A. Type of Facility Reviewed	Estimated Man-days l	Per Year:		
☐ ICE Service Processing Center ☐ ICE Contract Detention Facility				
<ul> <li>☑ ICE Intergovernmental Service Agreement</li> </ul>	G. Accreditation Ce	ertificates		
	List all State or Nation		litation[s] receive	ed:
B. Current Inspection				
Type of Inspection	Check box if facil	lity has no	accreditation[s]	
Field Office HQ Inspection			_	
Date[s] of Facility Review	H. Problems / Comp			
2/20/2019 - 2/22/2019	The Facility is under Court Order			
C. Previous/Most Recent Facility Review	The Facility has Signi		lass Action Orde	<u> </u>
Date[s] of Last Facility Review	☐ Major Litigation		ife/Safety Issues	
12/4/2018 - 12/6/2018	Check if None.		inc/Barcty Issues	
Previous Rating	Check if I tone.			
Superior Good Acceptable Deficient At-Risk	I. Facility History			
	Date Built			
D. Name and Location of Facility				
Name Morgan County Adult Detention Center	Date Last Remodeled	or Upgrad	led	
Address (Street and Name)				
211 E. Newton Street	Date New Construction	on / Bed sp	ace Added	
City, State and Zip Code	E · C · · ·	N 1		
Versailles, MO 65084	Future Construction I			
County	Current Bed space		Bed space (# New	Reds only)
Morgan	Current Bed space	Number:		beds only)
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)		Transcer	. Butc.	
Telephone # (Include Area Code)	J. Total Facility Po	pulation		
	Total Facility Intake f	or previous	s 12 months	
Field Office / Sub-Office (List Office with oversight responsibilities)				
Chicago/Kansas City	Total ICE Man-days f	for Previou	s 12 months	
Distance from Field Office 427 miles/160 miles				
427 miles/100 miles	K. Classification Lo	wel (ICE (	SDCs and CDEs	(Only)
E. ICE Information	K. Classification Lo	L-1	L-2	L-3
Name of Inspector (Last Name, Title and Duty Station)	Adult Male	N/A	N/A	N/A
/ LCI/ Detainee Rights SME / Nakamoto Group	Adult Female	N/A	N/A	N/A
Name of Team Member / Title / Duty Location			- ,,	
/ Medical SME / Nakamoto Group				
Name of Team Member / Title / Duty Location	L. Facility Capacity			
/ Safety SME / Nakamoto Group	R	Rated	Operational	Emergency
Name of Team Member / Title / Duty Location				
/ Security SME / Nakamoto Group Name of Team Member / Title / Duty Location				
/ Medical SME / Nakamoto Group				
/ Medical MAZZ / Manamoto Group	M. Average Daily P	onulation		
F. CDF/IGSA Information Only	M. Average Dany 1	ICE	USMS	Other
Contract Number Date of Contract or IGSA		TOL	CSIVES	
			-	
Basic Rates per Man-Day		-	L	
	N. Facility Staffing	Level		
Other Charges: (If None, Indicate N/A)	Security:		Support:	
		_		

## 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>		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	4	0	0	0
	# Resolved in favor of Offender/Detainee	1	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	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.

	ICE Detention Standards Review Summary Report ceptable 2. Deficient 3. At Risk 4. Repeat Finding 5.Not Applicable					
	Access Standards	1.	2.	3.	4.	5.
1.	Access to Legal Materials		<u> </u>	<u>J.</u>		3.
2.	Group Presentations on Legal Rights		H	Ħ	H	
3.	Visitation		H	Ħ	H	
4.	Telephone Access		H	一一	H	
	nee Services					
5.	Admission and Release			П		
<b>6.</b>	Classification System		H	Ħ	H	
7 <b>.</b>	Correspondence and Other Mail		Ħ	旹	H	
8.	Detainee Handbook		Ħ	Ħ	H	
9.	Food Service		Ħ	Ħ	Ħ	
10.	Funds and Personal Property		Ħ	Ħ	Ħ	
11.	Detainee Grievance Procedures		H	Ħ	H	
12.	Issuance and Exchange of Clothing, Bedding, and Towels		H	Ħ	Ħ	
13.	Marriage Requests		Ħ	Ħ	Ħ	
14.	Non-Medical Emergency Escorted Trip		Ħ	Ħ	Ħ	
15.	Recreation		Ħ	百	Ħ	
16.	Religious Practices		Ħ	Ħ	一	
17.	Voluntary Work Program		Ħ	ヿ	Ħ	$\times$
	n Services					
18.	Hunger Strikes					
19.	Medical Care					
20.	Suicide Prevention and Intervention					
21.	Terminal Illness, Advanced Directives and Death					
Securi	ity and Control					
22.	Contraband					
23.	<b>Detention Files</b>					
24.	Disciplinary Policy	$\boxtimes$				
25.	Emergency Plans					
26.	Environmental Health and Safety					
27.	Hold Rooms in Detention Facilities					
28.	Key and Lock Control	$\square$				
29.	Population Counts					
30.	Post Orders					
31.	Security Inspections					
32.	Special Management Units (Administrative Segregation)					
33.	Special Management Units (Disciplinary Segregation)	$\boxtimes$				
	Tool Control					
	Transportation (Land management)	$\boxtimes$	ш	<u> Ш</u>	oxdot	
34. 35. 36.	Use of Force					
35.	• ,					

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.	2/22/2019
Team Members	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
	16 H 1815 W 18
, 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,	, Medical SME, The Nakamoto Group, Inc.
Inc.	, Wedicar SWE, The Wakamoto Group, Inc.
Recommended Rating:	
Good	
Acceptable	
Deficient	
At-Risk	
At-RISK	

Comments: The Sexual Abuse and Assault Prevention and Intervention Standard was inspected during this inspection but is not referenced in the Standards Review Summary Report. The Standard was rated as Meets Standard for this inspection. There were no SAAPI allegations during this inspection period.

There were no deaths in the facility and no serious suicide attempts involving an ICE detainee.

There were no calculated use of force incidents during this inspection period and only one incident of immediate use of force involving an ICE detainee. On 1/17/2019 an ICE detainee was involved in a fight. When ordered to stop fighting, the combatants complied. They were restrained and taken directly to medical services. Video of the incident was reviewed and the use of force appeared to be only a non-routine use of restraints. Medical treatment was immediate. Review and ICE notification was completed as the standard requires.

Black jacks and sap gloves are not permitted for use by staff. Choke holds or other unauthorized restraint positions are not authorized. Tasers and oleoresin capsicum/pepper spray are authorized for use on ICE detainees by trained staff members. Policy requires that canines not be used in the presence of detainees.