| A. Type of Facility Reviewed | Estimated Man-days Per Year | | | | |
|--|--|----------------------|----------|-------------|--------------|
| ICE Service Processing Center | | | | | |
| ☐ ICE Contract Detention Facility | | | | | |
| | | | | | |
| | G. Accreditation | | | | |
| B. Current Inspection List all State or National Accreditation[s] received: ACA, NCCHC, PREA | | | | ved: | |
| ☐ Field Office ☐ HQ Inspection | Check box if f | | no accre | ditation[s] | |
| Date[s] of Facility Review | CHECK DOX II I | lacility has i | io accid | unanonis | <u> </u> |
| 08/27/2019 - 08/29/2019 | H. Problems / C | omplaints | (Conio | e muet ho | attached) |
| 06/21/2019 - 08/29/2019 | | | | | |
| C. Previous/Most Recent Facility Review | The Facility is under Court Order or Class Action Finding Court Order Class Action Order | | | | |
| Date[s] of Last Facility Review | The Facility has S | | | | |
| 08/28/2018 - 08/30/2018 | Major Litigation | | Life/Sa | afety Issue | S |
| Previous Rating | ☐ Check if None | е. | | | |
| | | | | | |
| | I. Facility Histo | ory | | | |
| D. Name and Location of Facility | Date Built | | | | |
| Name | | | | | |
| Central Arizona Florence Correctional Complex | Date Last Remode | eled or Upgr | aded | | |
| Address (Street and Name) | | | | | |
| 1100 Bowling Road | | | | | |
| City, State and Zip Code | Date New Constru | uction / Beds | space A | dded | |
| Florence, AZ 85132 | | | | | |
| County | Future Construction | | | | |
| Pinal | | Date: | | | |
| Name and Title of Facility Administrator | Current Bedspace | | | | v Beds only) |
| (Warden/OIC/Superintendent) | | Numb | er: | Date: | |
| | | | · · | · | |
| Telephone # (Include Area Code) | J. Total Facility | | | | |
| | Total Facility Inta | <u>ke for</u> previo | ous 12 1 | months | |
| Field Office / Sub-Office (List Office with oversight | | | | | |
| responsibilities) | Total ICE Manday | ys for Previo | us 12 r | nonths | |
| Phoenix / Florence | | | | | |
| Distance from Field Office | | | | | |
| 60 miles / 1 mile | K. Classification | n Le <u>vel (IC</u> | E SPC | | Fs Only) |
| | | L- | | L-2 | L-3 |
| E. ICE Information | Adult Male | | N/A N/A | | N/A |
| Name of Inspector (Last Name, Title and Duty Station) | Adult Female | N/. | A | N/A | N/A |
| / LCI/Detainee Rights SME / Nakamoto Group | | | | | |
| Name of Team Member / Title / Duty Location | L. Facility Capa | acity | | | |
| / Medical SME / Nakamoto Group | | Rated | Oper | rational | Emergency |
| Name of Team Member / Title / Duty Location | | | | | |
| / Safety SME / Nakamoto Group | | | | | |
| Name of Team Member / Title / Duty Location | | | | | |
| / Security SME / Nakamoto Group | | | | | |
| Name of Team Member / Title / Duty Location | M. Average Dail | • • | | | _ |
| / Medical SME / Nakamoto Group | | IC | E | USMS | Other |
| | | | | | |
| F. CDF/IGSA Information Only | | | | | |
| Contract Number Date of Contract or IGSA | | _ | | | _ |
| | N. Facility Staff | ing Level | | | |
| Basic Rates per Man-Day | Security: | | Supp | ort: | |
| | | | | | |
| Other Charges: (If None, Indicate N/A) | | | _ | | |

Significant Incident Summary Worksheet

For The Nakamoto Group 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 | Physical | Physical, Sexual |
| Offenders on Offenders ¹ | With Weapon | 0 | 0 | Fight=1 | Assault =2 |
| | Without Weapon | Fight=1 Assault=5 | Fight=3 Assault=5 | Fight=4 Assault=4 | Fight=3 (P) Assault=11 (P), 1 (S) |
| Assault: | Types (Sexual Physical, etc.) | Physical | Physical | N/A | N/A |
| Detainee on Staff | With Weapon | 0 | 0 | 0 | 0 |
| | Without Weapon | 1 | 1 | 0 | 0 |
| Number of Forced Moves, incl. Forced Cell moves ³ | | 2 | 2 | 0 | 1 |
| Disturbances ⁴ | | 1 | 0 | 0 | 1 |
| Number of Times Chemical Agents Used | | 1 | 2 | 0 | 6 |
| 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 |
| Number of Times Canines Used in Facility | | 0 | 0 | 0 | 0 |
| Offender / Detainee Medical Referrals as a result of injuries sustained. | | 13 | 7 | 3 | 9 |
| Escapes | Attempted | 0 | 0 | 0 | 0 |
| | Actual | 0 | 0 | 0 | 0 |
| Grievances: | # Received | Non-medical=25 Medical=40 | Non-medical=9 Medical=32 | Non-medical=4 Medical=36 | Non-medical=27 Medical=31 |
| | # Resolved in favor of Offender/Detainee | Non-medical=10 Medical=28 | Non-medical=6 Medical=24 | Non-medical=3 Medical-27 | Non-medical=14 Medical=26 |
| 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 | 47 | 62 | 34 | 39 |
| | # Psychiatric Cases referred for Outside Care | 1 | 1 | 0 | 0 |

