

**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 <input type="checkbox"/> Field Office <input checked="" type="checkbox"/> HQ Inspection
Date[s] of Facility Review 4/2/2019 - 4/4/2019

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

Date[s] of Last Facility Review 3/20/2018 - 3/22/2018
Previous Rating <input checked="" type="checkbox"/> Meets Standards <input type="checkbox"/> Does Not Meet Standards

**D. Name and Location of Facility**

Name Buffalo (Batavia) Service Processing Center
Address (Street and Name) 4250 Federal Drive
City, State and Zip Code Batavia, NY 14020
County Genesee
Name and Title of Facility Administrator (Warden/OIC/Superintendent) [REDACTED]
Telephone # (Include Area Code) [REDACTED]
Field Office / Sub-Office (List Office with oversight responsibilities) Buffalo
Distance from Field Office 30 miles

**E. ICE Information**

Name of Inspector (Last Name, Title and Duty Station) [REDACTED] / LCI/Security 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] / Detainee Rights 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
Basic Rates per Man-Day	
Other Charges: (If None, Indicate N/A) ; ;	
Estimated Man-days Per Year	

**G. Accreditation Certificates**

List all State or National Accreditation[s] received: ACA and NCCHC
<input type="checkbox"/> 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 <input type="checkbox"/> Court Order <input checked="" type="checkbox"/> Class Action Order
The Facility has Significant Litigation Pending <input type="checkbox"/> Major Litigation <input type="checkbox"/> Life/Safety Issues
<input type="checkbox"/> Check if None.

**I. Facility History**

Date Built [REDACTED]	
Date Last Remodeled or Upgraded [REDACTED]	
Date New Construction / Bedspace Added	
Future Construction Planned <input type="checkbox"/> [REDACTED] <input checked="" type="checkbox"/> [REDACTED] Date:	
Current Bedspace [REDACTED]	Future Bedspace (# New Beds only) Number: Date:

**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
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**L. Facility Capacity**

	Rated	Operational	Emergency
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**M. Average Daily Population**

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

**N. Facility Staffing Level**

Security: [REDACTED]	Support: [REDACTED]
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### 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	P	P	P
	With Weapon	0	0	0	0
	Without Weapon	16	29	31	43
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	0	0	0	0
	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		2	7	4	3
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)	0	M-2	M-1	0
	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	C	C	0
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	80	90	75	85
	# Resolved in favor of Offender/Detainee	76	90	73	84
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	260	348	358	405
	# Psychiatric Cases referred for Outside Care	16	4	2	4

<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28	Marriage Requests	<input checked="" type="checkbox"/>	<input 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"/>	<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/Security SME, The Nakamoto Group, Inc.	Date 4/4/2019

### Team Members

Print Name, Title, & Duty Location [REDACTED], Medical SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location [REDACTED], Safety 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:

☒ Meets Standards  
☐ Does Not Meet Standards

Comments: This inspection was conducted to determine the overall compliance with the ICE Performance-Based National Detention Standards (PBNDS) 2011. The following are the PBNDS 2011 additions/changes to the standards listed on page three:

- Medical Care (Women), a new standard, was rated Meets Standard;
- 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;
- Transfer of Detainees is now titled Detainee Transfers

The facility had one allegation of sexual abuse/assault since the previous inspection. The allegation involved detainee-on-detainee assault. The allegation was reported and investigated promptly and appropriately. The allegation was determined to be unsubstantiated.

There were seven detainee hunger strikes since the previous inspection. The review of detainee health records confirmed compliance with facility and medical hunger strike policies. None of the detainees required involuntary evaluation, treatment, or feeding.

There have been no deaths or serious suicide attempts during this inspection period.

The use of Tasers is not permitted. The facility does not use canines. The only chemical agent approved for use is oleoresin capicum/pepper spray (OC) which is only carried by trained officers working an armed post.

During this inspection period there were nine incidents involving calculated use of force. Two incidents involved detainees who were threatening self-harm and refused orders to stop and exit their cells. One incident involved a detainee who was attempting to damage his cell in SMU and refused orders to stop. One incident involved a detainee who refused to comply with repeated orders to return a disposable razor. Two incidents involved detainees who were spreading feces on the cell windows and exhibiting other bizarre behavior. Both detainees refused orders to exit their cells. Three incidents involved detainees who refused to comply with repeated orders to exit their cells. Two of the three detainees were male and the other was a female. Medical staff were consulted prior to each calculated use of force and were present during the cell extractions. There were eleven incidents involving immediate use of force. Seven incidents involved detainees who refused to comply with orders from officers and became combative. Three incidents involved detainees who were attempting to harm themselves and had to be restrained. All three detainees were placed in the restraint chair. One incident involved a detainee who was threatening the officers and other detainees with a mop handle. The detainee was restrained and removed from the area. No detainees were injured in any of the incidents. One incident resulted in a minor injury to an officer. All reports were reviewed and it was noted that all reports were complete and had been reviewed by the use of force committee and it had been determined that all uses of force were within policy and the standard.