

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
10/23/2018 - 10/25/2018

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
10/24/2017 - 10/26/2017

Previous Rating
 Meets Standards Does Not Meet Standards

D. Name and Location of Facility

Name
Douglas County Department of Corrections

Address (Street and Name)
710 S. 17th Street

City, State and Zip Code
Omaha, Nebraska 68102

County
Douglas

Name and Title of Facility Administrator
(Warden/OIC/Superintendent)
[REDACTED]

Telephone # (Include Area Code)
[REDACTED]

Field Office / Sub-Office (List Office with oversight responsibilities)
St. Paul, MN

Distance from Field Office
385 miles

E. ICE Information

Name of Inspector (Last Name, Title and Duty Station)
[REDACTED] / LCI / Detainee Rights SME / Nakamoto Group

Name of Team Member / Title / Duty Location
[REDACTED] / Medical SME / Nakamoto Group

Name of Team Member / Title / Duty Location
[REDACTED] / Safety 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:
ACA, NCCCHC, and PREA

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 / Bedspace Added
[REDACTED]

Future Construction Planned
 [REDACTED] [REDACTED] Date: [REDACTED]

Current Bedspace [REDACTED] Future Bedspace (# New Beds only)
Number: [REDACTED] Date: [REDACTED]

J. Total Facility Population

Total Facility Intake for previous 12 months
[REDACTED]

Total ICE Mandays 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 The Nakamoto Group 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 ¹	Types (Sexual ² , Physical, etc.)	N/A	N/A	N/A	N/A
	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	N/A	N/A	N/A	N/A
	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 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
Number of Times Canines Used in Facility		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	1	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)	N/A	N/A	N/A	N/A
	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	0	0

¹ Any attempted physical contact or physical contact that involves two or more offenders

² Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting

³ Routine transportation of detainees/offenders is not considered "forced"

⁴ 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. Meets Standards 2. Does Not Meet Standards 3.Repeat Finding 4. Not Applicable		1	2	3	4
PART 1 SAFETY					
1	Emergency Plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Environmental Health and Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Transportation (By Land)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PART 2 SECURITY					
4	Admission and Release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Classification System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Contraband	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Facility Security and Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Funds and Personal Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Hold Rooms in Detention Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Key and Lock Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Population Counts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Post Orders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	Searches of Detainees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Sexual Abuse and Assault Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	Special Management Units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	Staff-Detainee Communication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	Tool Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	Use of Force and Restraints	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PART 3 ORDER					
19	Disciplinary System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PART 4 CARE					
20	Food Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	Hunger Strikes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22	Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23	Personal Hygiene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24	Suicide Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25	Terminal Illness, Advance Directives, and Death	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PART 5 ACTIVITIES					
26	Correspondence and Other Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27	Escorted Trips for Non-Medical Emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28	Marriage Requests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30	Religious Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31	Telephone Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32	Visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33	Voluntary Work Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PART 6 JUSTICE					
34	Detainee Handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35	Grievance System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36	Law Libraries and Legal Material	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37	Legal Rights Group Presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PART 7 ADMINISTRATION & MANAGEMENT					
38	Detention Files	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39	News Media Interviews and Tours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40	Staff Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41	Transfer of Detainees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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, Detainee Rights SME, The Nakamoto Group, Inc.	Date 10/25/2018

Team Members

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

Recommended Rating:

- Meets Standards**
 Does Not Meet Standards

Comments: The standard for Sexual Abuse and Assault Prevention was evaluated using the PBNDS 2011 Standards.

There were no serious suicide attempts or detainee deaths since the previous inspection. There were no allegations of detainee on detainee sexual assault since the previous annual inspection.

There were no escapes or serious attempts since the previous inspection. There were no uses of force involving ICE detainees since the previous inspection. Acts and techniques such as neck restraints; using batons to apply choke holds; intentional baton strikes to head, groin, solar plexus, kidneys; and striking a detainee for failure to obey an order are prohibited.

The data on page two of the Significant Incident Summary Report is for the ICE population only.