| A. Type of Facility Reviewed | Estimated Man-days Per Year: | | | |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------|------------------|--------------|
| ☐ ICE Service Processing Center☐ ICE Contract Detention Facility | | | | |
| ☐ ICE Contract Detention Facility ☐ ICE Intergovernmental Service Agreement | G. Accreditation Cer | tificates | | |
| Tel mergovermiental service rigitement | List all State or Nation | | ation[s] receive | ed: |
| B. Current Inspection | Texas Commission on | | | |
| Type of Inspection | Check box if facility has no accreditation[s] | | | |
| Field Office HQ Inspection | | - | | |
| Date[s] of Facility Review | H. Problems / Compl | | | |
| 2/20/2019 - 2/22/2019 | The Facility is under C | | | |
| C. Dussians/Mast Dagant Facility Daviers | Court Order | | ss Action Orde | er |
| C. Previous/Most Recent Facility Review Date[s] of Last Facility Review | The Facility has Significant Litigation Pending Major Litigation Life/Safety Issues | | | |
| 4/24/2018 - 4/26/2018 | ☐ Major Litigation ☐ Check if None. | | Safety Issues | |
| Previous Rating | Clicck if Nolic. | | | |
| Superior Good Acceptable Deficient At-Risk | I. Facility History | | | |
| | Date Built | | | |
| D. Name and Location of Facility | | | | |
| Name Brooks County Detention Center | Date Last Remodeled | or Upgradeo | d | |
| Address (Street and Name) | | /= - | | |
| 901 County Road 201 | Date New Construction | n / Bed spac | ce Added | |
| City, State and Zip Code | Future Construction Pl | lannad | | |
| Falfurrias, TX 78355 | Date: | | | |
| County | Current Bed space | | d space (# Nev | v Beds only) |
| Brooks Name and Title of Chief Executive Officer (Warden/OIC/Supt.) | Surrence Bott space | Number: | Date: | , Deas only) |
| Name and Title of Cilief Executive Officer (Warden Ole/Supt.) | | | | |
| Telephone # (Include Area Code) | J. Total Facility Pop | | | |
| | Total Facility Intake for | or previous 1 | 12 months | |
| Field Office / Sub-Office (List Office with oversight responsibilities) | The LOTE Man 1 of | - · | 10 1 | |
| San Antonio Distance from Field Office | Total ICE Man-days for Previous 12 months | | | |
| 120 miles | | | | |
| 120 IIIICS | K. Classification Lev | vel (ICE SF | PCs and CDFs | s Only) |
| E. ICE Information | | L-1 | L-2 | L-3 |
| Name of Inspector (Last Name, Title and Duty Station) | Adult Male | N/A | N/A | N/A |
| / LCI/Security / Nakamoto | Adult Female | N/A | N/A | N/A |
| Name of Team Member / Title / Duty Location | | | | |
| / Medical SME / Nakamoto | | | | |
| Name of Team Member / Title / Duty Location / Medical SME / Nakamoto | L. Facility Capacity | | | |
| Name of Team Member / Title / Duty Location | Ra | ated O | perational | Emergency |
| / Detainee Rights SME / Nakamoto | | | | |
| Name of Team Member / Title / Duty Location | | | | |
| / Safety SME / Nakamoto | | | | |
| - | M. Average Daily Po | pulation | | |
| F. CDF/IGSA Information Only | | ICE | USMS | Other |
| Contract Number Date of Contract or IGSA | | | | |
| Decision Man Decision | | | | |
| Basic Rates per Man-Day | NT TO 111. CL 000 T | | | |
| Other Charges: (If None, Indicate N/A) | N. Facility Staffing I | | | |
| Outer Charges. (If Ivone, indicate IV/II) | Security: | St | ipport: | |
| | | | | |

Significant Incident Summary Worksheet

For Nakamoto 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.) | 0 | 0 | 0 | 0 |
| Offenders on Offenders ¹ | With Weapon | 0 | 0 | 0 | 0 |
| | Without Weapon | 0 | 0 | 0 | 0 |
| Assault: | Types (Sexual Physical, etc.) | 0 | 0 | 0 | 0 |
| Detainee on Staff | With Weapon | 0 | 0 | 0 | 0 |
| | Without Weapon | 0 | 0 | 0 | 0 |
| 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) | 0 | 0 | 0 | 0 |
| Restraints applied/used | Type (C=Chair, B=Bed, BB=Board, O=Other) | 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 | 0 | 0 | 0 | 0 |
| | # Resolved in favor of Offender/Detainee | 0 | 0 | 0 | 0 |
| 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 | 0 | 0 | 0 | 0 |
| | # Psychiatric Cases referred for Outside Care | 0 | 0 | 0 | 0 |

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

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

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.

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

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

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/Security SME, The Nakamoto Group, Inc. | 2/22/2019 |
| Team Members | |
| Print Name, Title, & Duty Location | Print Name, Title, & Duty Location |
| , Safety SME, The Nakamoto Group, Inc. | , Medical SME, The Nakamoto Group, Inc. |
| Print Name, Title, & Duty Location | Print Name, Title, & Duty Location |
| , Detainee Rights, SME, The Nakamoto Group, Inc. | , 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 Standards Review Summary Report. The standard was rated Meets Standards during this inspection.

The information provided on the Significant Incident Summary Worksheet includes the ICE detainee population only. During this inspection period, ICE detainees were housed in this facility from May 2018 through August 2018. Since the last inspection, no ICE detainee communicated a SAAPI allegation. There were two non-ICE detainee allegations. One allegation involved an inmate-on-inmate incident, which was unsubstantiated. There was one staff-on-inmate allegation which remains "open pending investigation".

There were no serious suicide attempts, escapes, detainee hunger strikes, nor use-of-force incidents.

Choke holds, carotid control holds and neck restraints are prohibited. The facility does not use Tasers. Canines are never used in the presence of ICE detainees. Oleoresin capsicum (OC) is authorized for use by trained officers.