A. Type of Facility Reviewed  ICE Service Processing Center	Estimated Man-days Per Year:			
☐ ICE Service Processing Center ☐ ICE Contract Detention Facility				
<ul> <li>☑ ICE Intergovernmental Service Agreement</li> </ul>	G. Accreditation	n Certificate	es	
	List all State or N	lational Accr	editation[s] recei	ved:
B. Current Inspection				
Type of Inspection ☐ Field Office ☐ HQ Inspection		•	no accreditation[s	
Date[s] of Facility Review	H. Problems / C			
12/4/2018 to 12/6/2018	The Facility is un Court Order		der or Class Acti Class Action Or	
C. Previous/Most Recent Facility Review				ier
Date[s] of Last Facility Review	The Facility has Significant Litigation Pending  Major Litigation Life/Safety Issues			
3/20/2018 to 3/22/2018	Check if None.			
Previous Rating				
Superior Good Acceptable Deficient At-Risk	I. Facility Hist	tory		
D. Name and Location of Facility	Date Built			
Name	Date Last Remod	leled or Ungr	aded	
Kandiyohi County Jail		or open		
Address (Street and Name) 2201 23rd Street NE	Date New Constr	ruction / Bed	space Added	
City, State and Zip Code				
Willmar, MN 56201	Future Construct			
County	Current Bed space	Date:	Bed space (# Ne	vy Pode only)
Kandiyohi	Current Bed space	Numb		Beds only)
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)		Tuillo	<u> Bate.</u>	
Telephone # (Include Area Code)	J. Total Facilit	ty Population	n	
	Total Facility Inta	ake for previo	ous 12 months	
Field Office / Sub-Office (List Office with oversight responsibilities)				
St. Paul Distance from Field Office	Total ICE Man-da	ays for Previ	ous 12 months	
100 miles				
Too mics	K. Classificatio	n Level (ICI	E SPCs and CDI	Fs Only)
E. ICE Information	iii Ciussiiicutio			L-3
Name of Inspector (Last Name, Title and Duty Station)	Adult Male	N/A	N/A	N/A
/ LCI / Safety SME / Nakamoto Group	Adult Female	N/A	N/A	N/A
Name of Team Member / Title / Duty Location		N/A	N/A	N/A
/ Medical SME / Nakamoto Group Name of Team Member / Title / Duty Location	~			
/ Detainee Rights SME / Nakamoto Group	L. Facility Capa		Omenational	E
Name of Team Member / Title / Duty Location		Rated	Operational	Emergency
/ Security SME / Nakamoto Group				
Name of Team Member / Title / Duty Location				
/ Medical SME / Nakamoto Group				
	M. Average Dai	ily Populatio	n	
F. CDF/IGSA Information Only		IC	E USMS	Other
Contract Number  Date of Contract or IGSA				
Basic Rates per Man-Day				
Dusic Futes per Main Day	N Facility Staf	fing I oval		
Other Charges: (If None, Indicate N/A)	N. Facility Staf Security:	mig Levei	Support:	
	Security.		Support.	
	<b>———</b>			

## **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: Offenders on Offenders <sup>1</sup>	Types (Sexual <sup>2</sup> , Physical, etc.)	N/A	N/A	1/P	1/P
	With Weapon	0	0	0	0
	Without Weapon	0	0	1	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 <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)	N/A	N/A	N/A	N/A
	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	0	0	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	0	0	2	0
	# Resolved in favor of Offender/Detainee	0	0	1	0
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	2	1	2	7
	# 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.

	CE 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	
	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	
<b>15.</b>	Recreation	
16.	Religious Practices	
17.	Voluntary Work Program	
Healtl	1 Services	
18.	Hunger Strikes	
19.	Medical Care	
20.	Suicide Prevention and Intervention	
21.	Terminal Illness, Advanced Directives and Death	
Securi	ity and Control	
22.	Contraband	
23.	<b>Detention Files</b>	
24.	Disciplinary Policy	
25.	Emergency Plans	
<b>26.</b>	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)	
	Special Management Units (Disciplinary Segregation)	
33.	Tool Control	
33. 34.	1001 Control	
	Transportation (Land management)	
34.		
34. 35.	Transportation (Land management)	
34. 35. 36.	Transportation (Land management) Use of Force	

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/Safety SME, The Nakamoto	12/6/2018	
Group, Inc.		
Team Members		
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location	
•	·	
, Detainee Rights SME, The Nakamoto	, Medical SME, The Nakamoto Group, Inc.	
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		
Acceptab		
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 Summary Worksheet Summary represents data on ICE detainees only. There were no serious suicide attempts, escapes or sexual assault allegations involving ICE detainees during this inspection period. ICE detainees are not charged a medical co-pay.

There was one non-ICE detained death reported during this inspection period. On 1/7/2018, a 57-year-old intoxicated county inmate was found unresponsive in the booking area. Emergency code was activated. AED, CPR and 911 was initiated. The inmate was taken by ambulance to Rice Memorial Hospital where he was pronounced dead. Final diagnosis was cardiac arrest. His medical history revealed multiple previous visits for medical care prior to this event.

There were two use of force incidents involving an ICE detainee during this inspection period. The first incident involved two detainees involved in a physical altercation. Verbal orders to stop fighting were ignored. Staff used OC to stop the fight and gain control to handcuff the two detainees. Medical examination was prompt and, other than OC exposure, neither detainee received any injuries. The incident reports fully documented the incident and the officers' actions. The after-action reviews conducted by supervisors and managers was completed in accordance with policy. The force used in this incident was appropriate for the

circumstances faced by the involved officer. The second incident involved two ICE detainees in a shoving match. This incident did not involve staff using any type of force as the detainees followed verbal orders to stop their behavior.

There was one ICE detainee who declared a hunger strike during this inspection period; it lasted for two days. He voluntarily discontinued his hunger strike before it reached his ninth missed meal.

The facility has Tasers. Policy prohibits their use on ICE detainees. The facility does have and uses a restraint chair. Four/five-point restraints would only be used as a last resort. The facility does not have or use 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.