



1333 New Hampshire Avenue NW

Washington, DC 20036

Contract # 04-00-80-3818

ICE Detention Standards

Compliance Review

Facility: **Val Verde Correctional Facility**
Inspection Date: **October 6 - 8, 2009**
Report Date: **October 8, 2009**



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October 8, 2009

MEMORANDUM FOR: David Venturella
Acting Director
Office of Detention and Removal Operations
b6,b7c
FROM: b6,b7c
Lead Compliance Inspector
SUBJECT: Val Verde Correctional Facility
Annual Detention Review

MGT of America, Inc. performed an annual inspection for compliance with the ICE National Detention Standards (NDS) at the Val Verde Correctional Facility located in Del Rio, Texas during the period of October 6-8, 2009. This facility is an IGSA.

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

| Subject Matter Field | Team Member |
|----------------------|-------------|
| Security | b6,b7c |
| 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 "Acceptable" during the August 2008 inspection.

Review Summary

The Val Verde Correctional Facility is accredited by the Texas Commission on Jail Standards. This facility is not accredited by any other correctional or healthcare organization.

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.

| <u>2008 Inspection</u> | |
|-------------------------------|----|
| Compliant | 35 |
| Deficient | 0 |
| Repeat Deficiency | 0 |
| Not Applicable | 3 |

| <u>2009 Inspection</u> | |
|-------------------------------|----|
| Compliant | 35 |
| Deficient | 0 |
| Repeat Deficiency | 0 |
| Not Applicable | 3 |

LCI Issues and Concerns

During this inspection, there were no standards identified as deficient.

Recommended Rating and Justification:

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

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 included a discussion of all deficiencies, concerns and recommendations noted. The following were present: Warden [REDACTED] Val Verde Correctional Facility; Deputy Warden [REDACTED], Val Verde Correctional Facility; [REDACTED], Chief of Security, Val Verde Correctional Facility; [REDACTED], Supervisory Deportation Officer, ICE; and MGT review team.

Signature:

[REDACTED] Lead Compliance Inspector, October 8, 2009

A. 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
October 6-8, 2009

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
September 30 - October 2, 2008
Previous Rating
 Superior Good Acceptable Deficient At-Risk

D. Name and Location of Facility

Name
Val Verde Correctional Facility
Address (Street and Name)
253 FM 2523 Hamilton Lane
City, State and Zip Code
Del Rio, Texas 78840
County
Val Verde
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)
Warden [REDACTED] b6,b7c
Telephone # (Include Area Code)
(830) 778-[REDACTED] b6,b7c
Field Office / Sub-Office (List Office with oversight responsibilities)
San Antonio, Texas
Distance from Field Office
150 miles

E. ICE Information

Name of LCI (Last Name, Title and Duty Station)
[REDACTED] b6,b7c / Lead Compliance Inspector /
Name of Team Member / Title / Duty Location
[REDACTED] b6,b7c / SME / Medical
Name of Team Member / Title / Duty Location
[REDACTED] b6,b7c / SME / Food Service
Name of Team Member / Title / Duty Location
[REDACTED] b6,b7c / SME / Safety
Name of Team Member / Title / Duty Location
[REDACTED] b6,b7c / SME / Security

F. CDF/IGSA Information Only

| | |
|---|---|
| Contract Number 80-98-0061 | Date of Contract or IGSA October 1, 1998 |
| Basic Rates per Man-Day \$50.57 | |
| Other Charges: (If None, Indicate N/A) A | |

Estimated Man-days Per Year:
452,260

G. Accreditation Certificates

List all State or National Accreditation[s] received:
Texas Commission on Jail Standards
 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
2000
Date Last Remodeled or Upgraded
2007
Date New Construction / Bed space Added
December 2007/576 Beds
Future Construction Planned
 Yes No Date:
Current Bed space 1344 Future Bed space (# New Beds only) Number: Date:

J. Total Facility Population

Total Facility Intake for previous 12 months
25,103
Total ICE Man-days for Previous 12 months
7,018

K. Classification Level (ICE SPCs and CDFs Only)

| | L-1 | L-2 | L-3 |
|--------------|-----|-----|-----|
| Adult Male | N/A | N/A | N/A |
| Adult Female | N/A | N/A | N/A |

L. Facility Capacity

| | Rated | Operational | Emergency |
|--------------|-------|-------------|-----------|
| Adult Male | 1,200 | 1,200 | 0 |
| Adult Female | 144 | 144 | 0 |

