

A. Type of Facility Reviewed

- ☐ ICE Service Processing Center
☐ ICE Contract Detention Facility
☒ ICE Intergovernmental Service Agreement

B. Current Inspection

| |
|---|
| Type of Inspection <input type="checkbox"/> Field Office <input checked="" type="checkbox"/> HQ Inspection |
| Date[s] of Facility Review 6/4/2019-6/6/2019 |

C. Previous/Most Recent Facility Review

| |
|---|
| Date[s] of Last Facility Review 6/5/2018-6/7/2018 |
| Previous Rating <input type="checkbox"/> Superior <input type="checkbox"/> Good <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Deficient <input type="checkbox"/> At-Risk |

D. Name and Location of Facility

| |
|---|
| Name Laredo Processing Center |
| Address (Street and Name) 4702 East Saunders Street |
| City, State and Zip Code Laredo, TX 78041 |
| County Webb |
| Name and Title of Chief Executive Officer (Warden/OIC/Supt.) [REDACTED] |
| Telephone # (Include Area Code) [REDACTED] |
| Field Office / Sub-Office (List Office with oversight responsibilities) San Antonio |
| Distance from Field Office 150 miles |

E. ICE Information

| |
|---|
| Name of Inspector (Last Name, Title and Duty Station) [REDACTED] / LCI/Detainee Rights SME / Nakamoto Group |
| Name of Team Member / Title / Duty Location [REDACTED] / Medical SME / Nakamoto Group |
| Name of Team Member / Title / Duty Location [REDACTED] / Safety SME / Nakamoto Group |
| Name of Team Member / Title / Duty Location [REDACTED] / Security SME / Nakamoto Group |
| Name of Team Member / Title / Duty Location / / |

F. CDF/IGSA Information Only

| | |
|--|--|
| Contract Number [REDACTED] | Date of Contract or IGSA [REDACTED] |
| Basic Rates per Man-Day [REDACTED] | |
| Other Charges: (If None, Indicate N/A) [REDACTED] | |

| |
|--|
| Estimated Man-days Per Year: [REDACTED] |
|--|

G. Accreditation Certificates

| |
|---|
| List all State or National Accreditation[s] received: [REDACTED] |
| <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Court Order <input type="checkbox"/> Class Action Order | |
| The Facility has Significant Litigation Pending <input type="checkbox"/> Major Litigation <input type="checkbox"/> Life/Safety Issues | |
| <input checked="" type="checkbox"/> Check if None. | |

I. Facility History

| | |
|--|---|
| Date Built [REDACTED] | |
| Date Last Remodeled or Upgraded [REDACTED] | |
| Date New Construction / Bed space Added [REDACTED] | |
| Future Construction Planned <input type="checkbox"/> [REDACTED] <input checked="" type="checkbox"/> [REDACTED] Date: [REDACTED] | |
| Current Bed space [REDACTED] | Future Bed space (# New Beds only) Number: [REDACTED] Date: [REDACTED] |

J. Total Facility Population

| |
|--|
| Total Facility Intake for previous 12 months [REDACTED] |
| Total ICE Man-days for Previous 12 months [REDACTED] |

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 |
|------------|------------|-------------|------------|
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

M. Average Daily Population

| | ICE | USMS | Other |
|------------|------------|------------|------------|
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

N. Facility Staffing Level

| | |
|-------------------------|------------------------|
| Security: [REDACTED] | Support: [REDACTED] |
|-------------------------|------------------------|

Significant Incident Summary Worksheet

For Nakamoto 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.) | Physical | Physical | N/A | Physical |
| | With Weapon | 0 | 0 | 0 | 0 |
| | Without Weapon | 2 | 2 | 0 | 1 |
| Assault: Detainee on Staff | Types (Sexual Physical, etc.) | N/A | N/A | N/A | N/A |
| | With Weapon | 0 | 0 | 0 | 0 |
| | Without Weapon | 0 | 0 | 0 | 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 | 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) | N/A | N/A | N/A | N/A |
| 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 | 1 | 0 |
| | # Resolved in favor of Offender/Detainee | 0 | 0 | 1 | 0 |
| Deaths | Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other) | N/A | N/A | N/A | N/A |
| | Number | 0 | 0 | 0 | 0 |
| Psychiatric / Medical Referrals | # Medical Cases referred for Outside Care | 25 | 14 | 37 | 20 |
| | # Psychiatric Cases referred for Outside Care | 0 | 0 | 0 | 0 |

¹ Any attempted physical contact or physical contact that involves two or more offenders

² Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting

³ Routine transportation of detainees/offenders is not considered "forced"

⁴ 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 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"/> | |
| 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 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.



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) [REDACTED] | Signature [REDACTED] |
| Title & Duty Location Lead Compliance Inspector, The Nakamoto Group, Inc. | Date 06/06/2019 |

Team Members

| | |
|--|---|
| Print Name, Title, & Duty Location [REDACTED], Safety SME, The Nakamoto Group, Inc. | Print Name, Title, & Duty Location [REDACTED], Medical SME, The Nakamoto Group, Inc. |
| Print Name, Title, & Duty Location [REDACTED], Security SME, The Nakamoto Group, Inc. | Print Name, Title, & Duty Location |

Recommended Rating:

- ☐ Superior
☐ Good
☒ Acceptable
☐ Deficient
☐ At-Risk

Comments: The Sexual Abuse and Assault Prevention and Intervention Standard (SAAPI) was inspected during this inspection but is not referenced in the Standards Review Summary Report. The Standard was rated as Meets Standard for this inspection.

There were five SAAPI allegations since the last inspection. Of the five allegations, the only substantiated allegation involved sexual harassment and inappropriate touching by a female detainee against another female detainee. All other allegations were investigated and found to be unsubstantiated. Additional details regarding these allegations can be found in the remarks section of the SAAPI checklist. Investigations followed standard protocol for SAAPI allegations; all allegations were referred to the local police department.

There were no escapes, deaths or serious suicide attempts during the inspection period. The facility does not have a canine unit for contraband detection. The only chemical agent in the facility is OC (oleoresin capsicum)/pepper spray. The use of unsafe types of force such as choke holds, carotid control holds and neck restraints are not authorized. Tasers are not used.

There was one immediate use of force involving one female ICE detainee since the last annual inspection. The detainee refused to stand for a formal count. Physical force was used to restrain the detainee; mechanical restraints were not used. The detainee was transferred to the local medical center for observation and returned to the facility. No injuries were noted to the detainee or staff. Although some of the incident was captured by the stationary cameras inside the facility, the portable video camera normally used to

record uses of force was not used. Both the shift supervisor's review and the after-action review conducted by the OIC, the chief of security and the HSA found that failure to use the portable video camera violated policy. Additional use of force training was ordered. The after-action review occurred seventeen days after the incident instead of the next working day as required by the standard. Additional details regarding this use of force are found in the remarks section of the Use of Force checklist.

