A. Type of Facility Reviewed	Estimated Man-days Per Year:				
ICE Service Processing Center					
☐ ICE Contract Detention Facility☐ ICE Intergovernmental Service Agreement	G. Accreditation Ce	rtificate	·C		
TOE Intergovernmental Service Agreement	List all State or Nation			on[s] receiv	red:
B. Current Inspection	NCCHC			[]	
Type of Inspection	Check box if facil	lity has n	o accr	editation[s]	
Field Office HQ Inspection					
Date[s] of Facility Review	H. Problems / Comp				
3/5/2019 - 3/7/2019	The Facility is under Court Order or Class Action Finding				
C. Previous/Most Recent Facility Review	Court Order Class Action Order The Facility has Significant Litigation Pending				
Date[s] of Last Facility Review	☐ Major Litigation ☐ Life/Safety Issues				
3/6/2018 - 3/8/2018	Check if None.	<u>L</u>	Zire, 6	arety issue.	,
Previous Rating					
☐ Superior ☐ Good ☐ Acceptable ☐ Deficient ☐ At-Risk	I. Facility History				
D. Name and Location of Facility	Date Built				
Name	D + I + D + I I I	***			
Calhoun County Correctional Center	Date Last Remodeled	or Upgr	aded		
Address (Street and Name)	Date New Construction	on / Red	snace	Added	
185 E. Michigan Avenue	Date New Constructive	on / Dea	space	Audeu	
City, State and Zip Code Pottle Crook, MI 40014	Future Construction I	Planned			
Battle Creek, MI 49014 County	□ ■ Date				
Calhoun	Current Bed space			pace (# Ne	w Beds only)
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)		Numbe	er:	Date:	
Telephone # (Include Area Code)	J. Total Facility Po	pulation	n		
receptione in (include their code)	Total Facility Intake f			months	
Field Office / Sub-Office (List Office with oversight responsibilities)		-			
Detroit	Total ICE Man-days f	or Previo	ous 12	months	
Distance from Field Office 120 miles					
120 miles	K. Classification Le	vel (ICI	F SPC	s and CDF	's Only)
E. ICE Information	K. Classification L	evel (ICE SPCs and CDFs Only) L-1 L-2 L-3			
Name of Inspector (Last Name, Title and Duty Station)	Adult Male	N/A	_	N/A	N/A
/ LCI/ Detainee Rights SME / The Nakamoto	Adult Female	N/A		N/A	N/A
Group					
Name of Team Member / Title / Duty Location					
/ Medical SME / The Nakamoto Group Name of Team Member / Title / Duty Location	L. Facility Capacity			4. 1	TO
/ Safety SME / The Nakamoto Group	R	Rated	Ope	rational	Emergency
Name of Team Member / Title / Duty Location					
/ Security SME / The Nakamoto Group					
Name of Team Member / Title / Duty Location					
/ Medical SME / The Nakamoto Group	M. Average Daily P	opulatio	n		
E OPPIGGATE AL OLI		ICI	E	USMS	Other
F. CDF/IGSA Information Only					
Contract Number Date of Contract or IGSA					
Basic Rates per Man-Day	N. Facility Staffing	Level			
Other Charges: (If None, Indicate N/A)	Security:		Supp	ort:	
outer charges. (If Note, findeate 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 ² , Physical, etc.)	P-5	P-3	P-3	P-1
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	5	3	3	1
Assault:	Types (Sexual Physical, etc.)	0	0	0	0
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	0	0	1	0
Number of Forced Moves, incl. Forced Cell moves ³		1	0	1	0
Disturbances ⁴		0	0	0	0
Number of Times Chemical Agents Used		0	1	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)	M-2; V-1	M-3	V-4	M-6
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	С	С	С	С
Offender / Detainee Medical Referrals as a result of injuries sustained.		2	2	3	1
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	53	54	52	41
	# Resolved in favor of Offender/Detainee	12	4	3	3
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	NA	NA	NA	NA
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	17	20	29	26
	# Psychiatric Cases referred for Outside Care	0	0	0	0

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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.

	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	
Detai	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	
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.	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)	
38.	Detainee Transfer (Added September 2004)	
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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.	3/7/2019		
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 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.

There were nine allegations of sexual abuse/assault during this inspection period. Eight of the allegations were detainee-on-detainee. The allegation behaviors ranged from sexual remarks to unwanted exposure and unwanted touching. Three allegations were substantiated and five were unfounded. One allegation was staff-on-detainee involving an ICE agent which occurred seven months prior to the detainee's transfer to this facility. The allegation was referred to ICE. All the case files were reviewed; procedures conducted by medical and detention staff were found to comply with the requirements of the standard.

There were no deaths or serious suicide attempts by an ICE detainee during this inspection period. There were two ICE detainee hunger strikes.

Policy allows for the use of Tasers on an ICE detainee. Oleoresin capsicum (OC) pepper spray is the only chemical agent authorized for use. This facility uses canines for the purpose of contraband searches, but not in the presence of detainees.

There have been twenty-two use of force incidents involving ICE detainees since the last annual inspection. All twenty-two incidents involved immediate use of force. Associated with these uses of force, there were sixteen uses of the restraint chair, two uses of OC and one use of the taser. Eleven of the incidents involved three detainees who were exhibiting self-injurious behavior and refusing staff orders. The remaining eleven incidents involved detainees exhibiting aggressive behavior towards staff, self-injury and refusing

orders. The majority of detainees involved in the incidents exhibited mental health issues and were in observation or suicide watch cells. All twenty-two incident packages were reviewed and were found to fully document the incidents and that medical evaluation/treatment was prompt. Review of the incident reports confirmed the use of force in each incident was appropriate for the circumstances faced by the staff. All the incidents were reviewed in a timely manner by the facility supervisors and managers.

There were no escapes or escape attempts during this inspection period.