A. Type of Facility Reviewed ICE Service Processing Center	Estimated Man-da	ays Per Year	:	
☐ ICE Service Processing Center☐ ☐ ICE Contract Detention Facility				
☐ ICE Intergovernmental Service Agreement	G. Accreditation			
	List all State or N	ational Accr	editation[s] recei	ved:
B. Current Inspection	Charle how if	facility has n	o aggraditation [s	1
Type of Inspection ☐ Field Office ☐ HQ Inspection	Check box if facility has no accreditation[s]			
Date[s] of Facility Review	H. Problems / C	omplaints (Copies must be a	attached)
6/4/2019-6/6/2019	The Facility is under Court Order or Class Action Finding Court Order Class Action Order			
C. Previous/Most Recent Facility Review	The Facility has Significant Litigation Pending			
Date[s] of Last Facility Review	☐ Major Litigation ☐ Life/Safety Issues			
6/5/2018-6/7/2018 Previous Rating	Check if Non	e.		
Superior Good Acceptable Deficient At-Risk	I. Facility Hist	ory		
D. Name and Location of Facility	Date Built			
Name	Date Last Remod	eled or Upgr	aded	
Laredo Processing Center				
Address (Street and Name) 4702 East Saunders Street	Date New Constr	uction / Bed	space Added	
City, State and Zip Code	E-t	Dl 1		
Laredo, TX 78041	Future Constructi	On Planned Date:		
County Webb	Current Bed space Future Bed space (# New Beds only)			
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)		Numb		J /
	I (D. 4 1 E. 914	D 14		
Telephone # (Include Area Code)	J. Total Facility Total Facility Inta			
Field Office / Sub-Office (List Office with oversight responsibilities)	Total Tacinty Into	ike for previo	ous 12 monuis	
San Antonio	Total ICE Man-da	ays for Previo	ous 12 months	
Distance from Field Office				
150 miles	V Cl:6:4:	T1 (TCI	E CDC I CDI	E- ()1)
E. ICE Information	K. Classification	n Level (ICI	E SPCs and CDI 1 L-2	L-3
Name of Inspector (Last Name, Title and Duty Station)	Adult Male	N/A	N/A	N/A
/ LCI/Detainee Rights SME / Nakamoto Group	Adult Female	N/A	N/A	N/A
Name of Team Member / Title / Duty Location				
/ Medical SME / Nakamoto Group Name of Team Member / Title / Duty Location	T T W G	•.		
/ Safety SME / Nakamoto Group	L. Facility Capa	Facility Capacity Rated Operational Emergency		Emongonov
Name of Team Member / Title / Duty Location		Kateu	Operational	Emergency
/ Security SME / Nakamoto Group				
Name of Team Member / Title / Duty Location				
	M. A	l Dl.4!.		
F. CDF/IGSA Information Only	M. Average Dai	Iy Populatio		Other
Contract Number Date of Contract or IGSA		ICI	E OSIVIS	Other
Basic Rates per Man-Day	-	· ·		
Other Charges: (If None Indicate N/A)	N. Facility Staff	fing Level	La	
Other Charges: (If None, Indicate N/A)	Security:		Support:	

Significant Incident Summary Worksheet

For Nakamoto to complete its review of your facility, the following information <u>must be completed</u> 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.

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual ² , Physical, etc.)	Physical	Physical	N/A	Physical
Offenders on Offenders 1	With Weapon	0	0	0	0
	Without Weapon	2	2	0	1
Assault:	Types (Sexual Physical, etc.)	N/A	N/A	N/A	N/A
Detainee on Staff	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	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
Restraints applied/used	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

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

Form G-324A SIS (Rev. 7/9/07)

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.

	ICE Detention Standards Review Summary Report	
	ceptable 2. Deficient 3. At Risk 4. Repeat Finding 5. Not Applicable	
	Access Standards	1. 2. 3. 4. 5.
1.	Access to Legal Materials	
2.	Group Presentations on Legal Rights	
3.	Visitation	
4.	Telephone Access	
Detai	nee Services	
5.	Admission and Release	
6.	Classification System	
7.	Correspondence and Other Mail	
8.	Detainee Handbook	
9.	Food Service	
10.	Funds and Personal Property	
11.	Detainee Grievance Procedures	
12.	Issuance and Exchange of Clothing, Bedding, and Towels	
13.	Marriage Requests	
14.	Non-Medical Emergency Escorted Trip	
15.	Recreation	
16.	Religious Practices	
17.	Voluntary Work Program	
Healt	h Services	
18.	Hunger Strikes	
19.	Medical Care	
20.	Suicide Prevention and Intervention	
21.	Terminal Illness, Advanced Directives and Death	
Secur	ity and Control	
22.	Contraband	
23.	Detention Files	
24.	Disciplinary Policy	
25.	Emergency Plans	
26.	Environmental Health and Safety	
	Hold Rooms in Detention Facilities	
27.		
27.28.	Key and Lock Control	
	Population Counts	
28. 29. 30.	Population Counts Post Orders	
28. 29. 30. 31.	Population Counts Post Orders Security Inspections	
28. 29. 30.	Population Counts Post Orders Security Inspections Special Management Units (Administrative Segregation)	
28. 29. 30. 31. 32. 33.	Population Counts Post Orders Security Inspections Special Management Units (Administrative Segregation) Special Management Units (Disciplinary Segregation)	
28. 29. 30. 31. 32. 33. 34.	Population Counts Post Orders Security Inspections Special Management Units (Administrative Segregation)	
28. 29. 30. 31. 32. 33.	Population Counts Post Orders Security Inspections Special Management Units (Administrative Segregation) Special Management Units (Disciplinary Segregation)	
28. 29. 30. 31. 32. 33. 34.	Population Counts Post Orders Security Inspections Special Management Units (Administrative Segregation) Special Management Units (Disciplinary Segregation) Tool Control	
28. 29. 30. 31. 32. 33. 34.	Population Counts Post Orders Security Inspections Special Management Units (Administrative Segregation) Special Management Units (Disciplinary Segregation) Tool Control Transportation (Land management)	
28. 29. 30. 31. 32. 33. 34. 35.	Population Counts Post Orders Security Inspections Special Management Units (Administrative Segregation) Special Management Units (Disciplinary Segregation) Tool Control Transportation (Land management) Use of Force	

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)	Signature
Title & Duty Location	Date
Lead Compliance Inspector, The Nakamoto Group, Inc.	06/06/2019
Team Members	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
, Safety SME, The Nakamoto Group, Inc.	, Medical SME, The Nakamoto Group, Inc.
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
, Security SME, The Nakamoto Group, Inc.	
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.