

A. Type of Facility Reviewed

- ICE Service Processing Center
 ICE Contract Detention Facility
 ICE Intergovernmental Service Agreement

B. Current Inspection

Type of Inspection
 Field Office HQ Inspection
 Date[s] of Facility Review
 07/23/2019 - 07/25/2019

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
 07/24/2018 - 07/26/2018
 Previous Rating
 Meets Standards Does Not Meet Standards

D. Name and Location of Facility

Name
 Nevada Southern Detention Center
 Address (Street and Name)
 2190 E Mesquite Avenue
 City, State and Zip Code
 Pahrump, NV 89060
 County
 Nye
 Name and Title of Facility Administrator
 (Warden/OIC/Superintendent)
 [Redacted]
 Telephone # (Include Area Code)
 [Redacted]
 Field Office / Sub-Office (List Office with oversight responsibilities)
 Salt Lake City/Las Vegas
 Distance from Field Office
 481 miles/65 miles

E. ICE Information

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

F. CDF/IGSA Information Only

Contract Number
 [Redacted] Date of Contract or IGSA
 [Redacted]
 Basic Rates per Man-Day
 [Redacted]
 Other Charges: (If None, Indicate N/A)
 [Redacted]

Estimated Man-days Per Year
 [Redacted]

G. Accreditation Certificates

List all State or National Accreditation[s] received:
 ACA, NCCCH, 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
 [Redacted]
 Date Last Remodeled or Upgraded
 [Redacted]
 Date New Construction / Bedspace Added
 [Redacted]
 Future Construction Planned
 [Redacted] [Redacted] Date:
 Current Bedspace
 [Redacted] Future Bedspace (# New Beds only)
 Number: [Redacted] Date: [Redacted]

J. Total Facility Population

Total Facility Intake for previous 12 months
 [Redacted]
 Total ICE Mandays for Previous 12 months
 [Redacted]

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 |
|--------------------------|------------|-------------|------------|
| [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| <input type="checkbox"/> | [Redacted] | [Redacted] | [Redacted] |

M. Average Daily Population

| | ICE | USMS | Other |
|------------|------------|------------|------------|
| [Redacted] | [Redacted] | [Redacted] | [Redacted] |

N. Facility Staffing Level

Security: [Redacted] Support: [Redacted]

Significant Incident Summary Worksheet

For The Nakamoto Group to complete its review of your facility, the following information must be completed 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.

| <i>Incidents</i> | <i>Description</i> | Jan – Mar | Apr – Jun | Jul – Sept | Oct – Dec |
|--|--|-----------|-----------|------------|-----------|
| Assault: Offenders on Offenders ¹ | Types (Sexual ² , Physical, etc.) | Physical | Physical | Physical | Physical |
| | With Weapon | 0 | 0 | 0 | 0 |
| | Without Weapon | 2 | 3 | 3 | 1 |
| Assault: Detainee on Staff | Types (Sexual Physical, etc.) | N/A | N/A | N/A | N/A |
| | With Weapon | 0 | 0 | 0 | 0 |
| | Without Weapon | 0 | 0 | 0 | 0 |
| Number of Forced Moves, incl. Forced Cell moves ³ | | 1 | 0 | 0 | 0 |
| Disturbances ⁴ | | 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 Restraints applied/used | Number/Reason (M=Medical, V=Violent Behavior, O=Other) | N/A | N/A | N/A | N/A |
| | Type (C=Chair, B=Bed, BB=Board, O=Other) | N/A | N/A | N/A | N/A |
| Number of Times Canines Used in Facility | | 0 | 0 | 0 | 0 |
| Offender / Detainee Medical Referrals as a result of injuries sustained. | | 18 | 3 | 4 | 5 |
| Escapes | Attempted | 0 | 0 | 0 | 0 |
| | Actual | 0 | 0 | 0 | 0 |
| Grievances: | # Received | 31 | 25 | 13 | 23 |
| | # Resolved in favor of Offender/Detainee | 0 | 16 | 0 | 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 | 6 | 14 | 9 | 8 |
| | # Psychiatric Cases referred for Outside Care | 0 | 0 | 0 | 0 |

¹ Any attempted physical contact or physical contact that involves two or more offenders

