

**Department Of Homeland Security
Immigration and Customs Enforcement**

Detention Review Summary Form
Facilities Used Over 72 hours

A. Type of Facility Reviewed

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

B. Current Inspection

Type of Inspection <input type="checkbox"/> Field Office <input checked="" type="checkbox"/> HQ Inspection
Date[s] of Facility Review 2/12/2019 - 2/14/2019

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review 4/3/2018-4/5/2018
Previous Rating <input checked="" type="checkbox"/> Meets Standards <input type="checkbox"/> Does Not Meet Standards

D. Name and Location of Facility

Name Krome SPC
Address (Street and Name) 18201 SW 12 th Street
City, State and Zip Code Miami, FL 33194
County Miami Dade
Name and Title of Facility Administrator (Warden/OIC/Superintendent) [REDACTED]
Telephone # (Include Area Code) [REDACTED]
Field Office / Sub-Office (List Office with oversight responsibilities) Miami
Distance from Field Office On Site

E. ICE Information

Name of Inspector (Last Name, Title and Duty Station) [REDACTED] / LCI/Detainee Rights SME / 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, NCCHC
<input type="checkbox"/> 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 <input type="checkbox"/> Court Order <input type="checkbox"/> Class Action Order	
The Facility has Significant Litigation Pending <input type="checkbox"/> Major Litigation <input type="checkbox"/> Life/Safety Issues	
<input checked="" type="checkbox"/> Check if None.	

I. Facility History

Date Built [REDACTED]	
Date Last Remodeled or Upgraded [REDACTED]	
Date New Construction / Bedspace Added [REDACTED]	
Future Construction Planned <input type="checkbox"/> [REDACTED] <input checked="" type="checkbox"/> [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
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

L. Facility Capacity

	Rated	Operational	Emergency
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

M. Average Daily Population

	ICE	USMS	Other
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

N. Facility Staffing Level

Security: [REDACTED]	Support: [REDACTED]
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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.)	0	20P	36P	37P
	With Weapon	0	0	0	0
	Without Weapon	0	20	36	37
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	0	2P	8P	4P
	With Weapon	0	0	0	0
	Without Weapon	0	2	8	4
Number of Forced Moves, incl. Forced Cell moves ³		1	4	8	4
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)	0	0	0	0
	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
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	35	80	41	51
	# Resolved in favor of Offender/Detainee	1	3	2	1
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	0	22	6	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"/>	<input type="checkbox"/>		
2	Environmental Health and Safety	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>		
5	Classification System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Contraband	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Facility Security and Control	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>		
10	Key and Lock Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11	Population Counts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12	Post Orders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13	Searches of Detainees	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>		
15	Special Management Units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16	Staff-Detainee Communication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17	Tool Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18	Use of Force and Restraints	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PART 3 ORDER							
19	Disciplinary System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PART 4 CARE							
20	Food Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
21	Hunger Strikes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
22	Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
23	Personal Hygiene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
24	Suicide Prevention and Intervention	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>		
PART 5 ACTIVITIES							
26	Correspondence and Other Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
27	Escorted Trips for Non-Medical Emergencies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>		
30	Religious Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
31	Telephone Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
32	Visitation	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>		
35	Grievance System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
36	Law Libraries and Legal Material	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
37	Legal Rights Group Presentations	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>		
39	News Media Interviews and Tours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
40	Staff Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
41	Transfer of Detainees	<input checked="" type="checkbox"/>	<input 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) [REDACTED]	Signature [REDACTED]
Title & Duty Location Lead Compliance Inspector, The Nakamoto Group, Inc.	Date 2/14/2019

Team Members

Print Name, Title, & Duty Location [REDACTED], Medical SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location [REDACTED], Safety SME, The Nakamoto Group, Inc.
Print Name, Title, & Duty Location [REDACTED], Security SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location [REDACTED], Medical 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 rated Not Applicable (N/A);
- 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 twenty allegations of sexual assault or abuse reported since the last inspection. Ten allegations involved staff. One allegation was unfounded, five were unsubstantiated, and three are pending. Ten allegations involved detainee on detainee sexual harassment and inappropriate touching. Four were determined to be unsubstantiated and three were unfounded. Two allegations of inappropriate touching by a male detainee on another male detainee and one allegation of sexual harassment were substantiated. All allegations were properly investigated.

There were 25 hunger strikes reported since the last inspection. Five of these hunger strikes were by the same detainee. All were managed appropriately. There were no deaths since the last inspection. There were 29 suicide watches and no serious suicide attempts reported since the last inspection.

The use of Tasers is not permitted. The use of any chemical agent by AGS security staff is prohibited. The use of oleoresin capicum/pepper spray (OC) is approved for use by ICE staff. Canines are not used at this facility. The use of choke holds is prohibited.

During the inspection period there were twelve use of force incidents. Eleven incidents involved immediate uses of force and one incident involved a calculated use of force. Eight incidents involved detainees refusing to follow/obey staff orders and three incidents involved detainees assaulting staff. The single calculated use of force involved a detainee in the SMU who had covered his cell window and covered the in cell video camera. In each of these incidents detainees refused all verbal commands and all attempts to use confrontation avoidance techniques proved unsuccessful. In each of these cases, officers used minimal physical force/holds to control the detainee(s) and gain control of the incident and apply restraints. There were no uses of OC/pepper spray in any of these incidents.

All of the use of force incident packages, including the video recordings of the calculated use of force incident, were reviewed and confirmed that the force used in each incident was reasonable and appropriate for the situation. Medical examination and treatment was prompt in each case. In one case, the review committee determined that force was necessary to resolve the situation but disagreed with the type of force used and took the appropriate administrative action. Documentation showed that the after-action review committee, chaired by the AFOD, was very aggressive in identifying training issues and taking administrative action when appropriate. All incident packages contained documentation that the incidents were reviewed by the use of force review committee within the required time limits.