

February 7, 2019

TO:

Assistant Director for Detention Management

FROM:

Lead Compliance Inspector The Nakamoto Group, Inc.

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

The Nakamoto Group, Inc. performed an annual inspection for compliance with the ICE Performance-Based National Detention Standards (PBNDS 2011) of the Webb County Detention Center in Laredo, TX, during the period of February 5-7, 2019. This is an IGSA facility.

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

| Subject Matter Field | Team Member |
|----------------------|-------------|
| Detainee Rights      |             |
| Security             |             |
| Medical Care         |             |
| Medical Care         |             |
| Safety               |             |

## **Type of Inspection**

This is a scheduled annual inspection which is performed to determine overall compliance with the ICE PBNDS 2011 for Over 72 hour facilities. The facility received a previous rating of Acceptable during the February 2018 annual National Detention Standards (NDS) 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 2018 NDS and the 2019 PBNDS 2011 annual inspections:



| 2018 Annual NDS Inspection |    |  |
|----------------------------|----|--|
| Acceptable                 | 37 |  |
| Deficient                  | 0  |  |
| Repeat Finding             | 0  |  |
| Not Applicable             | 2  |  |

| 2019 Annual PBNDS 2011 Inspection |    |  |
|-----------------------------------|----|--|
| Meets Standard                    | 41 |  |
| Does Not Meet Standard            | 0  |  |
| Repeat Finding                    | 0  |  |
| Not Applicable                    | 1  |  |

The inspection team identified seventeen (17) deficient components in the following eight (8) standards:

Environmental Health and Safety—2 Hold Rooms in Detention Facilities—1, which is a Priority component Funds and Personal Property—1 Post Orders—2 Special Management Units—6, two (2) of which are Priority components Hunger Strikes—2 Medical Care (Women)—1 Significant Self-Harm and Suicide Prevention and Intervention—2

## **Facility Snapshot/Description**

The Webb County Detention Center is located in Laredo, TX, and is owned and operated by CoreCivic, a private prison company with headquarters in Nashville, TN. Webb County has an IGSA with Homeland Security ICE and contracts with CoreCivic to operate the facility. The facility is adjacent to the small border town of Rio Bravo, TX, and approximately <sup>3</sup>/<sub>4</sub> of a mile immediately east of the Rio Grande River and the United States/Mexico border. The facility opened in 1998

The facility does not house juveniles.

The facility is a one level structure containing 39 general population housing pods. Both dormitory and cell housing are available with capacity configurations ranging from six to 24 beds. Indirect supervision by means of cameras and a roving officer is provided for all of the housing pods. ICE detainees are not commingled with USMS prisoners. Additionally, there are two housing pods designated as special management units (SMU). Each SMU housing unit contains ten beds.

Each general population housing unit has a dayroom area with tables, chairs, a television, telephones and board games. Detainees housed in general population have access to a large outdoor recreation yard four hours per day, seven days a week, which meets the optimal requirements of the recreation standard.

Overall, the team found the atmosphere in the facility to be calm with no obvious indicators of high stress. Facility staff was observed interacting with detainees; the interactions appeared to be professional and productive. Sanitation was observed to be average. During the inspection, ten housing units were under cohort quarantine due to mumps and varicella (chickenpox).

The majority of housing units and common areas of the facility used by ICE detainees were visited and/or observed during the inspection. Numerous detainees were interviewed; some interviews were with small



groups of detainees and several were private and confidential and included detainees with limited English proficiency (LEP). Language line was used to interview several detainees who did not speak English. The detainees voiced no concerns regarding life/safety issues. Detainees stated they felt safe and were generally satisfied with the interaction, responsiveness and professionalism of facility and ICE staff and with access to medical services, mail, the law library, telephones, visitation and recreation. A few detainees voiced minor complaints about the food stating that the evening meal was often served cold. The safety SME followed up on the complaint and found the menu to be suitable for a detention setting. There were two complaints about medical services. One female detainee claimed that she was not allowed a second visit to an outside provider despite the provider telling her that he wanted to see her again for an MRI. The medical SME followed up on the claim and found that the provider did not ask her to return for an MRI. A second female detainee claimed it took fifteen days and two separate sick call requests to been seen by the facility's doctor. The medical SME followed up on the claim and found up on the claim and found that the detainee was seen and treated in a timely manner.

Food service is provided via a contract with Trinity Services Group. Detainee telephone services are contracted with Talton Communications, Inc. 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**

### Priority Components Rated Does Not Meet Standard

### **Hold Rooms in Detention Facilities**

Component #16-Officers closely supervise hold rooms through direct supervision to ensure

- Continuous auditory monitoring,
- Visual monitoring at irregular intervals at least every 15 minutes,
- Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors.

*Finding:* Facility policy addresses the requirements of this priority component. Hold rooms were inspected on the second day of the inspection, 2/6/2019, at 3:00 p.m. Detainees in two hold rooms were placed in the hold rooms at 1:00 p.m. and 1:13 p.m. respectively. Fifteen-minute checks were not documented for these hold rooms.

*Recommendation:* Officers should visually monitor hold rooms where detainees are held at irregular intervals at least every fifteen minutes. The visual checks should be documented.

### **Special Management Units**

*Component #6*-A detainee is placed in Administrative Segregation only for non-punitive reasons, when necessary to ensure the safety of detainees or others, the protection of property, or the security or good order of the facility.

The facility administrator or designee shall complete the Administrative Segregation Order (Form I-885 or equivalent), detailing the reasons for placing a detainee in Administrative Segregation, before his or her actual placement. A copy of the order shall be immediately provided to the detainee in a language or manner the detainee can understand, unless delivery would jeopardize the safe, secure, or orderly operation of the facility.



*Finding:* Procedures do not require that a copy of the order detailing the reasons for placing a detainee in Administrative Segregation be provided to the detainee in a language or manner the detainee can understand, unless delivery would jeopardize the safe, secure, or orderly operation of the facility.

*Recommendation:* A copy of the order detailing the reasons for placing a detainee in Administrative Segregation should be immediately provided to the detainee in a language or manner the detainee can understand, unless delivery would jeopardize the safe, secure, or orderly operation of the facility.

**Component #11**-There are implemented written procedures for the regular review of all detainees in Administrative Segregation. A supervisor conducts a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review includes an interview with the detainee, and a written record is made of the decision and the justification. If a detainee is segregated for the detainee's protection, but not at the detainee's request, continued detention requires the authorizing signature of the facility administrator or assistant facility administrator. When a detainee has spent seven days in Administrative Segregation, and every week thereafter for the first 30 days and at least every 10 days thereafter, a supervisor conducts a similar review, including an interview with the detainee, and documents the decision and justification.

*Finding:* Facility policy provides that detainees in Administrative Segregation are reviewed every week for the first thirty days and then every ten days after two months.

*Recommendation:* Written policy and procedure should require that a detainee in Administrative Segregation be reviewed every week for the first thirty days and at least every ten days thereafter.

## **Recommended Rating and Justification**

The Lead Compliance Inspector recommends that the facility receive a rating of Meets Standards. The facility complies with the ICE Performance-Based National Detention Standards. No (0) standards were found Does Not Meet Standard and one (1) standard was Not Applicable (N/A). All remaining forty-one (41) standards were found to be in compliance.

## **LCI Assurance Statement**

The findings of compliance and non-compliance are accurately and completely documented on the G-324 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:

| <ul> <li>ICE Officials –</li> <li>Facility Staff –</li> </ul> |                  |  |
|---|------------------|--|
| , Lead Compliance Inspector                                   | February 7, 2019 |  |
| Printed Name of LCI   | Date             |  |