A. Type of Facility Reviewed		Estimated Man-days Per Year:					
ICE Service Processin							
ICE Contract Detent		C Assurditatio	C				
	tal Service Agreement	G. Accreditatio			rradi.		
B. Current Inspection		List all State or National Accreditation[s] received: ACA (2017), NCCHC (2016), CALEA (2014)					
Type of Inspection		Check box if	facility has r	no accreditation[s]		
Field Office HQ Inspec	etion						
Date[s] of Facility Review		H. Problems / Complaints (Copies must be attached)					
6/12/2018 - 6/14/2018		The Facility is under Court Order or Class Action Finding					
	and with	Court Order		Class Action Ord			
C. Previous/Most Recent Fac	cility Review	The Facility has Significant Litigation Pending					
Date[s] of Last Facility Review		Major Litigation Life/Safety Issues					
6/13/2017 - 6/15/2017 Previous Rating		Check if Nor	ie.				
	eptable Deficient At-Risk	T 70 00 TT	10.				
	phase Denerent At Idsk	I. Facility His	tory				
D. Name and Location of Fa	cility	Date Built					
Name	cinty						
McHenry County Adult Corr	ectional Facility	Date Last Remod	deled or Upgi	aded			
Address (Street and Name)	,	- N - O	D 1				
2200 N. Seminary Avenue	2	Date New Construction / Bed space Added					
City, State and Zip Code			· nı ı		——————————————————————————————————————		
Woodstock, IL 60098		Future Construct					
County			Date:	D - 1 /# NI-	D. 11.		
McHenry		Current Bed space		Bed space (# Ne	Beds only)		
Name and Title of Chief Executive	Officer (Warden/OIC/Supt.)	100	Numb	er: Date:			
Telephone # (Include Area Code)	J. Total Facility Total Facility Int						
Field Office / Sub-Office (List Office with oversight responsibilities)							
Chicago		Total ICE Man-days for Previous 12 months					
Distance from Field Office			9				
60 miles							
		K. Classification	on Level (IC	E SPCs and CDI	Fs Only)		
E. ICE Information			L-	1 L-2	L-3		
Name of Inspector (Last Name,		Adult Male	N/A N/A		N/A		
/ LCI / Detainee Rights SME / Nakamoto Group		Adult Female	N/A	N/A	N/A		
Name of Team Member / Title / Duty Location							
/ Medical SME / Nakar							
Name of Team Member / Title / Duty Location		L. Facility Cap					
/ Safety SME / Nakamoto Group			Rated	Operational	Emergency		
Name of Team Member / Title / Duty Location							
/ Security SME / Nakamoto Group				178			
Name of Team Member / Title / Duty Location / Medical SME / Nakamoto Group							
/ Medical SME / Naka	amoto Group	and the second second second	CHI CHI CONTROLOGICA				
E CDE/ICCA Information Only		M. Average Da					
F. CDF/IGSA Information O			IC	E USMS	Other		
Contract Number	Date of Contract or IGSA						
D : D ()							
Basic Rates per Man-Day		20/502 000 K6556 Sec	enso Rata so				
	27/42	N. Facility Stat	ffing Level				
Other Charges: (If None, Indicate N/A)		Security:		Support:			
							

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.)	1/P	2/P	N/A	1/P
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	1	2	0	1
Assault:	Types (Sexual Physical, etc.)	N/A	N/A	N/A	N/A
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Number of Forced Moves, incl. Forced Cell moves ³		1	5	0	0
Disturbances ⁴		0	1	0	0
Number of Times Chemical Agents Used		1	2	1	0
Number of Times Special Reaction Team Deployed/Used		Ĭ	1	1	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.		0	2	1	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	78	66	54	59
	# Resolved in favor of Offender/Detainee	11	3	6	5
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	28	36	48
	# Psychiatric Cases referred for Outside Care	0	0	0	0

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

Form G-324A SIS (Rev. 7/9/07)

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.

