

**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  
 5/8/2018 - 5/10/2018

**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  
 Bristol County Jail and House of Correction  
 Address (Street and Name)  
 400 Faunce Corner Road  
 City, State and Zip Code  
 North Dartmouth, MA 02747  
 County  
 Bristol  
 Name and Title of Facility Administrator  
 (Warden/OIC/Superintendent)  
 [Redacted]  
 Telephone # (Include Area Code)  
 [Redacted]  
 Field Office / Sub-Office (List Office with oversight responsibilities)  
 Boston  
 Distance from Field Office  
 65 miles

**E. ICE Information**

Name of Inspector (Last Name, Title and Duty Station)  
 [Redacted] / LCI/Safety SME / Nakamoto Group  
 Name of Team Member / Title / Duty Location  
 [Redacted] / Medical SME / Nakamoto Group  
 Name of Team Member / Title / Duty Location  
 [Redacted] / Detainee Rights 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  
 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        |
|------------|------------|------------|------------|
| [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]

### **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:<br>Offenders on<br>Offenders <sup>1</sup>                             | Types (Sexual <sup>2</sup> , Physical, etc.)                                 | 1/P       | N/A       | N/A        | N/A       |
|  | With Weapon  | 0         | 0         | 0          | 0         |
|  | Without Weapon   | 1         | 0         | 0          | 0         |
| Assault:<br>Detainee on<br>Staff   | Types (Sexual Physical, etc.)  | 2/P       | N/A       | N/A        | N/A       |
|  | With Weapon  | 0         | 0         | 0          | 0         |
|  | Without Weapon   | 2         | 0         | 0          | 0         |
| Number of Forced Moves,<br>incl. Forced Cell moves <sup>3</sup>                |  | 0         | 0         | 0          | 0         |
| Disturbances <sup>4</sup>  |  | 1         | 0         | 0          | 0         |
| Number of Times Chemical<br>Agents Used  |  | 3         | 0         | 0          | 0         |
| Number of Times Special<br>Reaction Team<br>Deployed/Used                      |  | 0         | 0         | 0          | 0         |
| # Times Four/Five Point<br>Restraints applied/used                             | Number/Reason (M=Medical,<br>V=Violent Behavior, O=Other)                    | 1/V       | 0         | 0          | 0         |
|  | Type (C=Chair, B=Bed,<br>BB=Board, O=Other)                                  | C         | N/A       | N/A        | N/A       |
| Number of Times Canines<br>Used in Facility                                    |  | 0         | 0         | 0          | 0         |
| Offender / Detainee Medical<br>Referrals as a result of<br>injuries sustained. |  | 0         | 0         | 3          | 1         |
| Escapes  | Attempted  | 0         | 0         | 0          | 0         |
|  | Actual   | 0         | 0         | 0          | 0         |
| Grievances:  | # Received   | 13        | 25        | 15         | 15        |
|  | # Resolved in favor of<br>Offender/Detainee                                  | 0         | 1         | 2          | 2         |
| Deaths   | Reason (V=Violent, I=Illness,<br>S=Suicide, A=Attempted<br>Suicide, O=Other) | N/A       | N/A       | N/A        | N/A       |
|  | Number   | 0         | 0         | 0          | 0         |
| Psychiatric / Medical<br>Referrals   | # Medical Cases referred for<br>Outside Care                                 | 0         | 4         | 0          | 0         |
|  | # Psychiatric Cases referred for<br>Outside Care                             | 0         | 0         | 0          | 1         |

<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"/> |                                     |
| 2   | Environmental Health and Safety                      | <input checked="" 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"/>            |
| <b>PART 2 SECURITY</b>  |  |                                     |                          |                          |                                     |
| 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"/> |                                     |
| <b>PART 3 ORDER</b>   |  |                                     |                          |                          |                                     |
| 19  | Disciplinary System                                  | <input checked="" 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"/> |                                     |
| 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"/> |                                     |
| <b>PART 5 ACTIVITIES</b>  |  |                                     |                          |                          |                                     |
| 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 type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>PART 6 JUSTICE</b>   |  |                                     |                          |                          |                                     |
| 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"/> |                                     |
| <b>PART 7 ADMINISTRATION &amp; MANAGEMENT</b>                                     |  |                                     |                          |                          |                                     |
| 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)<br>[REDACTED]                                   | Signature<br>[REDACTED] |
| Title & Duty Location<br>Lead Compliance Inspector/Safety SME, The Nakamoto Group, Inc. | Date<br>5/10/2018       |

| <b>Team Members</b>  |   |
|--|---|
| Print Name, Title, & Duty Location<br>[REDACTED], Medical SME, The Nakamoto Group, Inc.  | Print Name, Title, & Duty Location<br>[REDACTED], Detainee Rights SME, The Nakamoto Group, Inc. |
| Print Name, Title, & Duty Location<br>[REDACTED], Security SME, The Nakamoto Group, Inc. | Print Name, Title, & Duty Location<br>[REDACTED], Medical SME, The Nakamoto Group, Inc.         |

**Recommended Rating:**       **Meets Standards**  
 **Does Not Meet Standards**

Comments: The Significant Incident Summary Worksheet represents data on ICE detainee only. The offender on offender assault and the detainee on staff assaults noted in the incident summary worksheet were minor in nature and resulted in no substantive injury to any of the parties involved. There were no deaths, serious suicide attempts or escapes involving ICE detainees during this inspection period. ICE detainees are not charged a medical copay.

There were eight use of force incidents on ICE detainees reported during this inspection period. Six were immediate uses of force and two were calculated. In all incidents, appropriate medical attention was administered immediately following each of the use of force. There were no substantive injuries in any of these incidents. All use of force incidents are fully documented and reviewed by senior command staff. A review of the videos and use of force incident reports revealed that force was applied within guidelines of the standard.

There were five ICE detainees placed on hunger strike protocol during this inspection period. None of the hunger strikes extended beyond 72 hours.

There were four allegations of sexual assault or abuse during this inspection period involving ICE detainees. None of the allegations involved staff. One of the allegations was substantiated and involved the detainee touching the buttocks of another detainee; it was not referred for prosecution. The remaining three were for verbal harassment or improper touching; all were unsubstantiated.

The facility does not have Tasers. The facility uses a restraint chair. Four/five-point restraints are not used. The facility has a canine unit but it is not used in the presence of ICE detainees. The only chemical agent approved for use is oleoresin capsicum (OC)/pepper spray. The facility does not use or train staff in the use of unsafe types of restraint.