A. Type of Facility Reviewed	Estimated Man-days Per Year:			
ICE Service Processing Center ICE Contract Detention Facility				
☐ ICE Contract Detention Facility ☐ ICE Intergovernmental Service Agreement	G. Accreditation Certificates			
To 2 mergover milental bet vice rigitement	List all State or National Accreditation[s] received:			
B. Current Inspection	NCCHC			
Type of Inspection	Check box if facility has no accreditation[s]			
Field Office HQ Inspection				
Date[s] of Facility Review 4/9/2019 - 4/11/2019	H. Problems / Complaints (Copies must be attached)			
4/7/2017 - 4/11/2017	The Facility is under Court Order or Class Action Finding  Court Order  Class Action Order			
C. Previous/Most Recent Facility Review	The Facility has Significant Litigation Pending			
Date[s] of Last Facility Review	☐ Major Litigation ☐ Life/Safety Issues			
4/10/2018 - 4/12/2018	Check if None.			
Previous Rating  Superior Cood Acceptable Deficient At Biole				
Superior Good Acceptable Deficient At-Risk	I. Facility History			
D. Name and Location of Facility	Date Built			
Name	Date Last Remodeled or Upgraded			
Jerome Combs Detention Center	Date Last Remodered of Opgraded			
Address (Street and Name)	Date New Construction / Bed space Added			
3050 South Justice Way City, State and Zip Code	1			
Kankakee, IL 60901	Future Construction Planned			
County	Date:			
Kankakee	Current Bed space Future Bed space (# New Beds only)			
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)	Number: Date:			
Telephone # (Include Area Code)	J. Total Facility Population			
receptione ii (include rica code)	Total Facility Intake for previous 12 months			
Field Office / Sub-Office (List Office with oversight responsibilities)				
Chicago	Total ICE Man-days for Previous 12 months			
Distance from Field Office  90 miles				
90 lilles	K. Classification Level (ICE SPCs and CDFs Only)			
E. ICE Information	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 / Nakamoto	Adult Female N/A N/A N/A			
Name of Team Member / Title / Duty Location	N/A N/A N/A			
/ Medical SME / Nakamoto Name of Team Member / Title / Duty Location	w. a			
/ Safety SME / Nakamoto	L. Facility Capacity			
Name of Team Member / Title / Duty Location	Rated Operational Emergency			
/ Security SME / Nakamoto				
Name of Team Member / Title / Duty Location				
/ Medical SME / Nakamoto				
E OPPICAL I A COL	M. Average Daily Population			
F. CDF/IGSA Information Only  Contract Number Date of Contract or IGSA	ICE USMS Other			
Contract Number Date of Contract of 105A				
Basic Rates per Man-Day				
	N. Facility Staffing 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 <sup>2</sup> , Physical, etc.)	3/P	4/P	3/P	N/A
Offenders on Offenders <sup>1</sup>	With Weapon	0	0	0	0
	Without Weapon	3	4	3	0
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>		2	0	1	1
Disturbances <sup>4</sup>		0	1	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	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	1	0	0	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	1/C	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	3	1	2	11
	# Resolved in favor of Offender/Detainee	0	0	0	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	0	0	0	0
	# 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.

	/ICE Detention Standards Review Summary Report cceptable 2. Deficient 3. At Risk 4. Repeat Finding 5.Not Applicable	
Legal	l Access Standards	1. 2. 3. 4. 5.
1.	Access to Legal Materials	
2.	Group Presentations on Legal Rights	
3.	Visitation	
4.	Telephone Access	
Detai	inee 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	
<b>12.</b>	Issuance and Exchange of Clothing, Bedding, and Towels	
13.	Marriage Requests	
14.	Non-Medical Emergency Escorted Trip	
<b>15.</b>	Recreation	
<b>16.</b>	Religious Practices	
17.	Voluntary Work Program	
Healt	th Services	
18.	Hunger Strikes	
19.	Medical Care	
20.	Suicide Prevention and Intervention	
21.	Terminal Illness, Advanced Directives and Death	
Secur	rity 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)	
33.	Special Management Units (Disciplinary Segregation)	
34.	Tool Control	
<b>35.</b>	Transportation (Land management)	
20	Use of Force	
36. 37. 38.	Staff / Detainee Communication (Added August 2003) Detainee Transfer (Added September 2004)	

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.	4/11/2019
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 Acceptabl Deficient At-Risk	e

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 AOIC. There were no deaths, serious suicide attempts, hunger strikes, sexual assault allegations, or escapes involving ICE detainees during this inspection period. ICE detainees are not charged a medical co-pay.

There were five uses of force involving ICE detainee during this inspection period. All five incidents were immediate uses-of-force; with one resulting in the use of the restraint chair. The restraint chair was used for the detainee's safety due to his erratic behavior and doing self-harm by hitting his head on and kicking the door. The other immediate uses-of-force were the result of detainees refusing orders and/or pulling away from officers. There were no injuries in any of these incidents to the detainee or staff involved. Only the least amount of force necessary to control the situation was used. Each incident was reviewed by the shift supervisor and the OIC.

The facility does have Tasers; however, policy prohibits their use on ICE detainees. The facility does have and uses a restraint chair. Four/five point restraints are not used at the facility. The facility does not have a canine unit but does permit their use; however, per policy when a canine unit comes on grounds they are not used in the presence of ICE detainees. No chemical agents are approved for use at this facility. The facility does not use or train staff in the use of unsafe types of restraint.