A. Type of Facility Reviewed  ICE Service Processing Center	Estimated Man-days Per Year:					
☐ ICE Service Frocessing Center ☐ ICE Contract Detention Facility						
<ul> <li>☑ ICE Intergovernmental Service Agreement</li> </ul>	G. Accreditation	n Certifica	tes			
	List all State or N				ved:	
B. Current Inspection	NCCHC, PREA					
Type of Inspection ☐ Field Office ☐ HQ Inspection	Check box if facility has no accreditation[s]					
Date[s] of Facility Review	H. Problems / C					
9/25/2018 - 9/27/2018	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					
9/26/2017 - 9/28/2017	Check if Non	ie.				
Previous Rating ☐ Superior ☐ Good ☒ Acceptable ☐ Deficient ☐ At-Risk	I. Facility Hist	tory				
TO NO. 1.1. (* C.T. *)*(	Date Built					
D. Name and Location of Facility  Name						
Albany County Correctional Facility	Date Last Remod	leled or Upg	graded			
Address (Street and Name)	Data Nam Canata	mation / Da	1	ا ما ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا		_
840 Albany Shaker Road	Date New Constr	ruction / Be	ı space	Added		
City, State and Zip Code	Future Construct	ion Planned				-
Albany, NY 12211		Date:				
County Albany	Current Bed space		e Bed	space (# Ne	w Beds only	)
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)		Num		Date:		
( · · · · · · · · · · · · · · · · · · ·					<del>_</del>	
Telephone # (Include Area Code)	J. Total Facilit					
	Total Facility Inta	ake for prev	ious 12	months		
Field Office / Sub-Office (List Office with oversight responsibilities) <b>Buffalo</b>	Total ICE Man-d	ove for Drov	rione 1	months		
Distance from Field Office	Total ICE Wall-u	ays for fict	10us 12	2 monuis		
350 miles						
	K. Classification Level (ICE SPCs and CDFs Only)					
E. ICE Information			<sub>'</sub> -1	L-2	L-3	
Name of Inspector (Last Name, Title and Duty Station)	Adult Male	N/A		N/A	N/A	
/ LCI / Safety SME / Nakamoto Group  Name of Team Member / Title / Duty Location	Adult Female	N/A		N/A	N/A	
/ Medical SME / Nakamoto Group		N/A		N/A	N/A	
Name of Team Member / Title / Duty Location	L. Facility Capa	ocity				
/ Detainee Rights SME / Nakamoto Group	L. Facility Capa	Rated	On	erational	Emergency	v
Name of Team Member / Title / Duty Location		Tuttu	ОР		Emergene,	<i>y</i>
/ Security SME / Nakamoto Group						
Name of Team Member / Title / Duty Location / Medical SME / Nakamoto Group						
7 1/2 Colon DIVID	M. Average Da	ilv Populat	ion			
F. CDF/IGSA Information Only	M. Average Da		CE	USMS	Other	$\neg$
Contract Number Date of Contract or IGSA			Ĩ			$\neg$
Basic Rates per Man-Day	N Facility Ctat	fing I aval				
Other Charges: (If None, Indicate N/A)	N. Facility Staf	mig Level	Çıır	port:		$\neg$
	Security.		Sup	φοιι.		

## 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.)	N/A	N/A	2/P	N/A
Offenders on Offenders <sup>1</sup>	With Weapon	0	0	0	0
	Without Weapon	0	0	2	0
Assault:	Types (Sexual Physical, etc.)	N/A	N/A	1/P	N/A
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	0	0	1	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	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	1/M	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	N/A	N/A	О	N/A
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	0	2	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	0	0	0	0
	# Resolved in favor of Offender/Detainee	0	0	0	0
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	0	0	1	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	
	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	
Detai	nee Services	
<b>5.</b>	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	
16.	Religious Practices	
<b>17.</b>	Voluntary Work Program	
Healt	h Services	
18.	Hunger Strikes	
19.	Medical Care	
20.	Suicide Prevention and Intervention	
21.	Terminal Illness, Advanced Directives and Death	
Secur	ity and Control	
22.	Contraband	
23.	<b>Detention Files</b>	
24.	Disciplinary Policy	
<b>25.</b>	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	
35.	Transportation (Land management)	
36.	Use of Force	
<b>37.</b>	Staff / Detainee Communication (Added August 2003)	
38.	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/Safety SME, The Nakamoto Group, Inc.	9/27/2018
Team Members	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
, Detainee Rights 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 Summary Worksheet Summary represents data on ICE detainee only, per the sergeant. There were no deaths, serious suicide attempts, hunger strikes or escapes involving ICE detainees during this inspection period. There were no sexual assault allegations involving an ICE detainee occurring at this facility during this inspection period. ICE detainees are not charged a medical co-pay.

During the inspection period there were two detainee on detainee assaults and one detainee on staff assault involving ICE detainees. These three assaults resulted in three immediate uses of force. On 7/9/2018, a male detainee in the housing unit common area was quarrelling with other detainees. The unit officer ordered the detainee to return to his cell, he ignored that order multiple times. The officer called for assistance and upon its arrival the detainee calmed downed, was placed in restraints and escorted to the medical department for examination without incident; there were no injuries. On 7/10/2018, a male detainee in a housing unit was ordered to change cells, he refused and attempted to assault the housing unit officer. Staff took the detainee to the floor where he continued to be aggressive and combative. Officers struggled with the detainee to place him in restraints. The detainee was escorted to medical

department for an examination, there were no substantive injuries to staff or the detainee. On 7/16/2018, two male detainees were fighting on the recreation yard. The detainees were ordered to stop and they obeyed the order. The detainees were placed in restraints and escorted to the medical department for an examination; there were no substantive injuries. Each of the incidents was reviewed by supervisory staff. Proper procedures were followed and appropriate medical attention was given.

The facility does have Tasers. Policy prohibits their use on ICE detainees. The facility does have and uses a restraint chair. Four/five-point restraints are used at the facility but only as a last resort. The facility does not have a canine unit but does permit their use. When a canine unit are on grounds they are not used in the presence of ICE detainees, per policy. 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.