

Department Of Homeland Security  
Immigration and Customs Enforcement

Detention Review Summary Form  
Facilities Used Over 72 hours

**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  
10/16/2018 - 10/18/2018

**C. Previous/Most Recent Facility Review**

Date[s] of Last Facility Review  
10/17/2017 - 10/19/2017

Previous Rating  
☒ Meets Standards ☐ Does Not Meet Standards

**D. Name and Location of Facility**

Name  
James A. Musick Facility

Address (Street and Name)  
13502 Musick Road

City, State and Zip Code  
Irvine, CA 29618

County  
Orange

Name and Title of Facility Administrator  
(Warden/OIC/Superintendent)  
[REDACTED]

Telephone # (Include Area Code)  
[REDACTED]

Field Office / Sub-Office (List Office with oversight responsibilities)  
Los Angeles

Distance from Field Office  
40 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)  
[REDACTED];

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 / Bedspace Added  
[REDACTED]

Future Construction Planned

☒ [REDACTED] ☐ [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 |
|--------------|-----|-----|-----|
| 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] |
| [REDACTED]               | [REDACTED] | [REDACTED]  | [REDACTED] |
| [REDACTED]               | [REDACTED] | [REDACTED]  | [REDACTED] |
| <input type="checkbox"/> | [REDACTED] | [REDACTED]  | [REDACTED] |

**M. Average Daily Population**

|            | ICE        | USMS       | Other      |
|------------|------------|------------|------------|
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

**N. Facility Staffing Level**

Security: [REDACTED]

Support: [REDACTED]

### 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><b>Incidents</b></i>  | <i><b>Description</b></i>  | <b>Jan – Mar</b> | <b>Apr – Jun</b> | <b>Jul – Sept</b> | <b>Oct – Dec</b> |
|--|--|------------------|------------------|-------------------|------------------|
| Assault:<br>Offenders on<br>Offenders <sup>1</sup>                             | Types (Sexual <sup>2</sup> , Physical, etc.)                                 | 1/P              | 2/P              | N/A               | 3/P              |
|  | With Weapon  | 0                | 0                | 0                 | 0                |
|  | Without Weapon   | 1                | 2                | 0                 | 3                |
| Assault:<br>Detainee on<br>Staff   | Types (Sexual Physical, etc.)  | N/A              | N/A              | N/A               | N/A              |
|  | With Weapon  | 0                | 0                | 0                 | 0                |
|  | Without Weapon   | 0                | 0                | 0                 | 0                |
| Number of Forced Moves,<br>incl. Forced Cell moves <sup>3</sup>                |  | 0                | 0                | 0                 | 0                |
| Disturbances <sup>4</sup>  |  | 0                | 0                | 0                 | 0                |
| Number of Times Chemical<br>Agents Used  |  | 0                | 0                | 0                 | 0                |
| Number of Times Special<br>Reaction Team<br>Deployed/Used                      |  | 0                | 0                | 0                 | 0                |
| # Times Four/Five Point<br>Restraints applied/used                             | Number/Reason (M=Medical,<br>V=Violent Behavior, O=Other)                    | 0                | 0                | 0                 | 0                |
|  | Type (C=Chair, B=Bed,<br>BB=Board, O=Other)                                  | N/A              | N/A              | N/A               | N/A              |
| Number of Times Canines<br>Used in Facility                                    |  | 0                | 0                | 0                 | 0                |
| Offender / Detainee Medical<br>Referrals as a result of<br>injuries sustained. |  | 0                | 0                | 0                 | 0                |
| Escapes  | Attempted  | 0                | 0                | 0                 | 0                |
|  | Actual   | 0                | 0                | 0                 | 0                |
| Grievances:  | # Received   | 10               | 0                | 1                 | 3                |
|  | # Resolved in favor of<br>Offender/Detainee                                  | 0                | 0                | 0                 | 0                |
| Deaths   | Reason (V=Violent, I=Illness,<br>S=Suicide, A=Attempted<br>Suicide, O=Other) | N/A              | N/A              | N/A               | N/A              |
|  | Number   | 0                | 0                | 0                 | 0                |
| Psychiatric / Medical<br>Referrals   | # Medical Cases referred for<br>Outside Care                                 | 0                | 0                | 0                 | 0                |
|  | # Psychiatric Cases referred for<br>Outside Care                             | 0                | 0                | 0                 | 0                |

<sup>1</sup> Any attempted physical contact or physical contact that involves two or more offenders

<sup>2</sup> Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting

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

<sup>4</sup> 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                                   |
| <b>PART 1 SAFETY</b>                              |  |                                     |                          |                          |  |                   |  |   |   |   |                                     |
| 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 type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |  |                   |  |   |   |   | <input checked="" type="checkbox"/> |
| <b>PART 2 SECURITY</b>                            |  |                                     |                          |                          |  |                   |  |   |   |   |                                     |
| 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"/> |  |                   |  |   |   |   |                                     |
| <b>PART 3 ORDER</b>                               |  |                                     |                          |                          |  |                   |  |   |   |   |                                     |
| 19  | Disciplinary System                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                   |  |   |   |   |                                     |
| <b>PART 4 CARE</b>                                |  |                                     |                          |                          |  |                   |  |   |   |   |                                     |
| 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"/> |  |                   |  |   |   |   |                                     |
| <b>PART 5 ACTIVITIES</b>                          |  |                                     |                          |                          |  |                   |  |   |   |   |                                     |
| 26  | Correspondence and Other Mail                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                   |  |   |   |   |                                     |
| 27  | Escorted Trips for Non-Medical Emergencies           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                   |  |   |   |   | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                   |  |   |   |   | <input type="checkbox"/>            |
| <b>PART 6 JUSTICE</b>                             |  |                                     |                          |                          |  |                   |  |   |   |   |                                     |
| 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"/> |  |                   |  |   |   |   |                                     |
| <b>PART 7 ADMINISTRATION &amp; MANAGEMENT</b>     |  |                                     |                          |                          |  |                   |  |   |   |   |                                     |
| 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)<br>[REDACTED]                        | Signature<br>[REDACTED] |
| Title & Duty Location<br>Lead Compliance Inspector, The Nakamoto Group, Inc. | Date<br>10/18/2018      |

#### Team Members

|  |   |
|--|---|
| Print Name, Title, & Duty Location<br>[REDACTED], Medical SME, The Nakamoto Group, Inc.  | Print Name, Title, & Duty Location<br>[REDACTED], Safety SME, The Nakamoto Group, Inc.  |
| Print Name, Title, & Duty Location<br>[REDACTED], Security SME, The Nakamoto Group, Inc. | Print Name, Title, & Duty Location<br>[REDACTED], Medical SME, The Nakamoto Group, Inc. |

**Recommended Rating:**

☒ **Meets Standards**  
☐ **Does Not Meet Standards**

Comments: There were no deaths, serious suicide attempts, sexual abuse or sexual assault allegations, uses of force, hunger strikes or escapes involving ICE detainees during this inspection period.

The facility does have Tasers and can use them on detainees worthy of the intervention. The facility does not have a restraint chair. Four/five point restraints are not used at the facility. The facility does not have a canine unit but if outside canines are brought into the facility they will not be used in the presence of ICE detainees. The only chemical agent approved for use is oleoresin capsicum (OC)/pepper spray. The facility does not use or train staff in unsafe types of restraint.