G. Accreditation Certific List all State or National A ☐ Check box if facility I H. Problems / Complain The Facility is under Cou ☐ Court Order The Facility has Significa ☐ Major Litigation
List all State or National A Check box if facility H. Problems / Complain The Facility is under Cour Court Order The Facility has Significa
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The Facility is under Cour Court Order The Facility has Significa
Court Order The Facility has Significa
Court Order The Facility has Significa
Initigation
Check if None.
I. Facility History
Date Built
Date Last Remodeled or
Date New Construction /
Future Construction Plan
Current Bed space F
earrent bea space
J. Total Facility Popul
J. Total Facility Popul
Total Facility Intake for p
J. Total Facility Popul
I. Total Facility Popul <u>Total Facility Intake</u> for p

## **E. ICE Information**

Name of Inspector (Last Name, Title and Duty Station)
/ LCI/Detainee Rights SME / Nakamoto Group
Name of Team Member / Title / Duty Location
/ Medical SME / Nakamoto Group
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
/ Medical SME / Nakamoto Group

### F. CDF/IGSA Information Only

Contract Number	Date of Contract or IGSA		
Basic Rates per Man-Day			
Other Charges: (If None, Indica	te N/A)		

Year:

### ficates

Accreditation[s] received:

has no accreditation[s]

### ints (Copies must be attached)

The Facility is under C	ourt Order or Class Action Finding
Court Order	Class Action Order
The Facility has Signif	icant Litigation Pending
Major Litigation	Life/Safety Issues
Check if None.	

Date Built				
Date Last Remodeled or Upgraded				
Date New Construction / Bed space Added				
1				
Future Construction Planned				
Date:				
Current Bed space	Future Bed space (# New Beds only)			
	Number: Date:			

### ulation

previous 12 months

Previous 12 months

# 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

### M. Average Daily Population

ICE	USMS	Other

### N. Facility Staffing Level



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 <sup>2</sup> , Physical, etc.)	4 Physical	4 Physical	1 Physical	6 Physical
Offenders on Offenders <sup>1</sup>	With Weapon	0	0	0	0
	Without Weapon	4	4	1	6
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 <sup>3</sup>		0	0	0	0
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	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
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	4	12	15	10
	# Resolved in favor of Offender/Detainee	1	2	5	2
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	8	4	8	13
	# Psychiatric Cases referred for Outside Care	0	0	0	0

<sup>&</sup>lt;sup>1</sup> Any attempted physical contact or physical contact that involves two or more offenders

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

<sup>&</sup>lt;sup>2</sup> Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting

<sup>&</sup>lt;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.

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

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.	07/18/2019

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,	, 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. Information was not provided by the facility for Section F. of this form. There were no deaths or serious suicide attempts involving ICE detainees during this inspection period. ICE detainees are not charged a medical co-pay.

Tasers and chemical agents are available and will be used on ICE detainees if necessary. Detection canines are used but not in the presence of ICE detainees. There were no escapes in the past year.

There were three immediate physical responses to detainee resistance during the inspection period; all of which involved belligerent detainees reusing to comply with directions. All applications of force were justified, appropriate, and applied only for the duration necessary to control the incident. After-action reviews occurred as required. All parties were evaluated by medical staff and there were no serious injuries.

There were no allegations of sexual assault or abuse involving ICE detainees during the inspection period.