

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
2/26/2019 - 2/28/2019

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
2/21/2018 - 2/23/2018
 Previous Rating
 Superior Good Acceptable Deficient At-Risk

D. Name and Location of Facility

Name
Bergen County Jail
 Address (Street and Name)
160 South River Street
 City, State and Zip Code
Hackensack, NJ 07601
 County
Bergen
 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)
New York City
 Distance from Field Office
10 miles

E. ICE Information

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

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 Core, 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:
 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

L. Facility Capacity

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

M. Average Daily Population

	ICE	USMS	Other
[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 ¹	Types (Sexual ² , Physical, etc.)	P-2	P-5	P-10	S-2, P-12
	With Weapon	0	0	1	0
	Without Weapon	2	5	9	14
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	0	S-1, P-1	P-2	0
	With Weapon	0	0	0	0
	Without Weapon	0	2	2	0
Number of Forced Moves, incl. Forced Cell moves ³		0	0	0	0
Disturbances ⁴		1	1	0	0
Number of Times Chemical Agents Used		4	1	4	0
Number of Times Special Reaction Team Deployed/Used		9	5	6	12
# Times Four/Five Point Restraints applied/used	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	O	O	1-M	O
	Type (C=Chair, B=Bed, BB=Board, O=Other)	C-1	C-1	C-2	C-3
Offender / Detainee Medical Referrals as a result of injuries sustained.		2	4	2	4
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	60	246	90	73
	# Resolved in favor of Offender/Detainee	6	104	9	21
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	20	46	38	59
	# Psychiatric Cases referred for Outside Care	2	2	1	6

¹ Any attempted physical contact or physical contact that involves two or more offenders

² Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting

³ Routine transportation of detainees/offenders is not considered "forced"

⁴ 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						
Legal Access Standards		1.	2.	3.	4.	5.
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"/>	
Detainee Services						
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"/>	<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"/>	<input type="checkbox"/>
14.	Non-Medical Emergency Escorted Trip	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Health Services						
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"/>	
Security and Control						
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"/>	<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 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.

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) ██████████	<i>Signature</i> ██
Title & Duty Location Lead Compliance Inspector/Detainee Rights SME, The Nakamoto Group, Inc.	Date 2/28/2019

Team Members	
Print Name, Title, & Duty Location ██████████, Safety SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location ██████████, Medical SME, The Nakamoto Group, Inc.
Print Name, Title, & Duty Location ██████████, Security SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location ██████████, 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 detainees only. There were no serious suicide attempts, escapes or deaths involving ICE detainees during this inspection period. ICE detainees are not charged a medical, dental or mental health co-pay.

There were three sexual assault allegations made by ICE detainees during the inspection period. In one instance an ICE mental health patient alleged that an officer sexually assaulted him during a strip search. A forensic exam was completed and the investigation remains active. There was one sexual abuse allegation in which a detainee alleged inappropriate touching by another detainee. This claim was found not adjudicated because the detainees were released prior to completion of an investigation. One sexual assault allegation during the inspection period was detainee on detainee. A SANE examination was completed and results are pending.

The facility reported that two disturbances took place during the inspection period. On 3/20/2018, six ICE detainees refused to report to work in the kitchen. All were from the same housing unit and collectively refused orders of staff to report to work, stating that because they were no longer receiving special meals while at work, they were refusing to report. All detainees involved received a sanction for refusing and were removed from the kitchen work assignment. On 6/19/2018, a housing unit sergeant reported that several ICE detainees gathered in front of the officer's station demanding that the outdoor recreation yard be opened immediately. The outdoor recreation yard was temporarily closed due to repairs being made to light fixtures on the yard wall. Several orders were given to detainees to disperse and return to their assigned cell, but orders were refused. After several attempts by the sector sergeant to get the detainees to comply, one detainee was observed making a hand gesture to other detainees that resulted in all detainees involved



taking a seat in the dayroom area and refusing to return to their assigned cell. Several staff responded to the housing unit, identified the detainee who appeared to be the leader and escorted him to the special management unit (SMU) without incident. Remaining detainees returned to their assigned cell once the leader was removed from the area.

There was one detainee hunger strike reported since the last inspection. A detainee declared a hunger strike upon admission to the facility on 9/5/2018. He was immediately referred to the medical department and housed and monitored there until 9/12/2018 when he was transferred from the facility by ICE. Review of the relevant records for that hunger strike revealed that all treatment, monitoring and documentation were in accordance with the standard.

There were seventeen immediate use-of-force incidents involving ICE detainees during this reporting period. Nine involved the use of oleoresin capsicum (OC) pepper spray, one four-point restraint of a detainee admitted to a local hospital for psychological evaluation, and seven instances of immediate placement of detainees in a restraint chair to prevent the detainee from harming him/herself or others. Review of all reports indicated that force was applied within guidelines of the standard. The medical evaluations were timely and no detainees were injured. Detainees exposed to chemical agents were immediately decontaminated once brought under control.

The facility does not have tasers. A canine unit is available for use through the Bergen County Sheriff's Office for contraband searches but never in the presence of ICE detainees. The facility does not use or train staff in the use of unsafe types of restraint.