### A. Type of Facility Reviewed

ICE Service Processing 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
08/13/2019 to 08/15/2019

## C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
08/14/2018 to 08/16/2018
Previous Rating
Superior Good Acceptable Deficient At-Risk

## **D.** Name and Location of Facility

Name
Monroe County Inmate Dormitory
Address (Street and Name)
7000 East Dunbar Rd
City, State and Zip Code
Monroe, MI 48161
County
Monroe
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)
Telephone # (Include Area Code)
Field Office / Sub-Office (List Office with oversight responsibilities)
Detroit
Distance from Field Office
43 miles

# E. ICE Information

# F. CDF/IGSA Information Only

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

Estimated Man-days Per Year:

## G. Accreditation Certificates

List all State or National Accreditation[s] received:

Check box if facility has no accreditation[s]

#### H. Problems / Complaints (Copies must be attached)

The Facility is under Co	ourt Order or Class Action Finding
Court Order	Class Action Order
The Facility has Signifi	cant Litigation Pending
Major Litigation	Life/Safety Issues
Check if None.	

## I. Facility History

Date Built	
Date Last Remodeled	or Upgraded
Date Last Remodeled	or opgruded
Date New Construction	n / Bed space Added
Future Construction P	lanned
Date:	
Current Bed space	Future Bed space (# New Beds only)
	Number: Date:

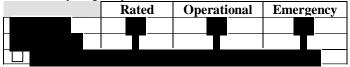
# J. Total Facility Population

Total I	Facility Intake for previous 12 months
Total I	ICE Man-days 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

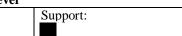


# M. Average Daily Population

	ICE	2	USMS	(	Other	

# N. Facility Staffing Level

Security:



## 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.)	0	0	0	0
Offenders on Offenders <sup>1</sup>	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
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>	, in the second s	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)	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	1	0	0	0
	# Resolved in favor of Offender/Detainee	0	0	0	0
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	5	2	2	2
	# 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>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> 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.

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

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.	08/15/2019

**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, Inc.	, Medical SME, The Nakamoto Group, Inc.

**Recommended Rating:** 

	Superior
	Good
$\boxtimes$	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 ICE detainee information. There were no deaths, serious suicide attempts, use-of-force incidents, or escapes involving ICE detainees during this inspection period.

There were two ICE detainee sexual abuse or assault related allegations during the inspection period. One allegation involved an ICE detainee claiming that a U.S. Marshal's inmate made inappropriate comments and gestures. The allegation was investigated and determined to be unfounded. The second allegation was made by an ICE detainee regarding an incident which occurred at another facility. Review of available documentation confirmed that the other facility was notified about the allegation and was provided with the information obtained from interviews at this facility.

Officers are equipped with Tasers and may use them on ICE detainees if necessary. There is no canine unit in the facility. The facility does not use or train staff in the use of unsafe types of restraint.

Form G-324A SIS (Rev. 7/9/07)