

February 3, 2021

TO: [REDACTED]  
Assistant Director for Detention Management

FROM: [REDACTED]  
Lead Compliance Inspector  
The Nakamoto Group, Inc.

SUBJECT: **Annual Detention Inspection of the Webb County Detention Center**

The Nakamoto Group, Inc. performed a remote annual inspection for compliance with the ICE Performance-Based National Detention Standards (PBNDS) 2011 of the Webb County Detention Center in Laredo, Texas during the period of February 1-3, 2021. This is an IGSA facility.

The inspection was performed under the guidance of [REDACTED], Lead Compliance Inspector. Team members were:

Subject Matter Field	Team Member
Safety	[REDACTED]
Security	[REDACTED]
Medical Care	[REDACTED]
Detainee Rights	[REDACTED]
Medical Care	[REDACTED]

### **Type of Inspection**

This is a scheduled annual inspection that is performed to determine overall compliance with the ICE PBNDS 2011 for Over 72-hour facilities. The facility received a previous rating of Meets Standards during the February 2020 inspection.

### **Inspection Summary**

The Webb County Detention Center is currently accredited by:

- The American Correctional Association (ACA) – Yes
- The National Commission on Correctional Health Care (NCCHC) - No
- The Joint Commission (TJC) - No
- Prison Rape Elimination Act (PREA) - Yes

### **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 2020 and 2021 PBNDS 2011 annual compliance inspections:



The Nakamoto Group, Inc.

<b>2020 Annual Inspection</b>	
Meets Standards	41
Does Not Meet Standards	0
Repeat Finding	0
Not Applicable	1

<b>2021 Annual Inspection</b>	
Meets Standards	41
Does Not Meet Standards	0
Repeat Finding	0
Not Applicable	2

The inspection team found three (3) component deficiencies in the following three (3) standards:

Staff Detainee Communication – 1

Medical Care - 1

Grievance System – 1, which is a priority component

### **Facility Snapshot/Description**

The Webb County Detention Center (WCDC) is owned and operated by CoreCivic. The facility is located in Laredo, Texas, and borders the Rio Grande River, which forms part of the Mexico-United States border. The one-story structure houses adult male and female ICE and U.S. Marshall detainees of all classification levels. [REDACTED]

According to the compliance manager, the facility is a single-story building. The housing units and all support services are located inside the secure perimeter; the maintenance shed and armory are positioned outside the secure perimeter. The secure compound is encircled by a ten-foot chain-link fence supplemented with razor ribbon and a progressive stun fence installed on the inside of the fence line. There is a perimeter road around the compound that is continuously patrolled by an armed officer in a vehicle. The entire perimeter is covered by monitored camera surveillance. The facility surveillance network consists of 140 cameras that also monitor all housing units, common areas, and movement corridors. The exterior doors of the building are alarmed and controlled by central control officers. All detainee movement is escorted.

The facility consists of 42 separate general population housing units. ICE detainees may be housed in any of the housing units as long as the populations have compatible classification levels. All housing units are comprised of dormitory settings, which range in size from 3–24 beds. There are two special management units (SMU), which serve all populations; each unit contains ten one-bed cells. There were no ICE detainees confined in the SMU during the inspection. The health care unit does not contain infirmary care beds. All housing units are governed by an indirect supervision style of management. Housing unit/roving officers are assigned housing unit zones for their daily patrol and supervision.

Each housing unit is designed with a dayroom area consisting of one television, a telephone bank to accommodate unit capacity, one kiosk on which detainees can order commissary and check their account balance, submit a medical sick call slip or send requests to the case manager, the business office, intake or the mailroom. Each dayroom is equipped with table/chair settings where detainees eat their meals, play games/cards, converse with one another, and watch television programs.

General population detainees have access to daily outdoor recreation for at least one hour per day. The facility has three outdoor recreation yards; toilet facilities and drinking water are accessible to detainees using the outdoor recreation areas. SMU detainees in administrative segregation status are offered daily outdoor recreation for at least two hours a day. SMU detainees in disciplinary segregation status are offered one hour of outdoor recreation five days a week. SMU detainees are under constantly monitored camera surveillance in their housing units and while using the outdoor recreation areas.

Nine detainees were housed in the facility during the inspection. Two detainees volunteered to be interviewed. Detainees registered no substantive concerns regarding life/safety issues. They were satisfied with the interaction from facility staff and the treatment they receive from the officers. They were also satisfied with the access and responsiveness from visiting ICE/ERO personnel and facility staff when addressing their complaints, requests, and grievances. There were no substantive concerns registered regarding access to medical services, meals served, clothing issued, laundry exchange schedules, telephone access, visitation procedures, cleanliness, their safety, access to recreation areas, conditions of confinement, or the variety of program activities.

Food service is provided by a contract with Trinity Services Group. Health care services are provided by CoreCivic employees and contract employees from the local community. All other services are provided by CoreCivic.

The facility does not charge co-pays for medical, mental health, or dental care.

### **Areas of Concern/Significant Observations**

The inspection was conducted remotely and inspectors were unable to personally observe practices and procedures within the facility. The inspection team relied upon photographs and/or videos to validate the observation of many standards.

There was one priority component that Does Not Meet Standards:

### **Grievance System**

**Component 12-** Upon receipt, facility staff must forward all detainee grievances containing allegations of staff misconduct to a supervisor or higher-level official in the chain of command. While such grievances are to be processed through the facility's established grievance system, IGSA facilities must also forward a copy of any grievances alleging staff misconduct to ICE/ERO in a timely manner.

**Finding:** A review of the grievance logs and interviews with the grievance officers and ICE staff, reveal that grievances alleging staff misconduct are not sent to ICE/ERO. A total of 38 grievances were reported during this inspection period, of which six (15%) were reported to be allegations of staff misconduct. Facility policy requires that upon receipt, facility staff must forward all detainee grievances containing allegations of staff misconduct to a supervisor or higher-level official in the chain of command. While such grievances are to be processed through the facility's established grievance system, the facility must also forward a copy of any grievances alleging staff misconduct to ICE/ERO in a timely manner.

**Recommendations:** The facility should monitor procedures to ensure allegations of staff misconduct are forwarded to ICE/ERO as the standard and the facility's policy requires.

### **Recommended Rating and Justification**

The Lead Compliance Inspector recommends that the facility receive a rating of Meets Standards unless unobserved practices and conditions are contrary to what was reported to the inspection team. The facility complies with the ICE Performance-Based National Detention Standards (PBNS) 2011. No (0) standards were found Does Not Meet Standard and two (2) standards was Not Applicable (N/A). All remaining forty-one (41) standards were found to Meet Standards.



The Nakamoto Group, Inc.

### 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 in addition to the entire Nakamoto Group, Inc. Inspection Team, the following were present:

- ICE Officials – [REDACTED]
- Facility Staff – [REDACTED]  
[REDACTED]

[REDACTED]

[REDACTED], Lead Compliance Inspector

February 3, 2021

Printed Name of LCI

Date