#### A. Type of Facility Reviewed

| ICE | Service | Processin | g Center |  |
|-----|---------|-----------|----------|--|
|     | ~       |           |          |  |

- ICE Contract Detention Facility
  - ICE Intergovernmental Service Agreement

#### **B.** Current Inspection

 $\boxtimes$ 

| Type of Inspection         |
|----------------------------|
| Field Office HQ Inspection |
| Date[s] of Facility Review |
| 8/21/2018 - 8/23/2018      |

### C. Previous/Most Recent Facility Review

| Date[s] of Last Facility | Review                  |
|--------------------------|-------------------------|
| 8/15/2017-8/17/2017      |                         |
| Previous Rating          |                         |
| Meets Standards          | Does Not Meet Standards |
|                          |                         |

### D. Name and Location of Facility

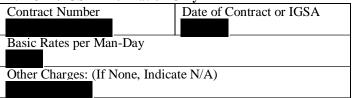
| Name  |
|---|
| Johnson County Corrections Center                     |
| Address (Street and Name)                             |
| 1800 Ridgemar Drive                                   |
| City, State and Zip Code                              |
| Cleburne, TX 76031                                    |
| County  |
| Johnson   |
| Name and Title of Facility Administrator              |
| (Warden/OIC/Superintendent)                           |
|   |
| Telephone # (Include Area Code)                       |
|   |
| Field Office / Sub-Office (List Office with oversight |
| responsibilities)                                     |
| Dallas  |
| Distance from Field Office                            |

56 miles

### E. ICE Information

| Name of Inspector (Last Name, Title and Duty Station) |
|---|
| / LCI/Detainee Rights / 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



Estimated Man-days Per Year

# G. Accreditation Certificates

| List all State or National Accreditation[s] received: |
|---|
| TCJS/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            |                                   |
|-----------------------|-----------------------------------|
|                       |                                   |
| Date Last Remodeled   | or Upgraded                       |
|                       |                                   |
| Date New Construction | n / Bedspace Added                |
|                       |                                   |
| Future Construction P | lanned                            |
| Date:                 |                                   |
| Current Bedspace      | Future Bedspace (# New Beds only) |
|                       | Number: Date:                     |

# J. Total Facility Population

Total Facility Intake for previous 12 months

Total ICE Mandays for 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

| R | ated | Opera | tional | Eme | rgency |
|---|------|-------|--------|-----|--------|
|   |      |       |        |     |        |
|   |      |       |        |     |        |
|   |      |       |        |     |        |

### M. Average Daily Population

| ICE | USMS | Other |
|-----|------|-------|
|     |      |       |
|     |      |       |

