| A. Type of Facility Reviewed | Estimated Man-day | ys Per Year: | | |
|--|---|---|-----------------------|---------------|
| ☐ ICE Service Processing Center | | | | |
| ☐ ICE Contract Detention Facility | | | | |
| ICE Intergovernmental Service Agreement | G. Accreditation | Certificates | | |
| | List all State or Na | | tion[s] receive | d: |
| B. Current Inspection | (CALEA) Commi | | | |
| Type of Inspection | Enforcement Age | | nuution for L | 4 ** |
| Type of hispection Field Office HQ Inspection | | acility has no acc | raditation[s] | |
| | CHECK DOX II I | actifity has no acc | reditation[8] | |
| Date[s] of Facility Review 10/23/2018 - 10/25/2018 | H D 11 /C | 1 | 41 4 | 1 1 |
| 10/25/2016 - 10/25/2016 | H. Problems / Co | | | |
| | The Facility is und | | | |
| C. Previous/Most Recent Facility Review | Court Order | | s Action Orde | <u> </u> |
| Date[s] of Last Facility Review | The Facility has Si | | _ | |
| 10/17/2017-10/19/2017 | ☐ Major Litigatio | | Safety Issues | |
| Previous Rating | | | | |
| Superior Good Acceptable Deficient At-Risk | | | | |
| | I. Facility Histo | ry | | |
| D. Name and Location of Facility | Date Built | - | | |
| Name | | | | |
| Marshall County Jail | Date Last Remode | led or Upgraded | | |
| Address (Street and Name) | | - F & | | |
| 2369 Jessup Avenue | Date New Constru | ction / Bed space | - Added | |
| City, State and Zip Code | Date New Constru | etron / Bea space | e i idaed | |
| Marshalltown, IA 50158 | Future Construction | n Dlannad | | |
| County | | on Flanned Date: | | |
| Marshall | | | (# Na | Dada anlah |
| Name and Title of Chief Executive Officer (Warden/OIC/Supt.) | Current Bed space | Number: | space (# New | Beds only) |
| | | Number: | Date: | |
| Telephone # (Include Area Code) | T | 7 | | |
| | J. Total Facility | | | |
| Field Office / Sub-Office (List Office with oversight responsibilities) | Total Facility Intak | <u>ke</u> for previous 1 | 2 months | |
| SPM/Des Moines | | | | |
| Distance from Field Office | Total ICE Man-day | ys for Previous 1 | 2 months | |
| 50 miles | | | | |
| | | | | |
| E. ICE Information | K. Classification | | | |
| Name of Inspector (Last Name, Title and Duty Station) | | L-1 | L-2 | L-3 |
| / LCI/ Detainee Rights SME / Nakamoto Group | | | | TAT/A |
| | Adult Male | N/A | N/A | N/A |
| Name of Team Member / Title / Duty Location | Adult Male Adult Female | N/A N/A | N/A N/A | N/A N/A |
| Name of Team Member / Title / Duty Location / Medical SME / Nakamoto Group | | | | |
| | | | | |
| / Medical SME / Nakamoto Group | Adult Female | N/A | | |
| / Medical SME / Nakamoto Group Name of Team Member / Title / Duty Location / Safety SME / Nakamoto Group | | N/A | N/A | N/A |
| / Medical SME / Nakamoto Group Name of Team Member / Title / Duty Location / Safety SME / Nakamoto Group Name of Team Member / Title / Duty Location | Adult Female | N/A | N/A | |
| / Medical SME / Nakamoto Group Name of Team Member / Title / Duty Location / Safety SME / Nakamoto Group Name of Team Member / Title / Duty Location / Security SME / Nakamoto Group | Adult Female | N/A | N/A | N/A |
| / Medical SME / Nakamoto Group Name of Team Member / Title / Duty Location / Safety SME / Nakamoto Group Name of Team Member / Title / Duty Location / Security SME / Nakamoto Group Name of Team Member / Title / Duty Location | Adult Female L. Facility Capac | N/A | N/A | N/A |
| / Medical SME / Nakamoto Group Name of Team Member / Title / Duty Location / Safety SME / Nakamoto Group Name of Team Member / Title / Duty Location / Security SME / Nakamoto Group | Adult Female | N/A | N/A | N/A |
| / Medical SME / Nakamoto Group Name of Team Member / Title / Duty Location / Safety SME / Nakamoto Group Name of Team Member / Title / Duty Location / Security SME / Nakamoto Group Name of Team Member / Title / Duty Location / Medical SME / Nakamoto Group | Adult Female L. Facility Capac | N/A city Rated Op | N/A | N/A |
| / Medical SME / Nakamoto Group Name of Team Member / Title / Duty Location / Safety SME / Nakamoto Group Name of Team Member / Title / Duty Location / Security SME / Nakamoto Group Name of Team Member / Title / Duty Location / Medical SME / Nakamoto Group F. CDF/IGSA Information Only | Adult Female L. Facility Capac | N/A Rated Op y Population | N/A perational | N/A Emergency |
| / Medical SME / Nakamoto Group Name of Team Member / Title / Duty Location / Safety SME / Nakamoto Group Name of Team Member / Title / Duty Location / Security SME / Nakamoto Group Name of Team Member / Title / Duty Location / Medical SME / Nakamoto Group | Adult Female L. Facility Capac | N/A city Rated Op | N/A | N/A |
| Medical SME / Nakamoto Group Name of Team Member / Title / Duty Location / Safety SME / Nakamoto Group Name of Team Member / Title / Duty Location / Security SME / Nakamoto Group Name of Team Member / Title / Duty Location / Medical SME / Nakamoto Group F. CDF/IGSA Information Only Contract Number Date of Contract or IGSA | Adult Female L. Facility Capac | N/A Rated Op y Population | N/A perational | N/A Emergency |
| / Medical SME / Nakamoto Group Name of Team Member / Title / Duty Location / Safety SME / Nakamoto Group Name of Team Member / Title / Duty Location / Security SME / Nakamoto Group Name of Team Member / Title / Duty Location / Medical SME / Nakamoto Group F. CDF/IGSA Information Only | Adult Female L. Facility Capac | N/A Rated Op y Population | N/A perational | N/A Emergency |
| Medical SME / Nakamoto Group Name of Team Member / Title / Duty Location / Safety SME / Nakamoto Group Name of Team Member / Title / Duty Location / Security SME / Nakamoto Group Name of Team Member / Title / Duty Location / Medical SME / Nakamoto Group F. CDF/IGSA Information Only Contract Number Date of Contract or IGSA Basic Rates per Man-Day | Adult Female L. Facility Capac M. Average Daily | N/A Rated Op y Population ICE | N/A perational | N/A Emergency |
| Medical SME / Nakamoto Group Name of Team Member / Title / Duty Location / Safety SME / Nakamoto Group Name of Team Member / Title / Duty Location / Security SME / Nakamoto Group Name of Team Member / Title / Duty Location / Medical SME / Nakamoto Group F. CDF/IGSA Information Only Contract Number Date of Contract or IGSA | Adult Female L. Facility Capac M. Average Daily N. Facility Staffi | N/A Rated Op y Population ICE ing Level | N/A perational USMS | N/A Emergency |
| Medical SME / Nakamoto Group | Adult Female L. Facility Capac M. Average Daily | N/A Rated Op y Population ICE ing Level | N/A perational | N/A Emergency |

