

**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  
 1/8/2019 - 1/10/2019

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

Date[s] of Last Facility Review  
 1/9/2018 - 1/11/2018  
 Previous Rating  
 Meets Standards  Does Not Meet Standards

**D. Name and Location of Facility**

Name  
 Coastal Bend Detention Center  
 Address (Street and Name)  
 4909 FM 2826  
 City, State and Zip Code  
 Robstown, TX 78380  
 County  
 Neuces  
 Name and Title of Facility Administrator  
 (Warden/OIC/Superintendent)  
 [Redacted]  
 Telephone # (Include Area Code)  
 [Redacted]  
 Field Office / Sub-Office (List Office with oversight responsibilities)  
 Houston  
 Distance from Field Office  
 210 miles

**E. ICE Information**

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

**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:  
 PREA, ACA  
 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  
 [Redacted]  
 Date Last Remodeled or Upgraded  
 [Redacted]  
 Date New Construction / Bedspace Added  
 [Redacted]  
 Future Construction Planned  
 [Redacted]  [Redacted] Date: [Redacted]  
 Current Bedspace  
 [Redacted] Future Bedspace (# New Beds only)  
 Number: [Redacted] Date: [Redacted]

**J. Total Facility Population**

Total Facility Intake for previous 12 months  
 [Redacted]  
 Total ICE Mandays 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]
<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]

**M. Average Daily Population**

	ICE	USMS	Other
[Redacted]	[Redacted]	[Redacted]	[Redacted]

**N. Facility Staffing Level**

Security: [Redacted] Support: [Redacted]

### Significant Incident Summary Worksheet

For The Nakamoto Group 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 <sup>1</sup>	Types (Sexual <sup>2</sup> , Physical, etc.)	15/P	12/P	9/P	10/P
	With Weapon	1	1	1	0
	Without Weapon	14	11	8	10
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	N/A	2/P	2/P	1/P
	With Weapon	0	1	2	1
	Without Weapon	0	1	0	0
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		3	0	1	0
Disturbances <sup>4</sup>		0	0	0	0
Number of Times Chemical Agents Used		6	3	5	2
Number of Times Special Reaction Team Deployed/Used		4	2	3	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
Number of Times Canines Used in Facility		0	0	1	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		15	12	9	10
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	55	65	40	41
	# Resolved in favor of Offender/Detainee	0	0	0	1
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	83	13	9	27
	# 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.

<b>DHS/ICE Detention Standards Review Summary Report</b>							
<b>1. Meets Standards</b>		<b>2. Does Not Meet Standards</b>		<b>3. Repeat Finding</b>		<b>4. Not Applicable</b>	
		1	2	3	4		
<b>PART 1 SAFETY</b>							
1	Emergency Plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2	Environmental Health and Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	Transportation (By Land)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>PART 2 SECURITY</b>							
4	Admission and Release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	Classification System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6	Contraband	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7	Facility Security and Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8	Funds and Personal Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	Hold Rooms in Detention Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10	Key and Lock Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11	Population Counts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12	Post Orders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13	Searches of Detainees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14	Sexual Abuse and Assault Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15	Special Management Units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16	Staff-Detainee Communication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17	Tool Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18	Use of Force and Restraints	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>PART 3 ORDER</b>							
19	Disciplinary System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>PART 4 CARE</b>							
20	Food Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21	Hunger Strikes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22	Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23	Personal Hygiene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24	Suicide Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25	Terminal Illness, Advance Directives, and Death	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>PART 5 ACTIVITIES</b>							
26	Correspondence and Other Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27	Escorted Trips for Non-Medical Emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
28	Marriage Requests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
29	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30	Religious Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31	Telephone Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
32	Visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
33	Voluntary Work Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>PART 6 JUSTICE</b>							
34	Detainee Handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
35	Grievance System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
36	Law Libraries and Legal Material	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
37	Legal Rights Group Presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>PART 7 ADMINISTRATION &amp; MANAGEMENT</b>							
38	Detention Files	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
39	News Media Interviews and Tours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
40	Staff Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
41	Transfer of Detainees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

### 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)  ██████████	<i>Signature</i>  ██
Title & Duty Location  Lead Compliance Inspector/Safety SME, The Nakamoto Group, Inc.	Date  1/10/2019

#### Team Members

Print Name, Title, & Duty Location  ██████████, Medical SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location  ██████████, Detainee Rights SME, The Nakamoto Group, Inc.
Print Name, Title, & Duty Location  ██████████, Security SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location  ██████████, Medical SME, The Nakamoto Group, Inc.

**Recommended Rating:**

- Meets Standards**  
 **Does Not Meet Standards**

**Comments:** The Significant Incident Worksheet Summary represents data on all detainees housed at the facility, not just ICE detainees. There were no deaths, serious suicide attempts, hunger strikes, sexual assault allegations or escapes involving ICE detainees during this inspection period. ICE detainees are not charged a medical co-pay.

There were three immediate use of force incidents involving ICE detainees during this inspection period. Of those instances, two were for detainees failing to comply with a directive of security staff, and one for separation of two detainees fighting. Review of each report indicated that force was applied within guidelines of the standard. The medical evaluations were timely. Neither detainees nor personnel were injured in the incidents.

The facility does not have Tasers. The facility does not have a restraint chair. Four/five-point restraints are not used at the facility. The facility does not have a canine unit. If a canine unit comes on grounds, it will not be used in the presence of ICE detainees. The only chemical agent approved for use is oleoresin capsicum/pepper (OC) spray. The facility does not use or train staff in the use of unsafe types of restraint.