

**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  
5/1/2018 - 5/3/2018

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

Date[s] of Last Facility Review  
5/9/2017 - 5/11/2017

Previous Rating  
☐ Superior ☐ Good ☒ Acceptable ☐ Deficient ☐ At-Risk

**D. Name and Location of Facility**

Name  
**Suffolk County House of Correction**  
Address (Street and Name)  
**20 Bradston Street**  
City, State and Zip Code  
**Boston, Massachusetts 02118**  
County  
**Suffolk**  
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)  
[Redacted]  
Telephone # (Include Area Code)  
[Redacted]  
Field Office / Sub-Office (List Office with oversight responsibilities)  
**Burlington, Massachusetts**  
Distance from Field Office  
**12 miles**

**E. ICE Information**

Name of Inspector (Last Name, Title and Duty Station)  
[Redacted] / **LCI/Detainee Rights SME / Nakamoto**  
Name of Team Member / Title / Duty Location  
[Redacted] / **Medical SME / Nakamoto**  
Name of Team Member / Title / Duty Location  
[Redacted] / **Safety SME / Nakamoto**  
Name of Team Member / Title / Duty Location  
[Redacted] / **Security SME / Nakamoto**  
Name of Team Member / Title / Duty Location  
[Redacted] / **Medical SME / Nakamoto**

**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 / Bed space Added  
[Redacted]  
Future Construction Planned  
☐ [Redacted] ☒ [Redacted] Date:  
[Redacted]  
Current Bed space  
[Redacted] Future Bed space (# New Beds only)  
Number: [Redacted] Date: [Redacted]

**J. Total Facility Population**

Total Facility Intake for previous 12 months  
[Redacted]

Total ICE Man-days for Previous 12 months  
[Redacted]

**K. Classification Level (ICE SPCs and CDFs Only)**

	L-1	L-2	L-3
Adult Male	N/A	N/A	N/A
Adult Female	N/A	N/A	N/A
	N/A	N/A	N/A

**L. Facility Capacity**

	Rated	Operational	Emergency
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]

**M. Average Daily Population**

	ICE	USMS	Other
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]

**N. Facility Staffing Level**

Security: [Redacted] Support: [Redacted]

### Significant Incident Summary Worksheet

For Nakamoto 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

<i>Incidents</i>	<i>Description</i>	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault: Offenders on Offenders <sup>1</sup>	Types (Sexual <sup>2</sup> , Physical, etc.)	Physical	Physical	Physical	Physical
	With Weapon	0	0	0	0
	Without Weapon	1	6	7	1
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	Physical	Physical	Physical	Physical
	With Weapon	0	0	0	0
	Without Weapon	0	2	0	1
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		1	3	2	5
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)	0	0	0	0
	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.		4	7	8	5
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	22	23	26	34
	# Resolved in favor of Offender/Detainee	1	4	0	4
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	A	N/A	N/A	N/A
	Number	1	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	6	25	24	18
	# 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.



DHS/ICE Detention Standards Review Summary Report				
1. Acceptable	2. Deficient	3. At Risk	4. Repeat Finding	5. Not Applicable
<b>Legal Access Standards</b>				
1. Access to Legal Materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Group Presentations on Legal Rights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Telephone Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Detainee Services</b>				
5. Admission and Release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Classification System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Correspondence and Other Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Detainee Handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Food Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Funds and Personal Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Detainee Grievance Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Issuance and Exchange of Clothing, Bedding, and Towels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Marriage Requests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Non-Medical Emergency Escorted Trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Religious Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Voluntary Work Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health Services</b>				
18. Hunger Strikes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Suicide Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Terminal Illness, Advanced Directives and Death	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Security and Control</b>				
22. Contraband	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Detention Files	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Disciplinary Policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Emergency Plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Environmental Health and Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Hold Rooms in Detention Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Key and Lock Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Population Counts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Post Orders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Security Inspections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Special Management Units (Administrative Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Special Management Units (Disciplinary Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Tool Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Transportation (Land management)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36. Use of Force	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Staff / Detainee Communication (Added August 2003)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Detainee Transfer (Added September 2004)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All findings (Deficient and At-Risk) require written comment describing the finding and what is necessary to meet compliance.

[Redacted Signature]

### 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) [REDACTED]	Signature [REDACTED]
Title & Duty Location Lead Compliance Inspector, The Nakamoto Group, Inc.	Date 5/3/2018

#### Team Members

Print Name, Title, & Duty Location [REDACTED], Safety SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location [REDACTED], Medical SME, The Nakamoto Group, Inc.
Print Name, Title, & Duty Location [REDACTED], Security SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location [REDACTED], 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 Standards Review Summary Report. The standard was rated as Meets Standard for this inspection.

There were no detainee deaths during this inspection period. There was one serious suicide attempt by an ICE detainee during this inspection period. On 3/18/2018, at 1:08 p.m., a 35-year-old black male was found in his cell by the unit officer making routine rounds hanging by a ligature around his neck. The officer called for assistance and immediately cut the detainee down. First responders determined the detainee was breathing and had a pulse but was not responsive. After performing a sternum rub, the officer obtained a response from the detainee. The local EMS was notified for response to the facility. Facility medical personnel arrived on scene at 1:09 p.m. and applied oxygen to the detainee. Medical personnel reported the detainee was conscious and alert. The EMS arrived at 1:20 p.m. and the detainee was assisted to his feet and placed on the EMS stretcher for transport to the hospital emergency room. After evaluation by the ER physicians, the detainee was returned to the facility at 12:49 a.m. on 3/19/2018.

There were six allegations of sexual abuse/assault during the inspection period. Three of the allegations involved inappropriate sexual threats made by staff at a previous facility. One was investigated and determined to have been reported at the previous facility and found unsubstantiated. The other two were alleged to have occurred in Russia and in Mexico several years ago and were not able to be investigated. The cases were closed and the detainees were offered counseling. There were two ICE detainee allegations against other detainees for verbal sexual harassment which were determined to be unsubstantiated. There was one allegation of an alleged rape which occurred in 2007 when the detainee was housed as a county inmate. The case was not able to be investigated due to the time frame and lack of evidence, the case was closed and the detainee was offered counseling.

There were no escapes or serious attempts since the previous annual inspection.

There were eleven immediate uses of force involving ICE detainees during the inspection period. The detainees were examined by medical staff immediately after the incidents. None of the detainees involved suffered any injuries; however, one ICE agent was injured attempting to restrain a detainee. The review of use of force packages determined that staff followed policy in all incidents. The uses of force were appropriately documented and reviewed by senior staff including the OIC. Oleoresin capsicum (OC)/pepper spray is available for use by cell extraction teams for planned uses of force, if necessary. Tasers and canines are not used to control ICE detainees.

The data on page two of the Significant Incident Summary Report is for the ICE population only.