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 | in processing this report and the 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 | 1 | 0 |
| | Without Weapon | 1 | 2 | 2 | 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 | 1 | 1 | 0 |
| Escapes | Attempted | 0 | 0 | 0 | 0 |
| • | Actual | 0 | 0 | 0 | 0 |
| Grievances: | # Received | 5 | 1 | 2 | 2 |
| | # Resolved in favor of Offender/Detainee | 1 | 0 | 1 | 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 | 13 | 22 | 43 | 25 |
| | # Psychiatric Cases referred for Outside Care | 2 | 9 | 14 | 5 |

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.

| | CE Detention Standards Review Summary Report | |
|------------|---|----------------|
| | ceptable 2. Deficient 3. At Risk 4. Repeat Finding 5.Not Applicable | |
| Legal | Access Standards | 1. 2. 3. 4. 5. |
| 1. | Access to Legal Materials | |
| 2. | Group Presentations on Legal Rights | |
| 3. | Visitation | |
| 4. | Telephone Access | |
| Detair | 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 | |
| Healtl | n Services | |
| 18. | Hunger Strikes | |
| 19. | Medical Care | |
| 20. | Suicide Prevention and Intervention | |
| 21. | Terminal Illness, Advanced Directives and Death | |
| Securi | ity 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) | |
| 34. | Tool Control | |
| 35. | Transportation (Land management) | |
| 36. | Use of Force | |
| 37. | Staff / Detainee Communication (Added August 2003) | |
| | D. 4. 2 T (A. 1.1 1. C | |
| 38. | Detainee Transfer (Added September 2004) | |

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, The Nakamoto Group, Inc. | 10/25/2018 |
| | |
| Team Members | |
| Print Name, Title, & Duty Location | Print Name, Title, & Duty Location |
| , Safety SME, The Nakamoto Group, Inc. | , Jr., Medical SME, The Nakamoto Group, Inc. |
| Print Name, Title, & Duty Location | Print Name, Title, & Duty Location |
| , Security SME, The Nakamoto Group, Inc. | , Medical SME, The Nakamoto Group, Inc. |
| Recommended Rating: 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 as Does Not Meet Standard for this inspection.

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

During this inspection period, there were no uses of force involving ICE detainees. Chemical agents and Tasers are not used to control ICE detainees. Canines are not used inside the facility. Unauthorized non-deadly force devices such as saps, blackjacks, sap glove; chemical agents, other than OC spray; and homemade devices are not authorized for use. Non-deadly force prohibited acts and techniques such as choke holds, carotid control holds; baton to apply choke hold; intentional strikes to the face, groin, and neck; striking a detainee for failing to obey an order are not authorized for use.

There were no escapes or escape attempts.