A. Type of Facility Reviewed	Estimated Man-days	Per Year		
☐ ICE Service Processing Center				
☐ ICE Contract Detention Facility				
☐ ICE Intergovernmental Service Agreement				
	G. Accreditation C			
B. Current Inspection	List all State or Natio			
Type of Inspection	Maryland Commission			ls
Field Office HQ Inspection	☐ Check box if fac	ility has no ac	creditation[s]	
Date[s] of Facility Review				
08/27/2019 - 08/29/2019	H. Problems / Con	nplaints (Co	pies must be a	attached)
	The Facility is under	Court Order	or Class Actio	n Finding
C. Previous/Most Recent Facility Review	Court Order	☐ Cla	ss Action Orde	er
Date[s] of Last Facility Review	The Facility has Sign	ificant Litiga	tion Pending	
04/23/2019- 04/25/2019	☐ Major Litigation	☐ Life	/Safety Issues	
Previous Rating	Check if None.			
☐ Meets Standards ☐ Does Not Meet Standards				
112000 Standards 2 300 1 (01 1200 Standards	I. Facility History	,		
D. Name and Location of Facility	Date Built			
Name				
Howard County Detention Center	Date Last Remodele	d or Upgradeo	1	
Address (Street and Name)		10		
7301 Waterloo Road	Date New Construct	ion / Bedspac	e Added	
City, State and Zip Code		1		
Jessup, MD 20794	Future Construction	Planned		
County	□ □ Dat			
Howard	Current Bedspace		dspace (# New	Beds only)
Name and Title of Facility Administrator		Number:	Date:	3,
(Warden/OIC/Superintendent)				
(Warden Gre/Bupermendent)	J. Total Facility P	opulation		
Telephone # (Include Area Code)	Total Facility Intake		12 months	
Telephone ii (merade riica code)		•		
Field Office / Sub-Office (List Office with oversight	Total ICE Mandays f	or Previous 1	2 months	
responsibilities)				
Baltimore				
Distance from Field Office	K. Classification L	evel (ICE S	PCs and CDF	's Only)
25 miles		L-1	L-2	L-3
25 111165	Adult Male	N/A	N/A	N/A
E. ICE Information	Adult Female	N/A	N/A	N/A
Name of Inspector (Last Name, Title and Duty Station)		1,712	1 1/12	1,172
/ LCI/Detainee Rights SME / Nakamoto Group	L. Facility Capaci	tv		
Name of Team Member / Title / Duty Location	7		perational	Emergency
/ Medical SME / Nakamoto Group			perational	Emergency
Name of Team Member / Title / Duty Location				
/ Safety SME / Nakamoto Group		I	I	
Name of Team Member / Title / Duty Location				
/ Security SME / Nakamoto Group	M. Average Daily l	Population		
Name of Team Member / Title / Duty Location	ivi. Tiverage Daily I	ICE	USMS	Other
/ Medical SME / Nakamoto Group		ICL	CSIVIS	Other
/ Iviedical Sivie / Ivakamoto Group				
E CDE/ICSA Information Only	L __			
F. CDF/IGSA Information Only Contract Number Date of Contract or IGSA	N. Facility Staffing	a I aval		
Contract Number Date of Contract or IGSA	Security:		ipport:	
Pacia Patas par Man Day	Security.	SI	ւթքоւ ւ. 	
Basic Rates per Man-Day				
Other Changes (If None Indicate N/A)				
Other Charges: (If None, Indicate N/A)				

Significant Incident Summary Worksheet

For The Nakamoto Group 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.)	1-P	0	0	1-P
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	1	0	0	1
Assault:	Types (Sexual Physical, etc.)	N/A	N/A	N/A	N/A
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	1
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)	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.		0	0	0	1
Escapes	Attempted	0	0	0	0
-	Actual	0	0	0	0
Grievances:	# Received	20	4	9	2
	# Resolved in favor of Offender/Detainee	3	3	2	1
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	13	21	2	0
	# Psychiatric Cases referred for Outside Care	0	0	0	0

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

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.

DHS/ICE Detention Standards Review Summary Report					
1. I	Meets Standards 2. Does Not Meet Standards 3. Repeat Finding 4. Not Applicable	1	2	3	4
PA	RT 1 SAFETY				
1	Emergency Plans				
2	Environmental Health and Safety	\boxtimes			
3	Transportation (By Land)				\boxtimes
	RT 2 SECURITY				
4	Admission and Release	\boxtimes			
5	Classification System	\boxtimes			
6	Contraband	\boxtimes			
7	Facility Security and Control	\boxtimes			
8	Funds and Personal Property	\boxtimes			
9	Hold Rooms in Detention Facilities				
10	Key and Lock Control				
11	Population Counts	\boxtimes		$\overline{\Box}$	
12	Post Orders	\boxtimes			
13	Searches of Detainees				
14	Sexual Abuse and Assault Prevention and Intervention				
15	Special Management Units			H	
16	Staff-Detainee Communication			H	
17	Tool Control				
18	Use of Force and Restraints				
	RT 3 ORDER				
19				П	
	Disciplinary System RT 4 CARE				
20	Food Service				
21 22	Hunger Strikes Medical Care				
23	, ,				
24				H	
25	Terminal Illness, Advance Directives, and Death RT 5 ACTIVITIES				4
26	Correspondence and Other Mail			౼	
27	Escorted Trips for Non-Medical Emergencies				
28	Marriage Requests				
29					-
30	Religious Practices				<u> </u>
31	Telephone Access		_		-
32	Visitation				
33				Ш	
	RT 6 JUSTICE				
34	Detainee Handbook				
35	,				
36	Č		_		\vdash
37	Legal Rights Group Presentations				
	RT 7 ADMINISTRATION & MANAGEMENT				
38	Detention Files				
39	News Media Interviews and Tours				<u> </u>
40	Staff Training				
41	Transfer of Detainees				

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, The Nakamoto Group, Inc.	08/29/2019
Team Members	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location

Team Members	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
, Security SME, The Nakamoto Group, Inc.	, Safety SME, The Nakamoto Group, Inc.
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
, Medical SME, The Nakamoto Group, Inc.	, 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 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;
- Transfer of Detainees is now titled Detainee Transfers

There were no deaths and no serious suicide attempts during the inspection period, and no allegations of sexual assault or abuse involving ICE detainees.

The facility occasionally deploys canines in the facility, but not in the presence of ICE detainees. Tasers are not used on ICE detainees. Chemical agents are carried by trained and certified staff. Oleoresin capsicum (OC) is the chemical agent used at this facility; it will be deployed on ICE detainees, if necessary.

During this inspection period, there were no physical responses to resistance involving ICE detainees.

The Significant Incident Summary Worksheet information represents ICE detainees only.