A. Type of Facility Reviewed	Estimated Man-days Per Year	
☐ ICE Service Processing Center		
☐ ICE Contract Detention Facility		
	G. Accreditation Certificates	
B. Current Inspection	List all State or National Accreditation[s] received: American Correctional Association- 1/14/2019	
Type of Inspection ☐ Field Office ☐ HQ Inspection	Check box if facility has no accreditation[s]	
	Check box if facility has no accreditation[s]	
Date[s] of Facility Review	II Duchlams / Commisints (Comics must be attached	`
5/7/2019 - 5/9/2019	H. Problems / Complaints (Copies must be attached The Facility is under Court Order or Class Action Finding	
C. Previous/Most Recent Facility Review	Court Order Class Action Order	g
Date[s] of Last Facility Review	The Facility has Significant Litigation Pending	
5/8/2018 - 5/10/2018	☐ Major Litigation ☐ Life/Safety Issues	
Previous Rating	Check if None.	
☐ Meets Standards ☐ Does Not Meet Standards		
Mirects Standards Does Not Meet Standards	I. Facility History	
D. Name and Location of Facility	Date Built	
Name		
Cibola County Correctional Center	Date Last Remodeled or Upgraded	
Address (Street and Name)		
2000 Cibola Loop	Date New Construction / Bedspace Added	
City, State and Zip Code		
Milan, NM 87021	Future Construction Planned	
County	Date:	
Cibola	Current Bedspace Future Bedspace (# New Beds on	lv)
Name and Title of Facility Administrator	Number: Date:	-57
(Warden/OIC/Superintendent)		
(Warden/OTe/Superintendent)	J. Total Facility Population	
Telephone # (Include Area Code)	Total Facility Intake for previous 12 months	
Telephone " (metade ruea code)		
Field Office / Sub-Office (List Office with oversight	Total ICE Mandays for Previous 12 months	
responsibilities)		
Albuquerque, New Mexico		
Distance from Field Office	K. Classification Level (ICE SPCs and CDFs Only)	
85 Miles	L-1 L-2 L-	.3
oc miles	Adult Male N/A N/A N/	
E. ICE Information	Adult Female N/A N/A N/	
Name of Inspector (Last Name, Title and Duty Station)		
/ LCI/Detainee Rights SME / Nakamoto Group	L. Facility Capacity	
Name of Team Member / Title / Duty Location	Rated Operational Emerge	ency
/ Medical SME / Nakamoto Group		
Name of Team Member / Title / Duty Location		
/ Safety SME / Nakamoto Group		
Name of Team Member / Title / Duty Location		
/ Security SME / Nakamoto Group	M. Average Daily Population	
Name of Team Member / Title / Duty Location	ICE USMS Oth	er
/ Medical SME / Nakamoto Group		
r		
F. CDF/IGSA Information Only		
Contract Number Date of Contract or IGSA	N. Facility Staffing Level	
	Security: Support:	
Basic Rates per Man-Day		
Other Charges: (If None, Indicate N/A)		
· · · · · · · · · · · · · · · · · · ·		

Significant Incident Summary Worksheet

For The Nakamoto Group 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.)	Physical	Physical	Physical	Physical
Offenders on Offenders ¹	With Weapon	0	0	1	0
	Without Weapon	3	1	5	3
Assault:	Types (Sexual Physical, etc.)	Physical	N/A	Physical	Physical
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	1	0	3	1
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)	N/A	N/A	N/A	N/A
Restraints applied/used	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.		0	0	0	0
Escapes	Attempted	0	0	0	0
-	Actual	0	0	0	0
Grievances:	# Received	42	18	43	29
	# Resolved in favor of Offender/Detainee	3	2	3	3
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	35	9	44	42
	# Psychiatric Cases referred for Outside Care	0	0	0	0

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

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					
1. I	Meets Standards 2. Does Not Meet Standards 3. Repeat Finding 4. Not Applicable	1	2	3	4
	RT 1 SAFETY				
1	Emergency Plans	\boxtimes			
2	Environmental Health and Safety	\boxtimes			
3	Transportation (By Land)	\boxtimes			
	RT 2 SECURITY				
4	Admission and Release	\boxtimes			
5	Classification System	\boxtimes			
6	Contraband				
7	Facility Security and Control				
8	Funds and Personal Property				
9	Hold Rooms in Detention Facilities	\boxtimes			
10	Key and Lock Control	\boxtimes			
11	Population Counts				
12	Post Orders				
13	Searches of Detainees				
14	Sexual Abuse and Assault Prevention and Intervention				
15	Special Management Units				
16	Staff-Detainee Communication			H	
17	Tool Control				
18	Use of Force and Restraints] 🗆		
	TOSE OF FOICE and Restraints				
19	Disciplinary System RT 4 CARE				
		M			
20	Food Service	\boxtimes			
21	Hunger Strikes				
22	Medical Care				
23	Personal Hygiene				
24	Suicide Prevention and Intervention				
25	Terminal Illness, Advance Directives, and Death				
	RT 5 ACTIVITIES				
26	Correspondence and Other Mail		<u> </u>	Щ	
27	Escorted Trips for Non-Medical Emergencies				
28	Marriage Requests				
29	Recreation		_		
30	Religious Practices				
31	Telephone Access				
32	Visitation				
33	Voluntary Work Program				
	RT 6 JUSTICE				
34	Detainee Handbook				
35	Grievance System				
36	Law Libraries and Legal Material				
37	Legal Rights Group Presentations				
	RT 7 ADMINISTRATION & MANAGEMENT				
38	Detention Files				
39	News Media Interviews and Tours				
40	Staff Training				
41	Transfer of Detainees	\boxtimes			

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.	5/9/2019

1	Team Members		
	Print Name, Title, & Duty Location	Print Name, Title, & Duty Location	
	, Safety SME, The Nakamoto Group, Inc.	, The Nakamoto Group, Inc.	
	Print Name, Title, & Duty Location	Print Name, Title, & Duty Location	
	, Medical SME, The Nakamoto Group, Inc.	, 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 2011) which include the following additions/changes to the standards listed on page three:

- Medical Care (Women), a new standard, was rated Not Applicable;
- 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, and;
- Transfer of Detainees is now titled Detainee Transfer.

There were no escapes, deaths or serious suicide attempts during the inspection period. The facility does not use canines for contraband detection for ICE detainees. The only chemical agent in the facility is OC (oleoresin capsicum)/pepper spray. The use of unsafe types of force such as choke holds, carotid control holds and neck restraints are not authorized. Tasers are not used.

Since the last inspection, there have been four allegations of detainee on detainee sexual assault or abuse. All four incidents were investigated and none were referred for criminal charges. Of the four incidents, three were unsubstantiated and one was unfounded.

There were seven immediate uses of force and no calculated uses of force during the inspection period. Details regarding the uses of force are found in the Remarks section of the Use of Force and Restraints checklist. A review of documentation and video recordings confirmed that all use of force incidents were conducted and documented in accordance with policy. In every incident, the detainee was examined by medical staff and appropriate reviews and notifications were completed as required by the standard.