**Comments:**

There were five (5) assaults reported during the year. Three (3) were detainee assaults on other detainees. None of the incidents required medical treatment.

# HEADQUARTERS EXECUTIVE REVIEW

## Review Authority

The signature below constitutes review of this report and acceptance by the Review Authority. FOD/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	Signature b6,b7c
Title Assistant Director for Management	Date 10/2/2009

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

Comments: The Review Authority concurs with the recommended rating of "Good". No Plan of Action is required at this time.

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U.S. Immigration  
and Customs  
Enforcement

MEMORANDUM FOR: Michael J. Pitts  
Field Office Director  
San Antonio Field Office

OCT 02 2009

FROM: [REDACTED] b6,b7c  
Assistant Director for Management

SUBJECT: Laredo Processing Center Annual Review

The annual review of the Laredo Processing Center conducted August 04-06, 2009, in Laredo, TX has been received. A final rating of Good has been assigned. No further action is required and this review is closed.

The rating was based on the Reviewer-In-Charge (RIC) Summary Memorandum and supporting documentation. The Field Office Director must now initiate the following actions in accordance with the Detention Management Control Program (DMCP):

- 1) The Field Office Director, Detention and Removal Operations, shall notify the facility within five business days of receipt of this memorandum. Notification shall include copies of the Form G-324A, *Detention Facility Review Form*, the G-324A Worksheet, RIC Summary Memorandum, and a copy of this memorandum.
- 2) The next annual review will be scheduled on or before August 04, 2010.

Should you or your staff have any questions regarding this matter, please contact [REDACTED] b6,b7c Detention & Deportation Officer, Detention Management Division at (202) 732- [REDACTED] b6,b7c

cc: Official File  
ICE: HQDRO [REDACTED] b6,b7c 2-2900:08/25/09

[REDACTED] b2High