



May 17, 2018

TO: [REDACTED]  
Assistant Director for Detention Management

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

SUBJECT: **Annual Detention Inspection of the Virginia Peninsula Regional Jail**

The Nakamoto Group, Inc. performed an annual inspection for compliance with the ICE National Detention Standards (NDS, Over 72 Hours) of the Virginia Peninsula Regional Jail (VPRG) in Williamsburg, Virginia during the period of May 15-17, 2018. This is an Over 72 Hour IGSA facility.

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

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

**Type of Inspection**

This is a scheduled annual inspection, which is performed to determine overall compliance with the ICE NDS for Over 72 hour facilities. The facility received an Acceptable rating during the April 2017 annual inspection.

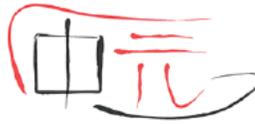
**Inspection Summary**

The Virginia Peninsula Regional Jail is currently accredited by:

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

**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 2017 and the 2018 annual inspections.



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2017 Annual Inspection		2018 Annual Inspection	
Acceptable	36	Acceptable	35
Deficient	0	Deficient	1
At-Risk	0	At-Risk	0
Repeat Deficiency	0	Repeat Deficiency	0
Not Applicable	3	Not Applicable	3

The inspection team identified nineteen (19) deficient components in the following eleven (11) standards:

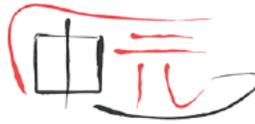
- Access to Legal Materials- 2, both of which are repeat deficiencies
- Correspondence and Other Mail- 1, which is a repeat deficiency
- Detainee Handbook – 2
- Food Service – 2
- Detainee Grievance Procedures – 2
- Access to Medical Care – 2
- Environmental Health and Safety – 4
- Special Management Unit (Administrative Segregation) – 1
- Special Management Unit (Disciplinary Segregation) – 1
- Use of Force – 1
- Sexual Abuse and Assault Prevention and Intervention - 1

### Facility Snapshot/Description

The Virginia Peninsula Regional Jail (VPRJ) is jointly owned and operated by the Counties of James City and York and the Cities of Williamsburg and Poquoson. The Regional Jail Board of Directors is the policy making and governing body of the Regional Jail. The superintendent of the facility reports to the board and is responsible for overseeing the daily operations. The facility is located in a rural area of Williamsburg, Virginia. The facility houses adult male ICE detainees of all security levels; female ICE detainees of low and medium levels;

[REDACTED]. The total facility count on the first day of the inspection was [REDACTED]

All detainees are housed in cells. Low and medium security male ICE detainees are housed with local non-ICE detainees in one cellblock. High security male ICE detainees are not housed with other jurisdictions. Female ICE detainees are housed with other jurisdictions. Male ICE detainees who need to be segregated for any reason will be housed in the segregation unit. Female ICE detainees who need to be segregated are placed on a control status in their individual cells in the female cellblock or the medical unit, preventing physical access to other detainees. Officers are posted inside the housing units or unit hallways at all times. Control center officers monitor detainees from video cameras.



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Housing areas provide adequate open space. Each pod has a television viewing area, telephone banks, game tables and computer work stations. Outdoor recreation is available at the optimal seven days per week, weather permitting. The atmosphere throughout the facility is reasonably calm, with no evidence of stress levels present. No less than sixty detainees were interviewed during the inspection. There were no detainee complaints regarding safety or allegations of mistreatment. The inspection team received complaints regarding food services operations, specifically the poor condition of serving trays and portion sizes. The safety SME noted that portion sizes, menus, serving temperatures, and all other criteria relating to the Food Service Standard are satisfactory. However, the safety SME noted that many of the serving trays are in poor condition. The serving trays are in disrepair.

Detainees stated that their housing units are “locked down” on a routine basis. According to the detainees, privileges and services are suspended during the lockdowns. One detainee stated that visitation on Mother’s Day was cancelled due to the lockdown. Follow up indicated that evening visitation was suspended on May 13, 2018 due to “staff shortage”. According to administrative staff, morning and afternoon visitation was conducted as scheduled. Administrative staff informed the inspection team that all “lockdowns” are initiated for safety and security reasons, which includes “shortage of staff”. The administrative team was unable to provide documentation as to the numbers of lockdown that have occurred in the last twelve months. Documentation was provided that confirmed three shifts were locked down during the week of May 7, 2018.

Detainees voiced no concerns regarding legal access, ICE officer communication or recreation. An LEP detainee stated that he had no concerns with obtaining information and services. Facility employees conducted themselves professionally during interactions with, and as observed by, inspection team members. Housing unit officers were not familiar with ICE National Detention Standards, nor were they familiar with the use of Language Line for interpretation services. One housing unit officer stated, “The Language Line is a good idea”. He was not familiar with how to access the interpretive service for his daily communication with detainees. The superintendent was made aware of these concerns and agreed to ensure additional staff training in these areas.

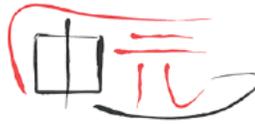
Food services are provided by jail employees with support services provided by Trinity Services Group. All other services are provided by jail employees. Sanitation levels were observed to be poor. The team observed graffiti in the multipurpose rooms, cells, and recreation areas. Dirt, grime, used food trays and trash were observed in the common areas, hallways and office areas. Inspection team was advised that supervisors do not follow up with the cleaning crews on the evening shift due to “staff shortage”.

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

There was one deficient standard identified during this inspection.

#### **Detainee Grievance Procedures:**

Every facility will develop and implement standard operating procedures (sops) for addressing detainee grievances in a timely fashion. Each step in the process will occur within the prescribed time frame. Among other things, a grievance will be processed, investigated, and decided (subject to appeal) in accordance with the sops; a grievance committee will convene as provided in the sops. Standard procedure will include providing the detainee with a written response to any formal grievance, which will include the basis for the decision. The facility will also establish standard procedures for handling



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emergency grievances. All grievances will receive supervisory review. Reprisal against the filer of a grievance will not be tolerated.

***Finding:***

The grievance logs were inaccurate and not up-to-date. All grievances were not documented. The facility was unable to provide all the grievances filed during the inspection period. The grievance officer was unable to locate approximately six months' worth of documentation/grievances. There were three different types of logs that were outdated and incomplete. The 39 grievances provided were reviewed for accuracy, resolution and to ensure time frames were followed. Grievances reviewed were missing signatures, dates and timeframes were not within the established guidelines. One medical grievance #5319 dated 4/4/2018 was responded to as "not able to interpret" as the grievance was written in Spanish. The facility was unable to provide documentation indicating that any further follow-up or action on the medical grievance #5319 was provided. The grievance (#5319) was received on 4/4/2018, responded to on 4/4/2018 but not returned to the detainee until 5/2/2018. Copies of grievances during the inspection period were not always maintained in the detention file as required by the standard.

***Recommendation:***

Ensure that grievances are logged according to the standard. Ensure that time frames are met from filing the grievance to disposition and notification of the detainee. Provide assistance to detainees who are illiterate or do not speak English.

**Recommended Rating and Justification**

The Lead Compliance Inspector recommends that the facility receive a rating of Acceptable. The facility complies with the ICE National Detention Standards (NDS) for Over 72 Hour facilities. One (1) standard was found Deficient and three (3) standards were Not Applicable (N/A). All remaining thirty-five (35) standards were found to be in compliance.

**LCI Assurance Statement**

The findings of Acceptable and Deficient 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], Lead Compliance Inspector

May 17, 2018

Printed Name of LCI

Date

[REDACTED]