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

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.

| DHS/ICE Detention Standards Review Summary Report | | | | | |
|---|---|-------------|-------------------|-------------------|-------------|
| 1. I | Meets Standards 2. Does Not Meet Standards 3.Repeat Finding 4. Not Applicable | 1 | 2 | 3 | 4 |
| PA | RT 1 SAFETY | | | | |
| 1 | Emergency Plans | | | | |
| 2 | Environmental Health and Safety | | | | |
| 3 | Transportation (By Land) | | | | \boxtimes |
| PA | RT 2 SECURITY | | | | |
| 4 | Admission and Release | | | | |
| 5 | Classification System | \boxtimes | | | |
| 6 | Contraband | \boxtimes | | | |
| 7 | Facility Security and Control | \boxtimes | | | |
| 8 | Funds and Personal Property | \boxtimes | | | |
| 9 | Hold Rooms in Detention Facilities | \boxtimes | | | |
| 10 | Key and Lock Control | | | | |
| 11 | Population Counts | \boxtimes | | | |
| 12 | Post Orders | | | | |
| 13 | Searches of Detainees | \boxtimes | | | |
| 14 | Sexual Abuse and Assault Prevention and Intervention | | | | |
| 15 | Special Management Units | \boxtimes | | | |
| 16 | Staff-Detainee Communication | \boxtimes | | \equiv | |
| 17 | Tool Control | | | | |
| 18 | Use of Force and Restraints | \boxtimes | $\overline{\Box}$ | $\overline{\Box}$ | |
| | RT 3 ORDER | _ | | | |
| 19 | Disciplinary System | \square | | П | |
| | RT 4 CARE | | | | |
| 20 | Food Service | \boxtimes | | | |
| 21 | Hunger Strikes | | | F | |
| 22 | Medical Care | | | | |
| 23 | | | | Ħ | |
| 24 | ,0 | | | | |
| 25 | Terminal Illness, Advance Directives, and Death | | | | |
| | RT 5 ACTIVITIES | | | | |
| 26 | Correspondence and Other Mail | | П | П | |
| 27 | Escorted Trips for Non-Medical Emergencies | | | | |
| 28 | Marriage Requests | | | | |
| 29 | 3 ; | | | | |
| 30 | Religious Practices | | | | |
| 31 | Telephone Access | | | | |
| 32 | Visitation | | | | |
| 33 | | | n | Ħ | |
| | RT 6 JUSTICE | | | | |
| 34 | Detainee Handbook | | | | |
| 35 | | | | | |
| 36 | , | | | | |
| 37 | Legal Rights Group Presentations | | H | H | |
| | RT 7 ADMINISTRATION & MANAGEMENT | | | | |
| 38 | Detention Files | | | | |
| 39 | News Media Interviews and Tours | | | | |
| 40 | Staff Training | | H | | |
| 41 | Transfer of Detainees | | | | |
| 41 | Transier of Detailiees | | | | i |

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. | 08/29/2019 |

| Team Members | |
|--|--|
| Print Name, Title, & Duty Location | Print Name, Title, & Duty Location |
| , Safety SME, The Nakamoto Group, Inc. Print Name, Title, & Duty Location | , Security SME, The Nakamoto Group, Inc. Print Name, Title, & Duty Location |
| | Fillit Name, Title, & Duty Location |
| , Medical SME, The Nakamoto Group, Inc. | , Medical SME, The Nakamoto Group, Inc. |

| Recommended Rating: | ⋈ Meets Standards |
|----------------------------|---------------------------|
| | ☐ Does Not Meet Standards |

Comments: This inspection was conducted to determine overall compliance with the ICE Performance-Based National Detention Standards (PBNDS 2008).

There were thirteen allegations of sexual abuse or assault at the facility within the last twelve months. A fourteenth allegation by a detainee occurred in a previous facility; the detainee reported the incident during the intake at this facility. Of the thirteen allegations of sexual abuse or assault at this facility, four were substantiated, five were unsubstantiated, and four were unfounded.

One detainee was assaulted and raped by another detainee; however, the detainee victim did not report the assault for one month after the incident so the case was not referred to the Sexual Assault Nurse Examiner (SANE) but was reported to local law enforcement. Details regarding all of the allegations are found in the end remarks section of the Sexual Abuse and Assault Prevention and Intervention checklist.

There were no escapes, deaths, or serious suicide attempts involving an ICE detainee during the inspection period. Tasers are not used. All custodial staff are trained in the use of Oleoresin Capsicum (OC)/pepper spray; the only chemical agent used at the facility. The use of unsafe types of force such as choke holds, carotid control holds, and neck restraints are not authorized. Canines are used for contraband detection but never in the presence of ICE detainees.

During the inspection period there were seventeen use-of-force incidents involving ICE detainees. Four of the incidents involved calculated use of force and thirteen involved immediate use of force. OC/pepper spray was used in nine of these incidents to control the detainees. All seventeen use-of-force packages were reviewed by the Security SME and were found to fully document the

incidents and uses of force. Video recordings of the four calculated incidents were reviewed; the incidents were recorded as required by the standard. These reviews substantiated that the force used was appropriate for the circumstances. Each incident was reviewed by the after-action review committee and ICE officials were notified per the standard requirements. Additional details regarding the uses of force are found in the end remarks of the Use of Force and Restraints checklist.

The information reported on the Significant Incident Summary Worksheet on page two pertains only to ICE detainees. Juvenile ICE detainees are not housed at this facility.