

**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  
**08/06/2019 - 08/08/2019**

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

Date[s] of Last Facility Review  
**08/07/2018 - 08/09/2018**  
 Previous Rating  
 Superior  Good  Acceptable  Deficient  At-Risk

**D. Name and Location of Facility**

Name  
**West Texas Detention Facility**  
 Address (Street and Name)  
**401 South Vaquero**  
 City, State and Zip Code  
**Sierra Blanca, TX 79851**  
 County  
**Hudspeth**  
 Name and Title of Chief Executive Officer (Warden/OIC/Supt.)  
 [Redacted]  
 Telephone # (Include Area Code)  
 [Redacted]  
 Field Office / Sub-Office (List Office with oversight responsibilities)  
**El Paso, TX**  
 Distance from Field Office  
**90 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:  
**N/A**  
 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 / Bed space Added [Redacted]  
 Future Construction Planned  
 [Redacted]  [Redacted] Date: [Redacted]  
 Current Bed space [Redacted] Future Bed space (# New Beds only)  
 Number: [Redacted] Date: [Redacted]

**J. Total Facility Population**

Total Facility Intake for previous 12 months [Redacted]  
 Total ICE Man-days 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 Nakamoto 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.)	2/P	4/P	N/A	N/A
	With Weapon	0	0	0	0
	Without Weapon	2	4	0	0
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	1/P	N/A	5/P	3/P
	With Weapon	0	0	0	0
	Without Weapon	1	0	5	3
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		1	0	6	3
Disturbances <sup>4</sup>		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 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
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	3	2	0	0
	# Resolved in favor of Offender/Detainee	1	1	0	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	68	81	36	63
	# Psychiatric Cases referred for Outside Care	2	0	0	1

<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. Acceptable</b>		<b>2. Deficient</b>		<b>3. At Risk</b>		<b>4. Repeat Finding</b>		<b>5. Not Applicable</b>	
<b>Legal Access Standards</b>					<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>
1.	Access to Legal Materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
2.	Group Presentations on Legal Rights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
3.	Visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
4.	Telephone Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Detainee Services</b>									
5.	Admission and Release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
6.	Classification System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
7.	Correspondence and Other Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
8.	Detainee Handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
9.	Food Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
10.	Funds and Personal Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
11.	Detainee Grievance Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
12.	Issuance and Exchange of Clothing, Bedding, and Towels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
13.	Marriage Requests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
14.	Non-Medical Emergency Escorted Trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
15.	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
16.	Religious Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
17.	Voluntary Work Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
<b>Health Services</b>									
18.	Hunger Strikes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
19.	Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
20.	Suicide Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
21.	Terminal Illness, Advanced Directives and Death	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Security and Control</b>									
22.	Contraband	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
23.	Detention Files	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
24.	Disciplinary Policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
25.	Emergency Plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
26.	Environmental Health and Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
27.	Hold Rooms in Detention Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
28.	Key and Lock Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
29.	Population Counts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
30.	Post Orders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
31.	Security Inspections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
32.	Special Management Units (Administrative Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
33.	Special Management Units (Disciplinary Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
34.	Tool Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
35.	Transportation (Land management)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
36.	Use of Force	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
37.	Staff / Detainee Communication (Added August 2003)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
38.	Detainee Transfer (Added September 2004)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

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)  [REDACTED]	Signature  [REDACTED]
Title & Duty Location  Lead Compliance Inspector/Safety SME, The Nakamoto Group, Inc.	Date  08/08/2019

**Team Members**

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

**Recommended Rating:**

- Superior
- Good
- Acceptable
- Deficient
- At-Risk

Comments: The Sexual Abuse and Assault Prevention and Intervention Standard was inspected during this inspection, but is not referenced in the Detention Standards Review Summary Report. The standard was rated as Meets Standard for this inspection.

The Significant Incident Summary Worksheet represents data on ICE detainees only. There were no serious suicide attempts, deaths, or escapes during this inspection period.

There were three ICE detainee hunger strikes reported during this inspection period. The first two were a 25-year old female Hispanic detainee and a 33-year old female Hispanic detainee who were refusing meals because they had not received a response from ICE on their cases. Both detainees were taken to the University Medical Center emergency room for evaluation and treatment as ordered by the nurse practitioner. Both detainees were transported back to the facility after evaluation and treatment. Hunger strike monitoring on both detainees were discontinued by the nurse practitioner on the following day. The third detainee, a 29-year old Hispanic male, went on a hunger strike because he wanted to speed up the process on his asylum application. He was taken to the University Medical Center emergency room as ordered by the nurse practitioner for evaluation and treatment but refused the service upon arrival at the hospital. He was transported back to the facility and hunger strike monitoring was continued until he bonded out. A review of the detainees' medical records indicated that the medical practices and procedures fully comply with requirements of the standard.

[REDACTED]

There were three sexual assault allegations involving ICE detainees during this inspection period. Two incidents were male detainee-on-detainee allegations and one was a female detainee-on-detainee allegation. The allegations consisted of unwanted touching that were reported to the sergeant on duty by the alleged victims. The allegations were investigated and determined to be unsubstantiated. All required procedures were followed and fully complied with the stipulations stated in the standard.

There were ten use-of-force incidents involving ICE detainees reported during this inspection period. Three of the incidents were calculated and seven were immediate. The video recordings of all the calculated use-of-force incidents were reviewed. In all of the incidents, medical treatment was immediate. There were no uses of Oleoresin Capsicum (OC)/pepper spray. The incidents were properly reviewed by senior staff. All of the force used was appropriate, necessary, and not excessive.

The facility does not have Tasers. The facility does not use a restraint chair or four/five-point restraints. The facility does not have a canine unit. If a canine unit is brought in they are not used in the presence of ICE detainees. The only chemical agent approved for use OC/pepper spray. The facility does not use or train staff in the use of unsafe types of restraint. ICE detainees are not charged a medical co-pay.