

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
11/14/2018 - 11/16/2018

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
11/7/2017-11/9/2017
 Previous Rating
 Superior Good Acceptable Deficient At-Risk

D. Name and Location of Facility

Name
Yuba County Jail
 Address (Street and Name)
215 5th Street
 City, State and Zip Code
Marysville, CA 95901
 County
Yuba
 Name and Title of Chief Executive Officer (Warden/OIC/Supt.)
 [Redacted]
 Telephone # (Include Area Code)
 [Redacted]
 Field Office / Sub-Office (List Office with oversight responsibilities)
San Francisco
 Distance from Field Office
100 Miles

E. ICE Information

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

Estimated Man-days Per Year:
 [Redacted]

G. Accreditation Certificates

List all State or National Accreditation[s] received:
 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 / Bed space Added [Redacted]
 Future Construction Planned
 [Redacted] [Redacted] Date: [Redacted]
 Current Bed space [Redacted] Future Bed space (# New Beds only) Number: [Redacted] Date: [Redacted]

J. Total Facility Population

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

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
[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 Nakamoto 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.)	P	P	P	P
	With Weapon	1	0	2	0
	Without Weapon	31	20	17	5
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	P	P	P	P
	With Weapon	0	0	0	0
	Without Weapon	3	4	2	2
Number of Forced Moves, incl. Forced Cell moves ³		1	1	0	2
Disturbances ⁴		0	0	0	0
Number of Times Chemical Agents Used		0	0	0	0
Number of Times Special Reaction Team Deployed/Used		4	2	2	0
# Times Four/Five Point Restraints applied/used	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
	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:	# Received	11	15	10	17
	# Resolved in favor of Offender/Detainee	3	5	1	1
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	57	55	47	40
	# 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. Acceptable 2. Deficient 3. At Risk 4. Repeat Finding 5. Not Applicable										
Legal Access Standards					1.	2.	3.	4.	5.	
1.	Access to Legal Materials				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Group Presentations on Legal Rights				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Visitation				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Telephone Access				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Detainee Services										
5.	Admission and Release				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.	Classification System				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.	Correspondence and Other Mail				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.	Detainee Handbook				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9.	Food Service				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10.	Funds and Personal Property				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Detainee Grievance Procedures				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12.	Issuance and Exchange of Clothing, Bedding, and Towels				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13.	Marriage Requests				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Non-Medical Emergency Escorted Trip				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
15.	Recreation				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16.	Religious Practices				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17.	Voluntary Work Program				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Health Services										
18.	Hunger Strikes				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19.	Medical Care				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20.	Suicide Prevention and Intervention				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
21.	Terminal Illness, Advanced Directives and Death				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Security and Control										
22.	Contraband				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
23.	Detention Files				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24.	Disciplinary Policy				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
25.	Emergency Plans				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
26.	Environmental Health and Safety				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
27.	Hold Rooms in Detention Facilities				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
28.	Key and Lock Control				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
29.	Population Counts				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
30.	Post Orders				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
31.	Security Inspections				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
32.	Special Management Units (Administrative Segregation)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
33.	Special Management Units (Disciplinary Segregation)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
34.	Tool Control				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
35.	Transportation (Land management)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
36.	Use of Force				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
37.	Staff / Detainee Communication (Added August 2003)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
38.	Detainee Transfer (Added September 2004)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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) [REDACTED]	Signature [REDACTED]
Title & Duty Location Lead Compliance Inspector, The Nakamoto Group, Inc.	Date 11/16/2018

Team Members	
Print Name, Title, & Duty Location [REDACTED], Safety SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location [REDACTED], Medical SME, The Nakamoto Group, Inc.
Print Name, Title, & Duty Location [REDACTED], Security SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location [REDACTED], Medical SME, The Nakamoto Group, Inc.

- Recommended Rating:**
- Superior
 - Good
 - Acceptable
 - Deficient
 - At-Risk

Comments: The Sexual Abuse and Assault Prevention and Intervention Standard (PBNDS 2011) 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.

Since the last inspection, there have been seven reported SAAPI allegations. Three of the incidents occurred at the previous facilities where the detainees were housed. The allegations were reported to ICE for investigation. Four of the incidents occurred at this facility. Two incidents involved inappropriate touching/groping. The detainees involved were separated and both incidents were investigated. One incident was deemed substantiated and the other was deemed unfounded. There were two allegations of sexual harassment. The detainees were separated and both incidents were investigated. One incident was deemed unfounded and the other was substantiated.

There were no deaths since during this inspection period. There was one serious ICE detainee suicide attempt; a detainee hanged himself within 24 hours of arrival while in the housing unit. He was transferred to the hospital by EMS, survived without sequelae, and did not return to this facility. Three other ICE detainees were placed on suicide observation for expressing suicidal ideation; all detainees were removed from suicide observation within one day.

During this inspection period the facility did not have any calculated use of force incidents. There were four incidents of immediate use of force involving ICE detainees. One incident involved a female detainee fighting with another detainee. She refused an order to stop and was taken to the ground and restrained. One incident involved a female detainee who became argumentative with an officer and tried to keep him from closing the door to a holding cell. One incident involved a male detainee who refused to step away from

[REDACTED]

the control room door. The detained became aggressive and tried to strike the officer. He was taken to the floor and placed in restraints. The fourth incident involved a male detainee who became aggressive in a housing unit and tried to strike an officer. Three officers were required to restrain the detainee. There were no serious injuries to staff or detainees as a result of the use of force incidents. None of the incidents required the use of oleoresin capsicum (OC). A review of documentation confirmed that each incident was reviewed by supervisory staff.

The use of choke holds is prohibited. Canines can be used for contraband detection only but never in the presence of ICE detainees. The use of Tasers on ICE detainees is not permitted. The use of oleoresin capsicum (OC) by select trained officers is authorized by policy and is the only chemical agent approved for use.

The facility did not provide facility staffing levels information for section N on page one.