Facility holds Juveniles Offenders 16 and older as Adults

M. Average Daily Population

| | ICE | USMS | Other |
|--------------|------|-------|-------|
| Adult Male | 7.96 | 1,016 | 3 |
| Adult Female | 1.2 | 92 | 0 |

N. Facility Staffing Level

Security: [REDACTED] 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. 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> | Jan – Mar | Apr – Jun | Jul – Sept | Oct – Dec |
|--|--|-----------|-----------|------------|-----------|
| Assault: Offenders on Offenders ¹ | Types (Sexual ² , Physical, etc.) | P | P | P | P |
| | With Weapon | 1 | 0 | 1 | 0 |
| | Without Weapon | 0 | 1 | 1 | 2 |
| Assault: Detainee on Staff | Types (Sexual Physical, etc.) | 0 | P | 0 | P |
| | With Weapon | 0 | 0 | 0 | 0 |
| | Without Weapon | 0 | 2 | 0 | 1 |
| Number of Forced Moves, incl. Forced Cell moves ³ | | 2 | 0 | 2 | 1 |
| Disturbances ⁴ | | 0 | 0 | 0 | 0 |
| Number of Times Chemical Agents Used | | 3 | 1 | 1 | 3 |
| 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. | | 5 | 5 | 6 | 5 |
| Escapes | Attempted | 0 | 0 | 0 | 0 |
| | Actual | 0 | 0 | 0 | 0 |
| Grievances: | # Received | 16 | 50 | 9 | 14 |
| | # Resolved in favor of Offender/Detainee | 7 | 21 | 0 | 6 |
| 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 | 77 | 65 | 54 | 49 |
| | # Psychiatric Cases referred for Outside Care | 0 | 0 | 0 | 0 |

¹

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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.

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| HS/ICE Detention Standards Review Summary Report | | | | | | |
|---|---|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| 1. Acceptable 2. Deficient 3. At Risk 4. Repeat Finding 5. Not Applicable | | | | | | |
| Detainee Services | | 1. | 2. | 3. | 4. | 5. |
| 1. | Access to Legal Materials | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. | Admission and Release | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. | Classification System | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. | Correspondence and Other Mail | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. | Detainee Handbook | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. | Food Service | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. | Funds and Personal Property | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. | Detainee Grievance Procedures | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. | Group Presentation On Legal Rights | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. | Issuance of Clothing, Bedding and Towels | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11. | Marriage Requests | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12. | Non-Medical Emergency Escorted Trips | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. | Recreation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14. | Religious Practices | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 15. | Access to Telephones | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 16. | Visitation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 17. | Voluntary Work Program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Health Services | | | | | | |
| 18. | Hunger Strikes | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 19. | Access to 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"/> | |
| 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 Transportation) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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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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 | |
|--|-------------------|
| Lead Compliance Inspector: (Print Name) | b6,b7c |
| Title & Duty Location | Date |
| Lead Compliance Inspector, MGT of America, Inc | October 6-8, 2009 |

| TEAM MEMBERS | |
|---|---|
| Print Name, Title, & Duty Location | Print Name, Title, & Duty Location |
| b6,b7c CI - Medical, MGT of America, Inc | b6,b7c CI - Food Service/ Safety, MGT of America, Inc |
| Print Name, Title, & Duty Location | Print Name, Title, & Duty Location |
| b6,b7c CI - Security, MGT of America, Inc | |

Recommended Rating:

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

Comments:

The Val Verde Correctional Facility prohibits the use of Tasers or other Electro Muscular Disruption Devices.

The facility confirmed housing areas are vacated prior to conducting searches for controlled substances using specially trained dogs.

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U.S. Immigration
and Customs
Enforcement

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

OCT 22 2009

FROM:

b6,b7c

b6,b7c

Assistant Director for Management

SUBJECT: Val Verde Correctional Facility Annual Review

The annual review of the Val Verde Correctional Facility conducted September 6-8, 2009, in Del Rio, Texas has been received. A final rating of Acceptable has been assigned. No further action is required and this review is closed.

The rating was based on the Lead Compliance Inspector (LCI) 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, LCI Summary Memorandum, and a copy of this memorandum.
- 2) The next annual review will be scheduled on or before September 06, 2010.

Should you or your staff have any questions regarding this matter, please contact

b6,b7c

Acting Deputy Assistant Director, Detention Management Division at (202)

732- b6,b7c

cc: Official File

ICE: HQDRO b6,b7c 2-5514:10/21/09

b2High

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