

**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
☐ Field Office ☒ HQ Inspection

Date[s] of Facility Review
08/27/2019 - 08/29/2019

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
08/28/2018 - 08/30/2018

Previous Rating
☒ Meets Standards ☐ Does Not Meet Standards

D. Name and Location of Facility

Name
Central Arizona Florence Correctional Complex

Address (Street and Name)
1100 Bowling Road

City, State and Zip Code
Florence, AZ 85132

County
Pinal

Name and Title of Facility Administrator
(Warden/OIC/Superintendent)
[REDACTED]

Telephone # (Include Area Code)
[REDACTED]

Field Office / Sub-Office (List Office with oversight responsibilities)
Phoenix / Florence

Distance from Field Office
60 miles / 1 mile

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, PREA

☐ 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: [REDACTED]

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 checked="" 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>Incidents</i>	<i>Description</i>	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault: Offenders on Offenders ¹	Types (Sexual ² , Physical, etc.)	Physical	Physical	Physical	Physical, Sexual
	With Weapon	0	0	Fight=1	Assault =2
	Without Weapon	Fight=1 Assault=5	Fight=3 Assault=5	Fight=4 Assault=4	Fight=3 (P) Assault=11 (P), 1 (S)
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	Physical	Physical	N/A	N/A
	With Weapon	0	0	0	0
	Without Weapon	1	1	0	0
Number of Forced Moves, incl. Forced Cell moves ³		2	2	0	1
Disturbances ⁴		1	0	0	1
Number of Times Chemical Agents Used		1	2	0	6
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)	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.		13	7	3	9
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	Non-medical=25 Medical=40	Non-medical=9 Medical=32	Non-medical=4 Medical=36	Non-medical=27 Medical=31
	# Resolved in favor of Offender/Detainee	Non-medical=10 Medical=28	Non-medical=6 Medical=24	Non-medical=3 Medical=27	Non-medical=14 Medical=26
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	47	62	34	39
	# Psychiatric Cases referred for Outside Care	1	1	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


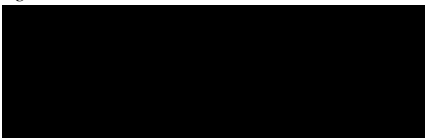
³ Routine transportation of detainees/offenders is not considered "forced"

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"/>							
2	Environmental Health and Safety	<input checked="" 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"/>
PART 2 SECURITY											
4	Admission and Release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
5	Classification System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
6	Contraband	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
7	Facility Security and Control	<input checked="" 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"/>							
10	Key and Lock Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
11	Population Counts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
12	Post Orders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
13	Searches of Detainees	<input checked="" 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"/>							
15	Special Management Units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
16	Staff-Detainee Communication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
17	Tool Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
18	Use of Force and Restraints	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
PART 3 ORDER											
19	Disciplinary System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
PART 4 CARE											
20	Food Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
21	Hunger Strikes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
22	Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
23	Personal Hygiene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
24	Suicide Prevention and Intervention	<input checked="" 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"/>							
PART 5 ACTIVITIES											
26	Correspondence and Other Mail	<input checked="" 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"/>							
30	Religious Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
31	Telephone Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
32	Visitation	<input checked="" 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"/>							
35	Grievance System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
36	Law Libraries and Legal Material	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
37	Legal Rights Group Presentations	<input checked="" 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"/>							
39	News Media Interviews and Tours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
40	Staff Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
41	Transfer of Detainees	<input checked="" 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) 	Signature 
Title & Duty Location Lead Compliance Inspector, The Nakamoto Group, Inc.	Date 08/29/2019

Team Members

Print Name, Title, & Duty Location  , Safety SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location  , Security SME, The Nakamoto Group, Inc.
Print Name, Title, & Duty Location  , Medical SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location  , 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 2008).

There were thirteen allegations of sexual abuse or assault at the facility within the last twelve months. A fourteenth allegation by a detainee occurred in a previous facility; the detainee reported the incident during the intake at this facility. Of the thirteen allegations of sexual abuse or assault at this facility, four were substantiated, five were unsubstantiated, and four were unfounded.

One detainee was assaulted and raped by another detainee; however, the detainee victim did not report the assault for one month after the incident so the case was not referred to the Sexual Assault Nurse Examiner (SANE) but was reported to local law enforcement. Details regarding all of the allegations are found in the end remarks section of the Sexual Abuse and Assault Prevention and Intervention checklist.

There were no escapes, deaths, or serious suicide attempts involving an ICE detainee during the inspection period. Tasers are not used. All custodial staff are trained in the use of Oleoresin Capsicum (OC)/pepper spray; the only chemical agent used at the facility. The use of unsafe types of force such as choke holds, carotid control holds, and neck restraints are not authorized. Canines are used for contraband detection but never in the presence of ICE detainees.

During the inspection period there were seventeen use-of-force incidents involving ICE detainees. Four of the incidents involved calculated use of force and thirteen involved immediate use of force. OC/pepper spray was used in nine of these incidents to control the detainees. All seventeen use-of-force packages were reviewed by the Security SME and were found to fully document the

incidents and uses of force. Video recordings of the four calculated incidents were reviewed; the incidents were recorded as required by the standard. These reviews substantiated that the force used was appropriate for the circumstances. Each incident was reviewed by the after-action review committee and ICE officials were notified per the standard requirements. Additional details regarding the uses of force are found in the end remarks of the Use of Force and Restraints checklist.

The information reported on the Significant Incident Summary Worksheet on page two pertains only to ICE detainees. Juvenile ICE detainees are not housed at this facility.