### N. Facility Staffing Level

| Security: | Support: |
|-----------|----------|
|-----------|----------|

### 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 <sup>2</sup> , Physical, etc.)                                 | N/A       | SEX       | SEX/PHY    | SEX/PHY   |
| Offenders on<br>Offenders <sup>1</sup>   | With Weapon  | 0/0       | 0/0       | 0/0        | 0/0       |
|  | Without Weapon   | 0/0       | 1         | 3/1        | 2/0       |
| Assault:   | Types (Sexual Physical, etc.)  | N/A       | N/A       | N/A        | N/A       |
| Detainee on<br>Staff   | With Weapon  | 0/0       | 0/0       | 0/0        | 0/0       |
|  | Without Weapon   | 0/0       | 0/0       | 0/0        | 0/0       |
| Number of Forced Moves,<br>incl. Forced Cell moves <sup>3</sup>                |  | 1         | 0         | 0          | 0         |
| Disturbances <sup>4</sup>  |  | 0         | 0         | 0          | 0         |
| Number of Times Chemical<br>Agents Used  |  | 2         | 0         | 1          | 0         |
| Number of Times Special<br>Reaction Team<br>Deployed/Used                      |  | 0         | 0         | 0          | 0         |
| # Times Four/Five Point  | Number/Reason (M=Medical,<br>V=Violent Behavior, O=Other)                    | 1-V       | 0         | 0          | 0         |
| Restraints applied/used  | Type (C=Chair, B=Bed,<br>BB=Board, O=Other)                                  | С         | 0         | 0          | 0         |
| Number of Times Canines<br>Used in Facility                                    |  | 0         | 0         | 0          | 0         |
| Offender / Detainee Medical<br>Referrals as a result of<br>injuries sustained. |  | 2         | 1         | 4          | 0         |
| Escapes  | Attempted  | 0         | 0         | 0          | 0         |
| -  | Actual   | 0         | 0         | 0          | 0         |
| Grievances:  | # Received   | 54        | 21        | 41         | 53        |
|  | # Resolved in favor of<br>Offender/Detainee                                  | 12        | 8         | 15         | 12        |
| Deaths   | Reason (V=Violent, I=Illness,<br>S=Suicide, A=Attempted<br>Suicide, O=Other) | N/A       | N/A       | N/A        | N/A       |
|  | Number   | 0         | 0         | 0          | 0         |
| Psychiatric / Medical<br>Referrals   | # Medical Cases referred for<br>Outside Care                                 | 177       | 151       | 82         | 120       |
|  | # Psychiatric Cases referred for<br>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>&</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>3</sup> Bouting transport for a first participant of the section of t

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

<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.

|   | DHS/ICE Detention Standards Review Summary Report   |             |  |  |   |  |  |
|---|---|-------------|--|--|---|--|--|
| 1. Meets Standards 2. Does Not Meet Standards 3. Repeat Finding 4. Not Applicable |   |             |  |  | 4 |  |  |
| PA  | 1. Meets Standards       2. Does Not Meet Standards       3. Repeat Finding       4. Not Applicable       1       2       3       4         PART 1 SAFETY |             |  |  |   |  |  |
| 1   | Emergency Plans   | $\boxtimes$ |  |  |   |  |  |
| 2   | 2 Environmental Health and Safety   |             |  |  |   |  |  |
| 3   | Transportation (By Land)  | $\boxtimes$ |  |  |   |  |  |
| PA  | RT 2 SECURITY   |             |  |  |   |  |  |
| 4   | 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  | $\boxtimes$ |  |  |   |  |  |
| 11  | Population Counts   | $\boxtimes$ |  |  |   |  |  |
| 12  | Post Orders   | $\boxtimes$ |  |  |   |  |  |
| 13  | Searches of Detainees   | $\boxtimes$ |  |  |   |  |  |
| 14  | Sexual Abuse and Assault Prevention and Intervention  | $\boxtimes$ |  |  |   |  |  |
| 15  | Special Management Units  | $\boxtimes$ |  |  |   |  |  |
| 16  | Staff-Detainee Communication  | $\boxtimes$ |  |  |   |  |  |
| 17  | Tool Control  |             |  |  |   |  |  |
| 18  | Use of Force and Restraints   |             |  |  |   |  |  |
| PA  | RT 3 ORDER  |             |  |  |   |  |  |
| 19  | Disciplinary System   |             |  |  |   |  |  |
| PA  | RT 4 CARE   |             |  |  |   |  |  |
| 20  | Food Service  |             |  |  |   |  |  |
| 21  | Hunger Strikes  |             |  |  |   |  |  |
| 22  | Medical Care  | $\boxtimes$ |  |  |   |  |  |
| 23  | Personal Hygiene  |             |  |  |   |  |  |
| 24  | Suicide Prevention and Intervention   |             |  |  |   |  |  |
| 25  | Terminal Illness, Advance Directives, and Death   |             |  |  |   |  |  |
| PA  | RT 5 ACTIVITIES   |             |  |  |   |  |  |
| 26  | Correspondence and Other Mail   |             |  |  |   |  |  |
|   | Escorted Trips for Non-Medical Emergencies  |             |  |  |   |  |  |
| 28  | Marriage Requests   | $\boxtimes$ |  |  |   |  |  |
| 29  | Recreation  |             |  |  |   |  |  |
| 30  | Religious Practices   |             |  |  |   |  |  |
| 31  | Telephone Access  |             |  |  |   |  |  |
| 32  |   |             |  |  |   |  |  |
| 33  |   |             |  |  |   |  |  |
|   | RT 6 JUSTICE  |             |  |  |   |  |  |
| 34  |   |             |  |  |   |  |  |
| 35  |   |             |  |  |   |  |  |
| 36  |   |             |  |  |   |  |  |
| 37  |   |             |  |  |   |  |  |
| PART 7 ADMINISTRATION & MANAGEMENT  |   |             |  |  |   |  |  |
| 38  |   |             |  |  |   |  |  |
| 39  |   |             |  |  |   |  |  |
| 40  |   |             |  |  |   |  |  |
| 41  | Transfer of Detainees   |             |  |  |   |  |  |
|   |   |             |  |  |   |  |  |