	ceptable 2. Deficient 3. At Risk 4. Repeat Finding 5. Not Applicable		11800	1200		
	Access Standards	1.	2.	3.	4.	5
1.	Access to Legal Materials	\boxtimes				
2.	Group Presentations on Legal Rights	\boxtimes				
3.	Visitation	\boxtimes				
4.	Telephone Access	\boxtimes				
Detai	nee Services					
5.	Admission and Release	\boxtimes				
6.	Classification System	\boxtimes				
7.	Correspondence and Other Mail	\boxtimes				
8.	Detainee Handbook	\boxtimes				
9.	Food Service	\boxtimes				
10.	Funds and Personal Property	\boxtimes			1 1	
11.	Detainee Grievance Procedures					
12.	Issuance and Exchange of Clothing, Bedding, and Towels	\boxtimes				
13.	Marriage Requests	\boxtimes				
14.	Non-Medical Emergency Escorted Trip					
15.	Recreation	\boxtimes				
16.	Religious Practices	\boxtimes				
17.	Voluntary Work Program	\boxtimes				
Healt	h Services					
18.	Hunger Strikes	\boxtimes				
19.	Medical Care	\boxtimes				
20.	Suicide Prevention and Intervention	\boxtimes				
21.	Terminal Illness, Advanced Directives and Death	\boxtimes				
Secur	rity and Control					
22.	Contraband	\boxtimes	8-8		-	
23.	Detention Files	\boxtimes				
24.	Disciplinary Policy	\boxtimes				T
25.	Emergency Plans	\boxtimes				
26.	Environmental Health and Safety	\boxtimes				1
27.	Hold Rooms in Detention Facilities	\boxtimes				
28.	Key and Lock Control	\boxtimes	\$ - G			
29.	Population Counts	\boxtimes	- 2	(
30.	Post Orders	\boxtimes				
31.	Security Inspections	\boxtimes				
32.	Special Management Units (Administrative Segregation)	\boxtimes				
33.	Special Management Units (Disciplinary Segregation)	\boxtimes				
34.	Tool Control	\boxtimes				
35.	Transportation (Land management)	\boxtimes				
	Use of Force	\boxtimes				
36.						
36. 37.	Staff / Detainee Communication (Added August 2003)	\boxtimes		3 22 2		

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.	6/14/2018			
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: Superior Good Acceptable Deficient At-Risk				

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 Significant Incident Summary Worksheet represents data on ICE detainees only, per the OIC. There were no deaths, serious suicide attempts or escapes involving ICE detainees during this inspection period. ICE detainees are not charged a medical co-pay.

There were four sexual assault allegations involving an ICE detainee reported for this inspection period. The first allegation involved a male officer and improper touching of a male detainee's genitalia during a pat down. Video surveillance was available for review and the allegation was determined to be unfounded. The second allegation involved a female detainee who alleged she was sexually assaulted by staff during three different incidents at night. A review of the allegations was determined to be unfounded. The third allegation involved a female detainee who alleged two female detainees sexually assaulted her. A review of the allegations was determined to be unfounded. The fourth allegation involved a male detainee who alleged he was sexually assaulted by another male detainee. A review of the allegations was determined to be unfounded. All allegations were appropriately handled per established policy and procedures.

There were six hunger strikes reported during this inspection period. A review of the six detainee medical records reflected the detainees were appropriately managed with respect to medical and mental health care and the requirements of the standard. Documentation in the medical record was accurate, timely and appropriate.

There were seven use of force incidents on ICE detainees during this inspection period; six were immediate uses of force and one was a planned use of force. Of the six spontaneous uses of force, three involved OC and three involved officers physically restraining detainees. The one planned use of force involved a small group of detainees who refused to return to their cells after several staff orders and attempts at confrontation avoidance. Ultimately the facility activated their CERT and the detainees were restrained and moved to the SMU using minimal amounts of force and no chemical agents. In all seven of the incidents, detainees were examined by medical staff immediately subsequent to all incidents. None of the detainee or staff suffered any substantive injuries. The use of force packages were reviewed and it was determined that staff followed policy in all incidents. All use of force incidents were appropriately documented and reviewed by senior staff.

The facility does not have Tasers. The facility uses a restraint chair in lieu of four/five-point restraints. The facility does not have a canine unit. The only chemical agent approved for use is oleoresin capsicum (OC)/pepper spray. The facility does not use or train staff in the use of unsafe types of restraint.