

**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  
5/1/2018 - 5/3/2018

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

Date[s] of Last Facility Review  
5/2/2017-5/4/2017

Previous Rating  
☒ Meets Standards ☐ Does Not Meet Standards

**D. Name and Location of Facility**

Name  
Stewart Detention Center  
Address (Street and Name)  
146 CCA Road  
City, State and Zip Code  
Lumpkin, GA 31815  
County  
Stewart  
Name and Title of Facility Administrator  
(Warden/OIC/Superintendent)  
[REDACTED]  
Telephone # (Include Area Code)  
[REDACTED]  
Field Office / Sub-Office (List Office with oversight responsibilities)  
Atlanta Field Office  
Distance from Field Office  
119 miles

**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, PREA, NCCHC  
☐ 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 / Bedspace Added  
[REDACTED]  
Future Construction Planned  
☐ [REDACTED] ☒ [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
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]
<input type="checkbox"/> [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**M. Average Daily Population**

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

**N. Facility Staffing Level**

Security:  
[REDACTED] Support:  
[REDACTED]

### 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><b>Incidents</b></i>	<i><b>Description</b></i>	<b>Jan – Mar</b>	<b>Apr – Jun</b>	<b>Jul – Sept</b>	<b>Oct – Dec</b>
Assault: Offenders on Offenders <sup>1</sup>	Types (Sexual <sup>2</sup> , Physical, etc.)	P-12	P-11	P-5	P-9
	With Weapon	0	0	0	0
	Without Weapon	14	11	6	11
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	P-3	P-4	P-6	P-7
	With Weapon	0	0	0	0
	Without Weapon	3	4	6	7
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		3	0	0	0
Disturbances <sup>4</sup>		0	0	0	0
Number of Times Chemical Agents Used		5	1	1	3
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.		4	0	1	2
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	87 non-medical 22 medical	48 non-medical 16 medical	31 non-medical 8 medical	66 non-medical 15 medical
	# Resolved in favor of Offender/Detainee	9	7	6	15
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	N/A	S	N/A	N/A
	Number	0	1	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	541	558	535	498
	# Psychiatric Cases referred for Outside Care	1	5	3	3

<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. Meets Standards    2. Does Not Meet Standards    3. Repeat Finding    4. Not Applicable		1	2	3	4
<b>PART 1 SAFETY</b>					
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>PART 2 SECURITY</b>					
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"/>
<b>PART 3 ORDER</b>					
19	Disciplinary System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PART 4 CARE</b>					
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"/>
<b>PART 5 ACTIVITIES</b>					
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
<b>PART 6 JUSTICE</b>					
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"/>
<b>PART 7 ADMINISTRATION &amp; MANAGEMENT</b>					
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 5/3/2018

#### Team Members

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.	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 overall compliance with the ICE Performance-Based National Detention Standards 2011(42 standards) 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 seven allegations of sexual assault/abuse since the last inspection. Six allegations were classified as detainee on detainee. All of the allegations were investigated and none were referred for potential prosecution. Five of the allegations were determined to be unsubstantiated and one allegation remains under investigation. There was one allegation classified as employee on detainee. Following investigation, the case was determined to be unfounded. All case files were reviewed; procedures conducted by medical and detention staff comply with the requirements of the standard.

There was one death of an ICE detainee by suicide during the inspection period. A 27-year-old Panamanian male was admitted to the facility on 3/7/2017. At the time of admission, the detainee provided a mental health history of previous suicidal ideation, hearing voices and taking a psychotropic medication. Due to this history, the detainee was referred to mental health personnel and placed on the mental health case load. The detainee received a mental health evaluation on 3/8/2017, at which time he was assessed with Schizoaffective Disorder/Bi-polar. Subsequently, the detainee was re-evaluated by mental health personnel on 4/11/2017, 4/17/2017,

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4/25/2017 and on 5/1/2017, 5/2/2017 and 5/10/2017. He was evaluated by the psychiatrist on 3/20/2017. On 5/15/2017, at 12:45 a.m., while in disciplinary segregation, the detainee was found hanging in his cell with a sheet around his neck which was secured to a water supply line to the wall mounted sprinkler. The detainee had dug-out the security caulking from behind the sprinkler head to access the water line. When found, the detainee was immediately cut down and CPR was initiated. Medical personnel arrived on scene, continued CPR and started two IVs. EMS arrived on scene, continued CPR, inserted a breathing tube and administered emergency medications. The detainee was transported to the local hospital emergency department and pronounced dead at 2:15 a.m. An autopsy was authorized and conducted.

A second death of an ICE detainee housed at the facility occurred during the previous twelve months. The detainee was housed at the facility when he became ill and was transferred to an off-site hospital where he subsequently died 23 days after the transfer. The facility did not report this death on the Significant Incident Summary Worksheet because the detainee did not expire at the facility. A 33-year old Cuban male was admitted to the facility 11/24/2017. At the time of admission, he provided no significant medical or mental health history. At this facility, sick call request slips are not used. Detainees sign-up for sick call each morning and are evaluated the same day. On 1/6/2018, the detainee did not sign-up for sick call, but the housing unit correctional officer thought the detainee looked sick and contacted the medical department who instructed the officer to have the detainee escorted to medical. Documented medical evaluation indicated the detainee had a non-productive cough, sinus congestion, and elevated temperature of 100.2 and an elevated heart rate of 112. The detainee was treated with several over-the-counter medications per established protocol. The detainee was instructed to return as needed. On 1/7/2018, the nurse followed-up on the detainee and had him escorted to the medical department. Evaluation indicated an elevated temperature of 100, elevated heart rate of 144 and elevated respiration rate of 48. As a result, the detainee was transported by ambulance to the local hospital where he was treated for flu/pneumonia. On 1/8/2018, the hospital transferred the detainee to another higher-level care hospital where he was aggressively treated. He was placed on a ventilator and briefly stabilized. On 1/12/2018, he developed a collapsed lung. On 1/17/2018, the detainee was transferred to the Mayo Clinic in Jacksonville, FL, where he expired on 1/30/2018.

There were no escapes or escape attempts since the last inspection. The facility does not have a canine unit for contraband detection. The only chemical agent in the facility is OC (oleoresin capsicum)/pepper spray. Only trained personnel are authorized to use chemical agents. The use of unsafe types of force such as choke holds, carotid control holds and neck restraints are prohibited by policy. Tasers are not used.

The facility reported twenty uses of force since the previous inspection, six of which were calculated. OC pepper spray was used in one of the calculated use of force incidents and in nine of the fourteen immediate uses of force. The calculated use of force incidents involved detainees refusing to accept another housing assignment within the facility and refusal to come out of their cells. Each calculated use of force incident was appropriately documented to include being audio-visually recorded and the detainees involved received the required medical attention immediately. An after-action review team, as required by the standard, completed a review of all incidents and reported their findings to the FOD. No injuries were noted.