A. Type of Facility Reviewed	Estimated Man-days Per Year			
☐ ICE Service Processing Center	No estimate provided by facility			
☐ ICE Contract Detention Facility				
	G. Accreditation C			
B. Current Inspection	List all State or Natio		itation[s] recei	ved:
Type of Inspection	ACA, NCCHC, FMJ			
☐ Field Office ☐ HQ Inspection	Check box if faci	lity has no	accreditation[s]
Date[s] of Facility Review	TT D 11 / G			
8/21/2018 - 8/23/2018	H. Problems / Com			
	The Facility is under			
C. Previous/Most Recent Facility Review	Court Order Class Action Order The Facility has Significant Litigation Pending			
Date[s] of Last Facility Review	Major Litigation		ife/Safety Issue	
7/25/2017-7/27/2017	Check if None.		ire/Burety 133uc	73
Previous Rating Meets Standards Does Not Meet Standards	Check if I volic.			
	I. Facility History			
D. Name and Location of Facility	Date Built			
Name				
Monroe County Detention Center	Date Last Remodeled	l or Upgrad	led	
Address (Street and Name)				
5501 College Road	Date New Constructi	on / Bedspa	ace Added	
City, State and Zip Code				
Key West, FL 33040	Future Construction			
County	Date Date			
Monroe	Current Bedspace		Bedspace (# Ne	w Beds only)
Name and Title of Facility Administrator		Number	: Date:	
(Warden/OIC/Superintendent)	I Total Facility D	anulation		
	J. Total Facility Po		s 12 months	
Telephone # (Include Area Code)	Total Facility Intake	ioi pieviou	s 12 monuis	
Field Office / Sub-Office (List Office with oversight	Total ICE Mandays f	or Previous	12 months	
responsibilities)	194411 <u>02</u> 111411441351	01 110 110 41	12 1110111111	
Miami, FL				
Distance from Field Office	K. Classification L	evel (ICE	SPCs and CD	Fs Only)
146 miles		L-1	L-2	L-3
	Adult Male	N/A	N/A	N/A
E. ICE Information	Adult Female	N/A	N/A	N/A
Name of Inspector (Last Name, Title and Duty Station)				
/ LCI/Detainee Rights SME / Nakamoto Group	L. Facility Capacit			Γ
Name of Team Member / Title / Duty Location	<u> </u>	Rated	Operational	Emergency
/ 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	M. Average Daily I	Population		
Name of Team Member / Title / Duty Location	iii. Tiverage Daily 1	ICE	USMS	Other
/ Medical SME / Nakamoto Group		TOL		
/ Wedical Sivil / Wakamoto Group		T		
F. CDF/IGSA Information Only			1	
Contract Number Date of Contract or IGSA	N. Facility Staffing	Level		
	Security:		Support:	
Basic Rates per Man-Day				
	<u> </u>			
Other Charges: (If None, Indicate N/A)				

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 ² , Physical, etc.)	N/A	P	P	P
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	0	2	3	2
Assault:	Types (Sexual Physical, etc.)	N/A	N/A	P	N/A
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	0	0	1	0
Number of Forced Moves, incl. Forced Cell moves ³		0	0	1	1
Disturbances ⁴		0	0	1	1
Number of Times Chemical Agents Used		1	0	2	2
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)	1/M	0	1/V,1/O	1/V
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	С	0	С	С
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	3	13	4	13
	# Resolved in favor of Offender/Detainee	0	0	2	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	1	1	0	3
	# Psychiatric Cases referred for Outside Care	0	0	0	0

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

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

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

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. N	Meets Standards 2. Does Not Meet Standards 3. Repeat Finding 4. Not Applicable	1	2	3	4
PAI	RT 1 SAFETY				
1	Emergency Plans	\boxtimes			
2	Environmental Health and Safety	\boxtimes			
3	Transportation (By Land)				\boxtimes
PAI	RT 2 SECURITY				
4	Admission and Release	\boxtimes			
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	\boxtimes			
18	Use of Force and Restraints	\boxtimes			
PAI	RT 3 ORDER				
19	Disciplinary System	\boxtimes			
	RT 4 CARE				
20	Food Service	\boxtimes			
21	Hunger Strikes	\boxtimes			
22	Medical Care	\boxtimes			
23	Personal Hygiene	\boxtimes			
24	Suicide Prevention and Intervention	\boxtimes			
25	Terminal Illness, Advance Directives, and Death	\boxtimes			
PAI	RT 5 ACTIVITIES				
26	Correspondence and Other Mail	\boxtimes			
27	Escorted Trips for Non-Medical Emergencies	\boxtimes			\boxtimes
28	Marriage Requests	\boxtimes			
29	Recreation	\boxtimes			
30	Religious Practices	\boxtimes			
31	Telephone Access	\boxtimes			
32	Visitation	\boxtimes			
33	Voluntary Work Program				\boxtimes
	RT 6 JUSTICE				
34	Detainee Handbook	\boxtimes			
35	Grievance System	\boxtimes			
36	Law Libraries and Legal Material	\boxtimes			
37	Legal Rights Group Presentations				
	RT 7 ADMINISTRATION & MANAGEMENT				
38	Detention Files				
39	News Media Interviews and Tours				
40	Staff Training				
	- ····				

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

Recommended Rating:	⊠ Meets Standards
	☐ Does Not Meet Standards

Comments: This inspection was conducted to determine overall compliance with the ICE Performance-Based National Detention Standards (PBNDS 2008) and the Sexual Abuse and Assault Prevention and Intervention Standard (SAAPI PBNDS 2011).

There were four allegations of sexual assault or abuse involving an ICE detained during this inspection period; two allegations pertained to staff-on-detained and two were detained ended. Procedures conducted were in accordance with the requirements of the standard.

Tasers are approved for use by security supervisors. Officers are certified and approved to use oleoresin capsicum/pepper spray (OC). The facility does not have a canine unit but has access to a canine unit if needed for contraband detection. Canine units are not used in the presence of ICE detainees. The following acts and techniques are specifically prohibited: choke holds, carotid control holds and other neck restraints. Batons are not used at this facility.

There were six calculated and eight immediate use of force incidents involving ICE detainees during this inspection period. Five of the use of force incidents resulted in security staff dispensing oleoresin capsicum/pepper spray (OC) to bring the detainees under control and/or follow directives. The restraint chair was used for ICE detainees four times. Use of force documentation confirmed that all detainees exposed to chemical agents were immediately decontaminated and all staff and detainees involved in the eight immediate uses of forces were medically evaluated. Review of the calculated use of force incidents affirmed that medical personnel were consulted prior to use of force and were present throughout. Only two of the six calculated use of force videos were reviewed due to technical issues with the videos during the inspection. Each video reviewed involved a team technique cell extraction and placement in

the restraint chair. Both were managed as the standard requires with the noted exception that the team members did not have protective equipment. According to the OIC, personal protective equipment has been ordered.

The statistics provided on page 2, the Significant Incident Summary Worksheet, pertain only to ICE detainees.