



The Nakamoto Group, Inc.

September 25, 2020

TO: [REDACTED]
Assistant Director for Detention Management

FROM: [REDACTED]
Lead Compliance Inspector
The Nakamoto Group, Inc.

SUBJECT: **Annual Inspection of the Irwin County Detention Center**

The Nakamoto Group, Inc. performed an annual inspection for compliance with the ICE Performance-Based National Detention Standards (PBNDS 2008) of the Irwin County Detention Center in Ocilla, Georgia during the period of September 22-25, 2020. This is an IGSA.

The annual inspection was performed under the guidance of [REDACTED], Lead Compliance Inspector. Team Members were:

Subject Matter Field	Team Member
Detainee Rights	[REDACTED]
Security	[REDACTED]
Medical Care	[REDACTED]
Medical Care	[REDACTED]
Safety	[REDACTED]

Type of Inspection

This is a scheduled annual inspection, which is performed to determine overall compliance with the ICE PBNDS 2008 for Over 72-hour facilities. The facility received a rating of Meets Standards during the June 2019 inspection.

Inspection Summary

The Irwin County Detention Center is currently accredited by:

- The American Correctional Association (ACA) - No
- The National Commission on Correctional Health Care (NCCCHC) - No
- The Joint Commission (TJC) - No
- Prison Rape Elimination Act (PREA) - No

Standards Compliance

The following information is a summary of the standards that were reviewed and overall compliance that was determined as a result of the 2019 and 2020 PBNDS 2008 annual compliance inspections:



2019 Annual Inspection	
Meets Standards	40
Does Not Meet Standards	0
Repeat Finding	0
Not Applicable	1

2020 Annual Inspection	
Meets Standards	40
Does Not Meet Standards	0
Repeat Finding	0
Not Applicable	1

The inspection team identified twelve (12) deficient components in the following four (4) standards:

- Environmental Health and Safety – 4
- Use of Force – 2, one of which is a Priority component
- Food Service – 3
- Medical Care – 3, one of which is a Priority component

Facility Snapshot/Description

The Irwin County Detention Center is a [REDACTED] facility owned and operated by LaSalle Corrections Southeast and governed by the Irwin County Commissioners. The facility, located in Ocilla, Georgia houses male and female ICE detainees, U. S. Marshals Service detainees, and Irwin County inmates. [REDACTED]

[REDACTED] The facility currently houses male and female ICE detainees of all classification levels. [REDACTED]

[REDACTED] ICE maintains an on-site presence in the facility. All services, including Medical and Food Service, are provided by LaSalle Corrections. Detainees are not charged co-pay fees for medical, dental, or mental health services.

The single-story facility consists of individual cells, multi-bed cells, 32-bed dormitories, and 100-bed dormitories. The 100-bed dormitories are supervised by direct supervision. Each housing unit has a day-room that provides open space, tables, and seating for detainees to eat their meals and socialize. Telephones and tablets are available for detainees. The facility provides a main law library and two satellite law libraries which are located adjacent to the housing units. Detainees may visit with family and friends through video visitation using the tablets provided in the housing units and on-site non-contact visitation. Due to COVID-19, on-site visitation has been temporarily suspended. Detainees are afforded 500 free minutes for telephone calls to stay in contact with their families. Both indoor and outdoor recreation is offered. All meals are served in the housing units.

Due to COVID-19, this inspection was conducted remotely. The facility provided the inspection team all requested documentation, photographs, and videos as evidence of practices and procedures within the facility. In addition to these materials, detainees were questioned regarding the services they were receiving. All facility staff interviewed were well versed in facility policy and the requirements of the standards and were responsive to all requests made by the inspection team.

At the request of the inspection team, the facility posted notices in English and Spanish announcing the inspection and allowing any detainee who wished to be interviewed to sign up. Twenty-one detainees were interviewed; LEP detainees were interviewed via a telephonic interpreter service. Many of the detainees complained about sanitation in the facility. These issues are addressed in the remarks in the Environmental Health and Safety Standard on the G324. There were numerous complaints regarding the lack of variety on the menu. The menus were reviewed, and it was found that they had been reviewed and ap-



proved by a dietician. Detainees stated that the telephones work; however, they felt that the rates were too high. When questioned regarding medical care some detainees stated that it takes too long to be seen by medical and others stated that the response was good. Four detainees reported issues that the Medical SME found had been resolved. All the detainees stated that they were concerned about COVID-19 and that many of the officers did not wear a mask. The detainees felt that this was putting them at risk. Several detainees stated that they did not receive a handbook. A review of their orientation documentation indicated that they signed for the handbook. Two detainees reported that they had been issued a Spanish handbook and that they did not speak Spanish. The facility staff was contacted and asked to replace the handbooks. One detainee stated that he had filed a PREA complaint and had not received any response. The Medical SME reviewed the files and found that the complaint had been both administratively and criminally investigated and had been substantiated and the detainee had been informed of the results of the investigation on 4/23/2020.

