

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
3/12/2019- 3/14/2019

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
3/13/2018- 3/15/2018
 Previous Rating
 Superior Good Acceptable Deficient At-Risk

D. Name and Location of Facility

Name
Glades County Detention Center
 Address (Street and Name)
1297 East State Road 78
 City, State and Zip Code
Moore Haven, FL 33471
 County
Glades
 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)
Miami
 Distance from Field Office
109 miles

E. ICE Information

Name of Inspector (Last Name, Title and Duty Station)
 [Redacted] / **LCI/Detainee Rights SME / Nakamoto**
 Name of Team Member / Title / Duty Location
 [Redacted] / **Medical SME / Nakamoto**
 Name of Team Member / Title / Duty Location
 [Redacted] / **Safety SME / Nakamoto**
 Name of Team Member / Title / Duty Location
 [Redacted] / **Security SME / Nakamoto**
 Name of Team Member / Title / Duty Location
 [Redacted] / **Medical SME / Nakamoto**

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:
Florida Model jail Standards / NCCHC Accreditation/ 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 / 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]

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 ¹	Types (Sexual ² , Physical, etc.)	Physical	Physical	Physical	Physical
	With Weapon	0	0	0	0
	Without Weapon	3	7	11	4
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	0	Physical	0	0
	With Weapon	0	1	0	0
	Without Weapon	0	0	0	0
Number of Forced Moves, incl. Forced Cell moves ³		1	0	0	0
Disturbances ⁴		0	1	1	1
Number of Times Chemical Agents Used		7	12	13	4
Number of Times Special Reaction Team Deployed/Used		1	0	0	0
# Times Four/Five Point Restraints applied/used	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	V	0	V
	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	1 C	0	2 C
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	69	110	76	78
	# Resolved in favor of Offender/Detainee	13	17	16	16
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	98	84	140	94
	# Psychiatric Cases referred for Outside Care	4	2	7	3

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. Acceptable	2. Deficient	3. At Risk	4. Repeat Finding	5. Not Applicable
Legal Access Standards				
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"/>
Detainee Services				
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"/>
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"/>
14. Non-Medical Emergency Escorted Trip	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Services				
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"/>
Security and Control				
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"/>
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"/>
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, The Nakamoto Group, Inc.	Date 3/14/2019

Team Members

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], 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 PBNDS 2011 Sexual Abuse and Assault Prevention and Intervention Standard was inspected during this inspection but is not referenced in the Standards Review Summary Report. The Standard was rated as Meets Standard for this inspection. There were eleven allegations of sexual abuse or assault involving ICE detainees during the inspection period. Six of the allegations were unsubstantiated and four were unfounded. One occurred at another facility, and the information was forwarded to that facility for investigation. In all incidents, the reporting, intervention, investigation, and documentation were within standard guidelines. Potential victims were protected as required.

There were no detainee deaths and no serious suicide attempts during the inspection period. There were no escapes. OC spray is authorized for use by trained officers. The facility does not use Tasers. Canines have not been used in the facility during this inspection period. Choke holds or other unauthorized restraint techniques are not used.

There were 56 physical responses to detainee resistance involving ICE detainees during the inspection period. All were immediate responses. The reasons varied but were largely from non-routine application of restraints, fight break-ups, and failures to comply with officer directives. 25 of these incidents required the deployment of OC spray. The Security SME confirmed that force was applied within guidelines of the standard and the medical evaluations were timely. There were no serious injuries. All incidents were reviewed by an after-action review team that consists of a shift supervisor, the HSA, and ICE staff.

The statistics reported on the Significant Incident Summary Worksheet are for ICE detainees only.

[REDACTED]