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

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

⁴ 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 |
| | | 1 | 2 | 3 | 4 |
| PART 1 SAFETY | | | | | |
| 1 | Emergency Plans | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Environmental Health and Safety | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 | Transportation (By Land) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PART 2 SECURITY | | | | | |
| 4 | Admission and Release | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 | Classification System | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6 | Contraband | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7 | Facility Security and Control | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8 | Funds and Personal Property | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | Hold Rooms in Detention Facilities | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10 | Key and Lock Control | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11 | Population Counts | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12 | Post Orders | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13 | Searches of Detainees | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14 | Sexual Abuse and Assault Prevention and Intervention | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 15 | Special Management Units | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 16 | Staff-Detainee Communication | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 17 | Tool Control | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 18 | Use of Force and Restraints | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| PART 3 ORDER | | | | | |
| 19 | Disciplinary System | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| PART 4 CARE | | | | | |
| 20 | Food Service | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 21 | Hunger Strikes | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 22 | Medical Care | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 23 | Personal Hygiene | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 24 | Suicide Prevention and Intervention | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 25 | Terminal Illness, Advance Directives, and Death | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| PART 5 ACTIVITIES | | | | | |
| 26 | Correspondence and Other Mail | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 27 | Escorted Trips for Non-Medical Emergencies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 28 | Marriage Requests | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 | Recreation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 30 | Religious Practices | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 31 | Telephone Access | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 32 | Visitation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 33 | Voluntary Work Program | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PART 6 JUSTICE | | | | | |
| 34 | Detainee Handbook | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 35 | Grievance System | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 36 | Law Libraries and Legal Material | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 37 | Legal Rights Group Presentations | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| PART 7 ADMINISTRATION & MANAGEMENT | | | | | |
| 38 | Detention Files | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 39 | News Media Interviews and Tours | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 40 | Staff Training | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 41 | Transfer of Detainees | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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) ██████████ | <i>Signature</i> ██ |
| Title & Duty Location Lead Compliance Inspector, The Nakamoto Group, Inc. | Date 07/25/2019 |

Team Members

| | |
|--|---|
| Print Name, Title, & Duty Location ██████████, Security SME, The Nakamoto Group, Inc. | Print Name, Title, & Duty Location ██████████, Safety SME, The Nakamoto Group, Inc. |
| Print Name, Title, & Duty Location ██████████, Medical SME, The Nakamoto Group, Inc. | Print Name, Title, & Duty Location ██████████, 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), the Sexual Abuse and Assault Prevention and Intervention Standard (SAAPI-PBNDS 2011) and the Significant Self-Harm and Suicide Prevention and Intervention Standard (PBNDS 2011) which is referred to as Suicide Prevention and Intervention on page two of the DHS/ICE Detention Standards Review Summary Report.

There were seven allegations of sexual abuse or assault made by ICE detainees during this inspection period. Five allegations involved detainee-on-detainee: four male-on-male and one female-on-female. Two allegations were against staff. The allegations ranged from voyeurism to unwanted or inappropriate touching. Of the five detainee-on-detainee allegations, two were found to be unsubstantiated and three were determined to be unfounded. Regarding the two staff allegations, one was determined to be unfounded and the other was found to be unsubstantiated. A review of the case files substantiated that procedures were followed according to the requirements of the standard.

There were no escapes, deaths, or serious suicide attempts involving an ICE detainee during the inspection period. On July 12, 2019, a non-ICE detainee was found dead in his cell. Per the OIC, the other non-ICE detainee housed in the cell with the victim is considered a suspect. The death remains under investigation by law enforcement officials.

Tasers are not used. All custodial staff are trained in the use of Oleoresin Capsicum (OC)/pepper spray; the only chemical agent used at the facility. The use of unsafe types of force such as choke holds, carotid control holds, and neck restraints are not authorized. Canines are not used for contraband detection.

During this inspection period, there were six uses of force involving ICE detainees: five immediate/spontaneous and one calculated. There were no injuries to either staff or detainees and chemical agents were not used. An after action review was conducted for each use of force; the reviews concluded that the force used was within the guidelines of the standard. The calculated use of force was video recorded and the recording was reviewed by the security SME. Additional details regarding these uses of force may be found in the end remarks of the Use of Force and Restraints G-324A Worksheet.

The information reported on the DHS/ICE Detention Standards Review Summary Report pertains only to ICE detainees.