

**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  
5/14/2019 - 5/16/2019

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

Date[s] of Last Facility Review  
5/8/2018 - 5/10/2018

Previous Rating  
☒ Meets Standards ☐ Does Not Meet Standards

**D. Name and Location of Facility**

Name  
Bristol County Jail and House of Correction

Address (Street and Name)  
400 Faunce Corner Road

City, State and Zip Code  
North Dartmouth, MA 02747

County  
Bristol

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

Telephone # (Include Area Code)  
[REDACTED]

Field Office / Sub-Office (List Office with oversight responsibilities)  
Boston

Distance from Field Office  
60 miles

**E. ICE Information**

Name of Inspector (Last Name, Title and Duty Station)  
[REDACTED] / LCI / Safety SME / Nakamoto Group

Name of Team Member / Title / Duty Location  
[REDACTED] / Medical SME / Nakamoto Group

Name of Team Member / Title / Duty Location  
[REDACTED] / Detainee Rights 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:  
ACA, NCCHC, PREA

☐ 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:

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
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**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 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.

<b><i>Incidents</i></b>	<b><i>Description</i></b>	<b>Jan – Mar</b>	<b>Apr – Jun</b>	<b>Jul – Sept</b>	<b>Oct – Dec</b>
Assault: Offenders on Offenders <sup>1</sup>	Types (Sexual <sup>2</sup> , Physical, etc.)	3-P	4-P	5-P	7-P
	With Weapon	0	0	0	1
	Without Weapon	3	4	5	6
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	0	0	0	0
	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		0	0	0	0
Disturbances <sup>4</sup>		0	0	0	0
Number of Times Chemical Agents Used		0	0	0	0
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point Restraints applied/used	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	1-M 12-V 9-O	1-M 17-V 4-O	33-V 8-O	16-V
	Type (C=Chair, B=Bed, BB=Board, O=Other)	1-C 21-O	6-C 16-O	3-C 38-O	1-C 15- O
Number of Times Canines Used in Facility		0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	1	1	1
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	255	280	331	231
	# Resolved in favor of Offender/Detainee	38	29	24	27
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	0	0
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	35	22	19	23
	# Psychiatric Cases referred for 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.







### 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 Lead Compliance Inspector/Safety SME, The Nakamoto Group, Inc.	Date 5/16/2019

#### Team Members

Print Name, Title, & Duty Location  , Medical SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location  , Detainee Rights SME, The Nakamoto Group, Inc.
Print Name, Title, & Duty Location  , Security SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location  , Medical SME, The Nakamoto Group, Inc.

#### Recommended Rating:

☒ Meets Standards  
☐ Does Not Meet Standards

Comments: The Significant Summary Worksheet Summary represents data on all facility detainees. There were no deaths, serious suicide attempts, calculated uses of force or escapes involving ICE detainees during this inspection period. ICE detainees are not charged a medical co-pay.

There was one hunger strike involving an ICE detainee during this inspection period. The detainee went on a four day hunger strike because he wanted to be moved to another facility.

There were eight SAAPI allegations by ICE detainees during this inspection period. One allegation involved an incident at a previous facility. That facility was notified, as required. One allegation of harassment and inappropriate touching was made against a housing unit officer. This allegation was investigated and deemed unfounded. Two allegations of sexual harassment and inappropriate touching were made against the same detainee by two other detainees. These allegations were determined to be substantiated and the perpetrator was disciplined by the facility. Three allegations of sexual harassment were deemed unsubstantiated and one allegation is still in being investigated.

The facility does not have Tasers but does have a canine unit. If a canine unit is brought into the facility it is not used in the presence of ICE detainees. The facility does have a restraint chair but it was not used on ICE detainees during this inspection period. Four/five point restraints are not authorized for use. The chemical agent approved for use is OC/pepper spray. The facility does not use or train staff in unsafe types of restraint.