

**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  
6/19/2018 - 6/21/2018

**C. Previous/Most Recent Facility Review**

Date[s] of Last Facility Review  
6/27/2017 - 6/29/2017

Previous Rating  
☐ Superior ☐ Good ☒ Acceptable ☐ Deficient ☐ At-Risk

**D. Name and Location of Facility**

Name  
**Atlanta City Detention Center**  
Address (Street and Name)  
**254 Peachtree Street SW**  
City, State and Zip Code  
**Atlanta, GA 30303**  
County  
**Fulton**  
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)  
[Redacted]  
Telephone # (Include Area Code)  
[Redacted]  
Field Office / Sub-Office (List Office with oversight responsibilities)  
**Atlanta**  
Distance from Field Office  
**Less than one mile**

**E. ICE Information**

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

**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:  
**American Correctional Association 6/4/2016**

☐ 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 / Bed space Added  
[Redacted]  
Future Construction Planned  
☐ [Redacted] ☒ [Redacted] Date:  
[Redacted]  
Current Bed space  
[Redacted] Future Bed space (# New Beds only)  
Number: [Redacted] Date:  
[Redacted]

**J. Total Facility Population**

Total Facility Intake for previous 12 months  
[Redacted]

Total ICE Man-days 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]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]

**M. Average Daily Population**

	ICE	USMS	Other
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]

**N. Facility Staffing Level**

Security: [Redacted] Support: [Redacted]

### Significant Incident Summary Worksheet

For Nakamoto 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 <sup>1</sup>	Types (Sexual <sup>2</sup> , Physical, etc.)	7(P)	8(P)	14(P)	7(P)
	With Weapon	0	0	(2) hot water & spit	(2) toilet brush & chair
	Without Weapon	7	8	12	5
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	3(P)	6(P)	5(P)	2(P)
	With Weapon	1 (handcuffs)	1 (spit)	1 (urine)	0
	Without Weapon	2	5	4	2
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		10	19	14	11
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 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)	0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		11	14	22	14
Escapes	Attempted	0	0	0	0
	Actual	0	0	1	0
Grievances:	# Received	16	8	12	11
	# Resolved in favor of Offender/Detainee	4	3	6	7
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	138	95	96	115
	# Psychiatric Cases referred for Outside Care	479	660	583	576

<sup>1</sup> Any attempted physical contact or physical contact that involves two or more offenders

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

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

<sup>4</sup> 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. Acceptable	2. Deficient	3. At Risk	4. Repeat Finding	5. Not Applicable
<b>Legal Access Standards</b>				
1. Access to Legal Materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Group Presentations on Legal Rights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Telephone Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Detainee Services</b>				
5. Admission and Release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Classification System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Correspondence and Other Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Detainee Handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Food Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Funds and Personal Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Detainee Grievance Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Issuance and Exchange of Clothing, Bedding, and Towels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Marriage Requests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Non-Medical Emergency Escorted Trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Religious Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Voluntary Work Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health Services</b>				
18. Hunger Strikes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Suicide Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Terminal Illness, Advanced Directives and Death	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Security and Control</b>				
22. Contraband	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Detention Files	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Disciplinary Policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Emergency Plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Environmental Health and Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Hold Rooms in Detention Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Key and Lock Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Population Counts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Post Orders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Security Inspections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Special Management Units (Administrative Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Special Management Units (Disciplinary Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Tool Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Transportation (Land management)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36. Use of Force	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Staff / Detainee Communication (Added August 2003)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Detainee Transfer (Added September 2004)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All findings (Deficient and At-Risk) require written comment describing the finding and what is necessary to meet compliance.

[Redacted Signature Area]

### 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]	  [REDACTED] <i>Signature</i>
Title & Duty Location  LCI/Security SME, The Nakamoto Group, Inc.	Date  6/21/2018

#### Team Members

Print Name, Title, & Duty Location  [REDACTED], Safety SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location  [REDACTED], Medical SME, The Nakamoto Group, Inc.
Print Name, Title, & Duty Location  [REDACTED], Detainee Rights SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location  [REDACTED], 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. There were three allegations of sexual abuse and assault made by ICE detainees. All allegations were detainee-on-detainee allegations. All were unsubstantiated.

The information provided on page two, the Significant Incident Summary Worksheet, pertains to the total population of the facility. There were no escapes, deaths or serious suicide attempts during the inspection period.

There were five use of force incidents during this inspection period. On 12/23/2017, use of force was used to separate several detainees who were physically fighting in the housing unit day room. Taser was drawn but not used. One detainee was injured during the fight. He was transported to Grady Hospital for head laceration treatment. All detainees involved were seen by medical personnel in a timely manner. After action review was conducted on 1/25/2018. The team confirmed that the amount of force used was reasonable and necessary.

On 10/14/2017, officers responded to a fist fight involving two detainees. Detainees were separated by the officers. Detainees were seen by the medical department in a timely manner. One detainee complained of an injured finger and nose bleeding. He was

**FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)**

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

transported to Grady Hospital for treatment. The other detainee complained of abrasions on face and neck. He was treated at the facility. After action review was conducted on 11/16/2017. The team confirmed that the amount of force used was reasonable and necessary.

On 8/14/2017, a detainee refused to exit the visiting booth after directions to comply with the visitation dress code (wearing a uniform top) were given. Detainee "became irate" and struck an officer in the face with a closed fist. Detainee was transported to Grady Hospital for treatment. Detainee sustained scratches on his neck. The incident was referred to the Office of Professional Accountability (OPA). After action review was conducted on 12/7/2017 upon conclusion of OPA investigation. The team confirmed that the amount of force used was reasonable and necessary.

On 8/8/2017, a detainee refused assigned cell move. Detainee spit on an officer while resisting the cell move. Detainee was placed in "arm restraints" and escorted to segregation. The detainee sustained injury to her lip. Medical evaluation was timely. After Action review was conducted on 9/21/2017. After Action team recommended referral to OPA. Investigation confirmed that the amount of force used was reasonable and necessary.

On 6/22/2017, one detainee blocked his cell door to prevent another detainee from moving into "his" cell. The resisting detainee did not move, "so I (officer) reached for the door handle to close the door and the detainee pushed me with both hands on my chest area. My immediate reaction was to push him away". Incident was referred to OPA. No medical assessment was included with the written reports after detainee was pushed by the officer. After action review was conducted on 8/31/2018. The team confirmed that the amount of force used was reasonable and necessary.

ICE officers are notified of all physical responses to detainee resistance. The facility does not have a canine unit. Black jacks, sap gloves and unauthorized holds are prohibited by policy. Chemical agents are not permitted. Tasers are authorized for use on ICE detainees.