A. Type of Facility Reviewed	Estimated Man-o	lavs Per Vear		
ICE Service Processing Center	Estimated Man-C	iays i ci i cai	•	
☐ ICE Contract Detention Facility				
☐ ICE Intergovernmental Service Agreement	G. Accreditation	n Certificate	S	
B. Current Inspection	List all State or National Accreditation[s] received: ACA October 2005, ACA October 2008, ACA October 2011, ACA October 2014, ACA October 2017, NCCHC			
Type of Inspection ☐ Field Office ☐ HQ Inspection	August 2016, Pl			, NCCHC
☐ Field Office ☐ HQ Inspection Date[s] of Facility Review			o accreditation[s	1
9/11/2018 to 9/13/2018	Check box ii	racinty nas n	o accreditation[5]	J
7/12/2010 00 7/10/2010	H. Problems / G	Complaints (Copies must be a	ttached)
C. Previous/Most Recent Facility Review	The Facility is un		der or Class Acti	
Date[s] of Last Facility Review	Court Order		Class Action Ord	ler
9/12/2017 to 9/14/2017	The Facility has			
Previous Rating ☐ Superior ☐ Good ☐ Acceptable ☐ Deficient ☐ At-Risk	Major Litigat		Life/Safety Issue	S
	Check if Nor	ne.		
D. Name and Location of Facility	I. Facility His	tory		
Name	Date Built	tor y		
Willacy County Regional Detention Facility	Bute Built			
Address (Street and Name)	Date Last Remo	deled or Upgr	aded	
1601 Buffalo Drive City, State and Zip Code		10		
Raymondville, Texas 78580	Date New Const	ruction / Bed	space Added	
County				
Willacy	Future Construct			
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)		Date:	D 1 (#N	D 1 1)
	Current Bed space	ce Future Numb	Bed space (# Ne er: Date:	w Beds only)
Telephone # (Include Area Code)		Nullib	Date:	
Field Office / Sub-Office (List Office with oversight responsibilities)	J. Total Facili	tv Population	1	
San Antonio/Port Isabel	Total Facility Int			
Distance from Field Office	-	•		
286 miles/63 miles	286 miles/63 miles Total ICE Man-days for Previous 12 months			
E. ICE Information	T7 (C) 100 (1			
Name of Inspector (Last Name, Title and Duty Station) / LCI/Detainee Rights / Nakamoto Group	K. Classification			
Name of Team Member / Title / Duty Location	Adult Male	L- N/A	1 L-2 N/A	L-3 N/A
/ Medical SME / Nakamoto Group	Adult Wale Adult Female	N/A	N/A	N/A N/A
Name of Team Member / Title / Duty Location	Addit I ciliaic	IV/A	17/74	IV/A
/ Safety SME / Nakamoto Group				
Name of Team Member / Title / Duty Location	L. Facility Cap	acitv		
/ Security SME / Nakamoto Group		Rated	Operational	Emergency
Name of Team Member / Title / Duty Location				
/ Medical SME / Nakamoto Group				
T OPPITORALIA AL OLI				
F. CDF/IGSA Information Only Contract Number Date of Contract or IGSA				
Contract Number Date of Contract or IGSA	M. Average Da			0.0
Basic Rates per Man-Day		IC	E USMS	Other
Dasic Nates per ivian-bay				
Other Charges: (If None, Indicate N/A)	N. Facility Sta	ffing Lavel		
Sales State	Security:	mig Levei	Support:	
	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.)	0	0	0	0
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Assault:	Types (Sexual Physical, etc.)	0	0	0	0
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	0	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)	0	0	0	0
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	0	0
	# Resolved in favor of Offender/Detainee	0	0	0	0
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	0	0
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	0	0	0	0
	# Psychiatric Cases referred for Outside Care	0	0	1	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.

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

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.	9/13/2018
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.	, 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 data includes ICE detainee information. There were no escapes, deaths, hunger strikes, sexual assaults or allegations during the inspection period. There has been one detainee on suicide watch during the inspection period. The detainee was placed on suicide watch on 8/20/2018. The detainee was subsequently transferred to the Nix Behavioral Hospital for treatment on 8/31/2018, where he remains to date. A review of the medical record indicated the detainee was not evaluated daily by a mid-level professional.

There were no use of force incidents during the inspection period. The facility does not have a canine unit. Black jacks, sap gloves and Tasers are not permitted for use. Choke holds or other unauthorized restraint positions are not authorized. Oleoresin capsicum/pepper spray is authorized for use on ICE detainees by shift supervisors and members of the emergency response team (ERT) when needed. OC is not routinely carried.