A. Type of Facility Reviewed

ICE Service Processing Center

ICE Contract Detention Facility

ICE Intergovernmental Service Agreement

B. Current Inspection

 \boxtimes

Type of Inspection	
Field Office HQ Inspection	
Date[s] of Facility Review	
11/14/2018 - 11/16/2018	

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
12/5/2017 - 12/7/2017
Previous Rating
Superior Good Acceptable Deficient At-Risk

D. Name and Location of Facility

Name
Sherburne County Jail
Address (Street and Name)
13880 Business Center Drive Suite 200
City, State and Zip Code
Elk River, MN 55330
County
Sherburne
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)
Telephone # (Include Area Code)
Field Office / Sub-Office (List Office with oversight responsibilities)
St. Paul, MN

Distance from Field Office 40 miles

E. ICE Information

Name of Inspector (Last Name, Title and Duty Station)
/ LCI/Detainee Rights / Nakamoto Group
Name of Team Member / Title / Duty Location
/ Medical SME / Nakamoto Group
Name of Team Member / Title / Duty Location
/ 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

F. CDF/IGSA Information Only

Contract Number	Date of Contract or IGSA				
Basic Rates per Man-Day					
Other Charges: (If None, Indic	ate N/A)				

Estimated Man-days Per Year:

G. Accreditation Certificates

List all State or National Accreditation[s] received:
American Correctional Association (ACA)
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	
☐ Major Litigation [Life/Safety Issues
Check if None.	

I. Facility History

Date Built	
Date Last Remodeled	or Upgraded
Date New Construction	n / Bed space Added
Future Construction P	lanned
Date:	:
Current Bed space	Future Bed space (# New Beds only)
	Number: Date:

J. Total Facility Population

Total Facility Intake for previous 12 months	
Total ICE Man-days for Previous 12 months	

K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male	N/A	N/A	N/A
Adult Female	N/A	N/A	N/A

L. Facility Capacity

 Rated	Operational	Emergency		

M. Average Daily Population

	ICE		USMS		Other		

N. Facility Staffing Level



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 ² , Physical, etc.)	S/P	S/P	S/P	S/P
Offenders on Offenders ¹	With Weapon	0/0	0/0	0/0	0/0
	Without Weapon	0/6	0/3	0/7	0/4
Assault:	Types (Sexual Physical, etc.)	S/P	S/P	S/P	S/P
Detainee on Staff	With Weapon	0/0	0/0	0/0	0/0
	Without Weapon	0/0	0/0	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		3	1	1	0
Number of Times Special Reaction Team Deployed/Used		1	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
Offender / Detainee Medical Referrals as a result of injuries sustained.		3	4	4	5
Escapes	Attempted	0	0	0	0
L	Actual	0	0	0	0
Grievances:	# Received	90	102	73	76
	# Resolved in favor of Offender/Detainee	5	15	25	3
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	15	1	3	9
	# Psychiatric Cases referred for Outside Care	0	0	0	0

¹ Any attempted physical contact or physical contact that involves two or more offenders

³ Routine transportation of detainees/offenders is not considered "forced"

 $^{^{2}}$ Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting

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.