Several detainees stated that many of the officers were unresponsive to their requests and lax in their duties. The detainees felt that the officers were unprofessional and were there “just for the pay”. A review of the information provided on the SIS Form indicated a high rate of turnover in security staff. Four detainees told inspectors that an officer was bringing in cell phones and drugs. Another detainee stated that incoming correspondence was being sprayed with K-2 and detainees were smoking at night and getting high. This information was given to the Warden and the SDDO.

During the inspection, a document was faxed to the Nakamoto Group, Inc. office. This document outlined several allegations regarding conditions in the facility and treatment of the detainees. Eleven detainees, including the author, signed the document. The document was forwarded to the inspection team for follow-up. Of the eleven detainees who had signed the document, one had been transferred to another facility and one refused to be interviewed. The remaining nine were interviewed starting with the author who was interviewed for over an hour. Each of the issues he outlined in his complaint was addressed. He complained that the law library was outdated, he had no access to the internet and the equipment did not work. He was asked how he typed the document and he admitted that he had used a computer in the law library. When asked how it was sent, he stated that he had given it to staff to fax. The inmate services administrator, who oversees the law library operations, was interviewed and provided documentation indicating that LexisNexis is updated as soon as the update is received from ICE. It was last updated on 8/26/2020. She also stated that a law library officer picks up documents every weekday morning from detainees requesting that copies be made, or items be faxed. She also said that they pick up requests from detainees for materials that they cannot access from the law library. The requests are fulfilled as soon as possible. The detainee stated that the law library was in a janitorial closet. Photos of the area were reviewed, and the staff was asked to describe the area. The area is a large room adjacent to the housing units. Supplies are kept behind chain-link fencing in the back of the room. The tables and computers are set up along one wall.

When asked about his statement regarding the sexual abuse allegation he stated that he was having nightmares because a guy came into his room and stood over his roommate while stroking his penis. He stated that he had filed a PREA complaint, but nothing had been done. A review of the PREA files indicated that there was no complaint filed by this detainee but there was a complaint filed by his roommate and that it had been investigated and substantiated.

When asked about his allegation that medical staff was experimenting on the detainees, he stated that he had been watching the news and that they were talking about the women being mistreated. He stated that he was sure that they were putting “soft peter” in the yellow juice and that the juice was a biochemical. He believed the juice had caused him to develop a kidney infection and that he was hospitalized. A review of his medical record indicated that he had been referred for a CT scan and was not hospitalized. The scan revealed that he did not have a kidney infection.



The remaining eight detainees were interviewed and were asked how they were able to sign the document since they were in different housing units and were asked how they obtained the document. One said he got it in the law library and others said it was passed under their door. While of no consequence to whether the document was factual or not, the inspection team asked these questions due to the provisions in the Standards that require the facility to maintain separation among certain classification levels. Indications are that barriers prohibited physical contact.

Two detainees had difficulty remembering if they had signed such a document but eventually said yes, they had because they were told to by others. An LEP detainee admitted he could not read the document because it was in English, but he was told he needed to sign it because it was about the facility and the news crews were at the facility.

Inspectors interviewed the detainees regarding food, recreation, safety, grievances, detainee handbook and tablet concerns, and whether they felt safe at the facility.

FOOD

All complained about the food with the same concerns expressed: Spoiled milk (although stating that expiration dates are fine), repetitive menu, cold-cuts served often, yellow drink beverage as being horrible, no fruits or fresh vegetables, and that the food received is not the same that is approved by the dietician.

Interviews with the food service director indicated she is aware of the issue and has taken steps to ensure that food service is not the cause of the problem. She stated that any time there is an issue with the milk that they have exchanged the milk and investigated it. She has gone as far as to notify the company and they came to the department to check the facility's refrigeration and storage/rotation procedures. The company reportedly replaced the milk. The food service manager reported that detainees do not get milk every day and they seemed to report spoiled milk the day after milk was served suggesting that detainees are holding on to their milk without refrigeration. One detainee confirmed that the milk is good and that it spoils because they hoard it. Milk is delivered to the units in a milk crate and not refrigerated. Although logs indicate that the cart is delivered to the unit within a few minutes, constant refrigeration is more desirable.

