A. Type of Facility Reviewed	Estimated Man-days Per Year:
ICE Service Processing Center	
ICE Contract Detention Facility	
<b>☐</b> ICE Intergovernmental Service Agreement	G. Accreditation Certificates
	List all State or National Accreditation[s] received:
B. Current Inspection	ACA August 2017; PREA
Type of Inspection	Check box if facility has no accreditation[s]
Field Office HQ Inspection  Date[s] of Facility Review	II Duchlams / Camplaints (Canics must be attached)
06/11/2019 - 06/13/2019	H. Problems / Complaints (Copies must be attached) The Facility is under Court Order or Class Action Finding
00/11/2017 - 00/13/2017	Court Order Class Action Order
C. Previous/Most Recent Facility Review	The Facility has Significant Litigation Pending
Date[s] of Last Facility Review	☐ Major Litigation ☐ Life/Safety Issues
06/12/2018 - 06/14/2018	Check if None.
Previous Rating	Check if Polic.
☐ Superior ☐ Good ☐ Acceptable ☐ Deficient ☐ At-Risk	I. Facility History
	Date Built
D. Name and Location of Facility	Date Built
Name	Date Last Remodeled or Upgraded
Plymouth County Correctional Facility	The East Homouries of oppinger
Address (Street and Name)	Date New Construction / Bed space Added
26 Long Pond Road	The state of the s
City, State and Zip Code	Future Construction Planned
Plymouth, MA 02360 County	□ ■ Date:
Plymouth	Current Bed space Future Bed space (# New Beds only)
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)	Number: Date:
Traine and Traine of Sines Breedings Office (Waldell Sie Supu)	
Telephone # (Include Area Code)	J. Total Facility Population
	Total Facility Intake for previous 12 months
Field Office / Sub-Office (List Office with oversight responsibilities)	
Boston	Total ICE Man-days for Previous 12 months
Distance from Field Office	
45 Miles	TO CHARLES A LONG LONG A LONG OLD
E ICE Information	K. Classification Level (ICE SPCs and CDFs Only)
E. ICE Information	L-1 L-2 L-3
Name of Inspector (Last Name, Title and Duty Station)  / LCI/Detainee Rights SME / Nakamoto Group	
Name of Team Member / Title / Duty Location	<b></b>
/ Medical SME / Nakamoto Group	
Name of Team Member / Title / Duty Location	I Facility Conseits
/ Safety SME / Nakamoto Group	L. Facility Capacity  Rated Operational Emergency
Name of Team Member / Title / Duty Location	Rated Operational Emergency
/ Security SME / Nakamoto Group	
Name of Team Member / Title / Duty Location	
/ Medical SME / Nakamoto Group	
•	M. Average Daily Population
F. CDF/IGSA Information Only	ICE USMS Other
Contract Number Date of Contract or IGSA	
Basic Rates per Man-Day	N. Facility Staffing Level
	Security: Support:
Other Charges: (If None, Indicate N/A)	

## 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 <sup>2</sup> , Physical, etc.)	1P	6P	2P	6P
Offenders on Offenders <sup>1</sup>	With Weapon	0	0	0	0
	Without Weapon	1	6	2	6
Assault:	Types (Sexual Physical, etc.)	2P	0	0	0
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	2	0	0	0
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>	,	0	1	0	0
Disturbances <sup>4</sup>		0	0	0	0
Number of Times Chemical Agents Used		2	1	0	2
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:  Deaths	# Received	42	16	27	49
	# Resolved in favor of Offender/Detainee	24	2	10	32
	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	A	0	0
	Number	0	1	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	25	20	28	18
	# Psychiatric Cases referred for Outside Care	1	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.

	ICE 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	
<b>15.</b>	Recreation	
<b>16.</b>	Religious Practices	
17.	Voluntary Work Program	
Healt	h Services	
18.	Hunger Strikes	
19.	Medical Care	
20.	Suicide Prevention and Intervention	
21.	Terminal Illness, Advanced Directives and Death	
Secur	ity and Control	
22.	Contraband	
23.	<b>Detention Files</b>	
24.	Disciplinary Policy	
25.	Emergency Plans	
<b>26.</b>	Environmental Health and Safety	
27.	Hold Rooms in Detention Facilities	
28.	Key and Lock Control	
29.	Population Counts	
<b>30.</b>	Post Orders	
31.	Security Inspections	
<b>32.</b>	Special Management Units (Administrative Segregation)	
33.	Special Management Units (Disciplinary Segregation)	
34.	Tool Control	
<b>35.</b>	Transportation (Land management)	
<b>36.</b>	Use of Force	
<b>37.</b>	Staff / Detainee Communication (Added August 2003)	
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.	06/13/2019		
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		
, Security 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 as Meets Standard for this inspection.

There were three SAAPI allegations involving ICE detainees during the inspection period. One of the allegations involved an accusation of inappropriate touching by a staff member who was searching a detainee for a concealed razor blade. The razor blade was found in the detainee's crotch area. The allegation was unfounded. There were two detainee-on-detainee allegations; one of which was unsubstantiated and one of which was unfounded. The reports were investigated and protocols were followed according to the standard.

There were no escapes or deaths during the inspection period. There was one serious suicide attempt, wherein a detainee swallowed a razor blade wrapped in tissue paper. The detainee underwent a medical procedure at a local hospital to have the blade removed.

The facility has a canine unit which patrols the perimeter of the facility and may be used for contraband detection but never in the presence of ICE detainees. Chemical agents (OC) are authorized for use by supervisors. Tasers are not used.

There were three immediate physical responses to resistance involving ICE detainees during this inspection period; all of which included the deployment of OC. The incidents involved a fight break-up and two refusals to follow orders. In all incidents the force

was necessary, reasonable, and only applied for the duration required. Medical staff was deployed as required and there were no injuries sustained by detainees or staff. All incidents were administratively reviewed.

The statistics provided on the Significant Incident Summary Worksheet represent ICE detainees only.