A. Type of Facility Reviewed		Estimated Man-d	lays Per Year	:	
ICE Service Processing Center					
☐ ICE Contract Detention Facility					
	t _	G. Accreditatio	n Certificate	s	
	_	List all State or N	National Accr	editation[s] recei	ved:
B. Current Inspection		NA			
Type of Inspection		Check box if	facility has n	o accreditation[s]
Field Office HQ Inspection				_	
Date[s] of Facility Review		H. Problems / C	Complaints (Copies must be :	attached)
5/1/2018 - 5/3/2018	lΓ	The Facility is ur			
		Court Order		Class Action Or	_
C. Previous/Most Recent Facility Review	ľ	The Facility has			
Date[s] of Last Facility Review		☐ Major Litigat		Life/Safety Issue	
4/18/2017 - 4/20/2017		Check if Nor			-
Previous Rating		<u> </u>			
☐ Superior ☐ Good ☐ Acceptable ☐ Deficient ☐	At-Risk	I. Facility His	tory		
		Date Built	1013		
D. Name and Location of Facility		Date Built			
Name		Date Last Remod	dalad or Upor	adad	
San Luis Regional Detention Center		Date Last Remot	defed of Opgi	aded	
Address (Street and Name)		Date New Const	mustion / Dad	space Added	
406 N. Avenue		Date New Const	ruction / Bed	space Added	
City, State and Zip Code			· pi i		
San Luis, AZ 85349		Future Construct			
County			Date:	D 1 ///27	
Yuma		Current Bed space		Bed space (# No	w Beds only)
Name and Title of Chief Executive Officer (Warden/OIC/Su	pt.)		Numb	er: Date:	
Telephone # (Include Area Code)		J. Total Facili			
		Total Facility Int	ake for previo	ous 12 months	
Field Office / Sub-Office (List Office with oversight respons	ibilities)				
San Diego		Total ICE Man-d	lays for Previ	ous 12 months	
Distance from Field Office					
200 miles					
		K. Classification	on Le <u>vel (IC</u>	E SPCs and CD	Fs Only)
E. ICE Information			L-		L-3
Name of Inspector (Last Name, Title and Duty Station	ı) <u> </u>	Adult Male	N/A	N/A	N/A
/ LCI / Detainee Rights SME / Nakamoto		Adult Female	N/A	N/A	N/A
Name of Team Member / Title / Duty Location	1 [N/A	N/A	N/A
/ Medical SME / Nakamoto					_
Name of Team Member / Title / Duty Location		L. Facility Cap	acity		
/ Safety SME / Nakamoto			Rated	Operational	Emergency
Name of Team Member / Title / Duty Location					
/ Security SME / Nakamoto					
Name of Team Member / Title / Duty Location					
/ Medical SME / Nakamoto		_			
		M. Average Da	ilv Populatio	n	
F. CDF/IGSA Information Only			IC		Other
Contract Number Date of Contract or IC	GSA				
Basic Rates per Man-Day	L				
		N. Facility Stat	ffing Lovel		
Other Charges: (If None, Indicate N/A)		Security:	mig Devel	Support	
		Security.		Support:	
				L	

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 ² , Physical, etc.)	N/A	N/A	N/A	N/A
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Assault:	Types (Sexual Physical, etc.)	N/A	N/A	N/A	N/A
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Number of Forced Moves, incl. Forced Cell moves ³		0	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	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)	N/A	N/A	N/A	N/A
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	0	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)	N/A	N/A	N/A	N/A
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	0	0	0	0
	# Psychiatric Cases referred for Outside Care	0	0	0	0

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

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

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	
	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	
Detai	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	
	th Services	
18.	Hunger Strikes	
19.	Medical Care	
20.	Suicide Prevention and Intervention	
21.	Terminal Illness, Advanced Directives and Death	
	rity 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 Sequeity Inspections	
31. 32.	Security Inspections Special Management Units (Administrative Segregation)	
33.	Special Management Units (Administrative Segregation) Special Management Units (Disciplinary Segregation)	
34.	Tool Control	
35.	Transportation (Land management)	
36.	Use of Force	
37.	Staff / Detainee Communication (Added August 2003)	
37. 38.	Detainee Transfer (Added September 2004)	
30.	Detainee Transier (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.	5/3/2018
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 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 Summary Worksheet Summary represents data on ICE detainee only. There were no sexual assault allegations, hunger strikes, deaths, serious suicide attempts or escapes involving ICE detainees during this inspection period.

There were no use of force incidents on ICE detainees during this inspection period. Use of force incidents, when they occur, will be fully documented and reviewed by senior staff, per the assistant OIC.

The facility does not have Tasers. The facility does not have a restraint chair or use four/five point restraints. The facility does not have a canine unit. The only chemical agent approved for use is oleoresin capsicum (OC)/pepper spray. The facility does not use or train staff in the use of unsafe types of restraint.