Τ	cceptable 2. Deficient 3. At Risk 4. Repeat Finding 5. Not Applicable	
<u> </u>	A cress Standards	1. 2. 3. 4.
1. 2.	Access to Legal Materials Group Presentations on Legal Rights	
2. 3.	Visitation	
3. 4.	Telephone Access	
	inee Services	
5.	Admission and Release	
<i>5</i> . 6.	Classification System	
0. 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	
	th Services	
18.	Hunger Strikes	
19.	Medical Care	
20.	Suicide Prevention and Intervention	
21.	Terminal Illness, Advanced Directives and Death	
Secu	rity and Control	
22.	Contraband	
23.	Detention Files	
24.	Disciplinary Policy	
25	Emergency Plans	
25.	Environmental Health and Safety	
25. 26.		
	Hold Rooms in Detention Facilities	
26. 27. 28.	Hold Rooms in Detention Facilities Key and Lock Control	
26. 27. 28. 29.	Hold Rooms in Detention Facilities Key and Lock Control Population Counts	
26. 27. 28. 29. 30.	Hold Rooms in Detention Facilities Key and Lock Control Population Counts Post Orders	
26. 27. 28. 29. 30. 31.	Hold Rooms in Detention Facilities Key and Lock Control Population Counts Post Orders Security Inspections	
 26. 27. 28. 29. 30. 31. 32. 	Hold Rooms in Detention Facilities Key and Lock Control Population Counts Post Orders Security Inspections Special Management Units (Administrative Segregation)	
 26. 27. 28. 29. 30. 31. 32. 33. 	Hold Rooms in Detention Facilities Key and Lock Control Population Counts Post Orders Security Inspections Special Management Units (Administrative Segregation) Special Management Units (Disciplinary Segregation)	
 26. 27. 28. 29. 30. 31. 32. 33. 34. 	Hold Rooms in Detention Facilities Key and Lock Control Population Counts Post Orders Security Inspections Special Management Units (Administrative Segregation) Special Management Units (Disciplinary Segregation) Tool Control	
 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 	Hold Rooms in Detention Facilities Key and Lock Control Population Counts Post Orders Security Inspections Special Management Units (Administrative Segregation) Special Management Units (Disciplinary Segregation) Tool Control Transportation (Land management)	
 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 	Hold Rooms in Detention Facilities Key and Lock Control Population Counts Post Orders Security Inspections Special Management Units (Administrative Segregation) Special Management Units (Disciplinary Segregation) Tool Control Transportation (Land management) Use of Force	
 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 	Hold Rooms in Detention Facilities Key and Lock Control Population Counts Post Orders Security Inspections Special Management Units (Administrative Segregation) Special Management Units (Disciplinary Segregation) Tool Control Transportation (Land management)	

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.	11/16/2018

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:		
Good		
Acceptable		

Comments: The Sexual Abuse and Assault Prevention and Intervention Standard was inspected during this inspection, but is not referenced in the Detention Standards Review Summary Report. The standard was rated as Meets Standard for this inspection. The SIS reflects information specific to the ICE detainee population.

Deficient

There were two allegations of sexual abuse or assault during the inspection period. In the first incident, detainee one claimed detainee two exposed his penis. Following an investigation, it was learned detainee one had his back to detainee two and did not actually witness detainee two exposing his penis and, according to detainee one, no physical contact occurred. The incident was determined to be unsubstantiated. In the second incident, in a housing unit dayroom, detainee one pulled down detainee two's pants and underwear. Video monitors confirmed the incident. The incident was substantiated, and detainee one received discipline. The incidents were investigated, reported, and documented as required by the standard.

There were no escapes, deaths, or serious suicide attempts involving an ICE detainee during the past year. The facility does not deploy canines in the presence of ICE detainees. Tasers and chemical agents will be deployed on ICE detainees, if necessary. The facility has a waiver to use Freeze Plus-P, a combination of oleoresin capsicum with a chemical compound known as tear gas.

There was one calculated use of force incident during the inspection period. A detainee with mental health issues refused to come out of his cell to be placed in a suicide smock. A cell extraction was initiated. The review of documentation confirmed that officers' actions were within the guidelines of the standard.

There were eleven immediate use-of-force incidents involving ICE detainees. Seven of these incidents involved separating detainees in physical altercations with each other. In five of these physical altercations staff used approved chemical agents when detainees refused orders to stop fighting. There were four separate incidents resulting in use force on a detainee for makings threats toward staff or refusing to comply with orders by staff. Detainees were properly decontaminated in instances where chemical agents were used. After each incident, each detainee was taken to the medical unit for assessment. There were no major injuries as a result of any of these incidents. Two of the detainee-on-detainee altercations resulted in minor abrasions. An after-action review was completed for each use of force incident. It was determined that force was justified in all twelve incidents.