The Safety SME reviewed the menus and the nutritional analysis certified by the dietitian. Per the menu, cold cuts are served one or two times per week for the evening meal. Fruit is served two or three times weekly. All vegetables served are either canned or frozen for mainline meals. Fresh vegetables are served on the common fare diet. As this inspection was conducted remotely, actual meal service was only observed via photographs or video.

The overall conclusion is that the detainees had some legitimate issues with food service, most notably milk being transported while unrefrigerated; the presence of spoiled milk being replaced by the supplier; and the lack of convincing evidence that, even though certified by a dietician, there is a repetitive nature to the menu.

RECREATION

Several complained that they are not getting their required hour per day of outdoor recreation. Comments ranged from recreation not being provided to going one or two times per week and one stating that they were not getting recreation time until a couple of weeks ago.

Interview with the recreation specialist indicated that recreation is offered every day and that the units alternate between morning recreation and afternoon recreation. The recreation schedule provided indi-



cates that recreation times are 7:15 a.m.-11:50 a.m. and 1:00 p.m.-4:25 p.m. every day. The recreation specialist stated that from August 3-August 30 there was no outdoor recreation offered because the facility was in cohort status. Saturation testing for COVID-19 was conducted during this period. Documentation received from the Warden confirmed that this was the case and that detainees were provided the information. Logbooks for the period before the closure of recreation and the period after it was opened were reviewed. A review of the schedule indicated that detainee units are rotated daily, recreation in the a.m. one day, and recreation in the p.m. the next and so on. The log indicates that detainees are notified of recreation time approximately ten minutes before recreation via announcing “rec standby”. The log includes what unit was let out, how many participated, and the time they return from recreation. Logs reveal that on occasion there was zero participation by the detainees in F unit. On occasion, the logged time was less than the required hour and it was explained that if only one detainee was on the recreation yard and wanted to come back in, they would accommodate them. Due to the remote nature of the inspection, actual detainee recreation could not be observed, but detainee complaints were correct, in that they did not have outdoor recreation offered during the COVID-19 cohort period.

SANITATION

All detainees interviewed mentioned that the housing units were dirty. When asked who was responsible for sanitation in the units, answers were mixed. Some stated they were, and others stated it should be the officers. Most stated that cleaning supplies are limited and brooms, mops, etc. are broken. Three of the detainees interviewed were orderlies in F10. All stated that the chemicals are diluted, and bottles do not have labels on them, so they do not know what they are working with. Mop buckets provided to them have dirty water in them. They stated that it is water from the previous pod, and they have no way of replacing the water in them due to not having mop sinks in the pods to dump the water and refill. All stated that the showers have a buildup of scum and/or mold and mildew and products provided to them do not clean. Most indicated that there is a team that comes in to spray and sanitize the units, but it is not done very often. Provided documentation indicates that there is a disinfectant team that comes in but no schedule of when this occurs was provided. Photos could not definitively illustrate the exact sanitation level for all areas; but those provided indicated relatively clean floors, walls, and baseboards in the common areas.

There were a few complaints regarding air conditioning, air vents, and leaking ceilings. Detainees stated that they had to put buckets and rags on the floor to contain the water. Their main concern was that the staff was not doing anything about it. Provided photos did not show dirty air vents or blocked or leaking ceilings. An interview with the maintenance supervisor confirmed that Unit F and the gyms had ceiling leaks around the skylights in the past two months. The inspector was provided work order documentation as well as the final invoice for the repairs. Repairs were completed two weeks prior to this remote inspection. All air conditioning issues are addressed as soon as possible according to the maintenance supervisor.

Detainees expressed concerns about the ice coolers and the water not being filtered. Ice is provided to the detainees in coolers. A review of documentation indicates the coolers are routinely replaced on a rotating basis. The facility’s water supply is routinely tested by the local municipality and an independent lab. No issues were noted on the reports.

All detainees expressed concern regarding COVID-19 and social distancing, especially if they are in a four-person cell. Detainees stated that officers do not always wear masks. Detainees are provided masks upon request.

One detainee expressed concern that no one answered his emergency button when pushed it. When asked if he had an emergency, he confirmed he did not but believed officers should have responded regardless.



GRIEVANCES

One detainee complained about the grievance process (the author of the letter). The individual stated that his issues had not been addressed. A review of all grievances revealed that he filed two grievances, and both were informally resolved. One pertained to no water in his cell when he was in SMU and one regarding the equipment in the law library. This was addressed with him while he was being interviewed.

TABLET AND PHONE ISSUES

Several detainees on the list expressed more frustration with the tablet rather than a major concern. The facility switched to a different system and it does not have the same capabilities the other system could perform. i.e., music and video capabilities. The Warden said the new system under review and that capabilities were being explored. The tablet, nor the services offered by it, are required by the Standards.

