

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 5/14/2019 - 5/16/2019

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review 5/8/2018 - 5/10/2018
Previous Rating <input checked="" type="checkbox"/> Meets Standards <input type="checkbox"/> 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 60 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, PREA
<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 type="checkbox"/> Class Action Order
The Facility has Significant Litigation Pending <input checked="" type="checkbox"/> Major Litigation <input checked="" 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 [REDACTED]	
Future Construction Planned <input type="checkbox"/> [REDACTED] <input checked="" type="checkbox"/> [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]
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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>Incidents</i>	<i>Description</i>	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault: Offenders on Offenders ¹	Types (Sexual ² , Physical, etc.)	3-P	4-P	5-P	7-P
	With Weapon	0	0	0	1
	Without Weapon	3	4	5	6
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 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 Restraints applied/used	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	1-M 12-V 9-O	1-M 17-V 4-O	33-V 8-O	16-V
	Type (C=Chair, B=Bed, BB=Board, O=Other)	1-C 21-O	6-C 16-O	3-C 38-O	1-C 15- O
Number of Times Canines Used in Facility		0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	1	1	1
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	255	280	331	231
	# Resolved in favor of Offender/Detainee	38	29	24	27
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	35	22	19	23
	# Psychiatric Cases referred for Outside Care	0	0	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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) ██████████	<i>Signature</i> ██
Title & Duty Location Lead Compliance Inspector/Safety SME, The Nakamoto Group, Inc.	Date 5/16/2019

Team Members

Print Name, Title, & Duty Location ██████████, Medical SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location ██████████, Detainee Rights 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.

Recommended Rating:

- Meets Standards**
 Does Not Meet Standards

Comments: The Significant Summary Worksheet Summary represents data on all facility detainees. There were no deaths, serious suicide attempts, calculated uses of force or escapes involving ICE detainees during this inspection period. ICE detainees are not charged a medical co-pay.

There was one hunger strike involving an ICE detainee during this inspection period. The detainee went on a four day hunger strike because he wanted to be moved to another facility.

There were eight SAAPI allegations by ICE detainees during this inspection period. One allegation involved an incident at a previous facility. That facility was notified, as required. One allegation of harassment and inappropriate touching was made against a housing unit officer. This allegation was investigated and deemed unfounded. Two allegations of sexual harassment and inappropriate touching were made against the same detainee by two other detainees. These allegations were determined to be substantiated and the perpetrator was disciplined by the facility. Three allegations of sexual harassment were deemed unsubstantiated and one allegation is still in being investigated.

The facility does not have Tasers but does have a canine unit. If a canine unit is brought into the facility it is not used in the presence of ICE detainees. The facility does have a restraint chair but it was not used on ICE detainees during this inspection period. Four/five point restraints are not authorized for use. The chemical agent approved for use is OC/pepper spray. The facility does not use or train staff in unsafe types of restraint.