### 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. | 8/23/2018 |

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

**Recommended Rating:** 

☑ Meets Standards
 ☑ Does Not Meet Standards

Comments: This inspection was conducted to determine the overall compliance with the ICE Performance-Based National Detention Standards (PBNDS) 2011. The following are the PBNDS 2011 additions/changes to the standards listed on page three:

- Medical Care (Women), a new standard, was Not Applicable;
- Classification System is now titled Custody Classification System;
- Suicide Prevention and Intervention is now titled Significant Self-Harm and Suicide Prevention and Intervention;
- Escorted Trips for Non-Medical Emergencies is now titled Trips for Non-Medical Emergencies;
- News Media Interviews and Tours is now titled Interviews and Tours;
- Transfer of Detainees is now titled Detainee Transfers

There were no deaths and no serious suicide attempts during the past year. During this inspection period, there were five SAAPI allegations. Two allegations involved detainees reporting sexual abuse/assault at facilities prior to their arrival to this facility. Documentation confirmed that the prior facilities were notified about the allegations and the allegations were determined to be unfounded. Three instances alleged detainee on detainee abuse that involved improper touching. None of the allegations involved penetration or required SANE/SAFE nurse examinations. Two of the allegations were found to be unsubstantiated and one was determined to be unfounded. In every situation, the victims were protected and the investigations, follow-up, and documentation were as required by the standard.

The facility does not have a canine unit. Tasers are not used. Chemical agents are carried by certified supervisors. Oleoresin capsicum (OC), the chemical agent used at this facility, will be deployed on ICE detainees, if necessary.

There were four immediate use of force incidents involving ICE detainees during this inspection period and four calculated use of force incidents. Two of the four immediate use of force incidents involved the use of physical force to restrain detainees who were threatening suicide and/or refusing suicide-watch status. The remaining two immediate use of force incidents involved using physical force to control detainees attempting to assault staff. Oleoresin capsicum (OC) was deployed in two of the incidents. The detainee threatening suicide was placed in a restraint chair to prevent harming himself. Medical assessments were completed on all involved and only superficial scrapes and bruises were noted. A review of the restraint chair log revealed that security and medical personnel conducted fifteen-minute well-being checks. Detainees exposed to OC spray, were immediately decontaminated once they were brought under control. The four calculated use of force incidents involved two detainees refusing to be restrained, one detainee refusing a forced cell move and one detainee refusing to being placed on suicide watch. Oleoresin capsicum (OC) was used on two detainees involved in separate calculated use of force incidents. The detainees exposed to OC spray were immediately decontaminated. All calculated use of force incidents were video recorded. Two of the incidents were partially recorded. The after-action review of the two partially recorded use of force incidents noted that the "video recording had breaks". The use of force was determined justified in all instances. Medical evaluations were conducted after each incident and there were no serious injuries to staff or detainees.

The significant incident summary worksheet information represents ICE detainees only.