Complaints about the phone rates being expensive were voiced by two detainees. The telephone long distance rates are \$1.00 per minute, which is an exorbitant rate and higher than the community standard. Detainees were provided with 500 free minutes due to COVID-19. The inspection team could not verify which or how many detainees used all the free minutes and were now relying on the long-distance rates for communication. One final detainee telephone concern was described as numbers being blocked. The inspection team was unable to confirm that any numbers were blocked.

SAFETY

Several detainees stated they did not feel safe in the facility. When asked why they stated they were afraid of COVID-19 and were concerned about the lack of social distancing and that some of the officers not wearing masks. The facility's COVID-19 precautions require all staff to wear a mask, suspended detainee visiting, increased the availability of hand sanitizer and required additional cleaning throughout. Due to the remote inspection, compliance with the listed precautions could not be confirmed. Detainees are provided masks upon request. One detainee expressed concern that no one answered his emergency button when he would push it. Upon questioning, he admitted he did not have an emergency but felt officers should have responded regardless. The inspection team could not verify if the emergency button had been engaged by the detainee. The facility presented no records that could verify if the emergency button was pushed, or if an appropriate response was made.

Areas of Concern/Significant Observations

There were Priority components rated Does Not Meet Standard. The inspection was conducted remotely, and inspectors were unable to personally observe practices and procedures within the facility. The inspection team relied upon photographs and/or videos to validate the observation of many standards.

Use of Force

Priority Component #1: Staff uses physical force only as a last resort after all reasonable efforts to otherwise resolve a situation have failed; and use only the degree of force necessary to gain control of the situation, employing confrontation avoidance techniques and the use-of-force continuum.

Finding: Policy requires that officers use physical force only as a last resort and after all reasonable efforts to resolve a situation have failed and use only the degree of force necessary to gain control of the situation, employing confrontation avoidance techniques, and the use-of-force continuum. During a re-



view of the use-of-force documentation, it was noted that a sergeant used Oleoresin Capsicum, pepper spray, on a detainee already under control and confined in a cell, and therefore it was used without the need to gain control of the situation.

Recommendation: Officers should follow the policy.

Medical Care:

Priority Component #34: Involuntary administration of psychotropic medications to detainees shall comply with established guidelines and applicable laws and only pursuant to the specific, written, and detailed authorization of a physician. When psychotropic medication is involuntarily administered, it is required that the administrative health authority contact ERO Management, who shall contact respective DHS/ICE Chief Counsel.

The authorizing physician shall:

- Review the medical record of the detainee and conduct a medical examination;
 - Specify the reasons for and duration of therapy and whether the detainee has been asked if he or she would consent to such medication;
 - Specify the medication to be administered, the dosage, and the possible side effects of the medication;
 - Document that less restrictive intervention options have been exercised without success;
 - Detail how the medication is to be administered;
 - Monitor the detainee for adverse reactions and side effects; and
- Prepare treatment plans for less restrictive alternatives as soon as possible.

Finding: Policy states "It is the policy of LaSalle Corrections Southeast that the facility does not use forced psychotropic medication on inmates and detainees". Policy also states, "Any inmate or detainee requiring the use of forced emergency psychotropic medication shall be transported immediately via 911 to the designated community provider for emergency evaluation and treatment." A review of a use-of-force video clearly showed a detainee being sprayed with OC because she would not comply with an injection of psychotropic medication and told if she did not comply with the injection, she would be sprayed again. Although the detainee had previously consented to injections, she verbally refused the treatment. There was no ERO Management contact documented.

Recommendation: Officers should follow policy and ICE/ERO should be notified as required.

Recommended Rating and Justification

The Lead Compliance Inspector recommends that the facility receive a rating of Meets Standards unless unobserved practices and conditions are contrary to what was reported to the inspection team. The facility complies with the ICE Performance-Based National Detention Standards (PBNDS) 2011. No (0) standards were found Does Not Meet Standard and one (1) standard was Not Applicable (N/A). All remaining forty (40) standards were found to be in compliance.

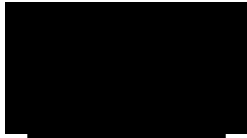
LCI Assurance Statement

The findings of compliance and non-compliance are accurately and completely documented on the G-324 Inspection Form and are supported by documentation in the inspection file. A telephone, call-in out brief



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was conducted at the facility. In addition to the entire Nakamoto Group Inspection Team, there were several facility and ICE/ERO personnel who phoned in and listened to the comments and concerns.



, Lead Compliance Inspector

September 25, 2020

Printed Name of LCI

Date