

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
10/10/2018 - 10/12/2018

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
10/17/2017-10/19/2017

Previous Rating
 Meets Standards Does Not Meet Standards

D. Name and Location of Facility

Name
Elizabeth Contract Detention Facility

Address (Street and Name)
625 Evans Street

City, State and Zip Code
Elizabeth, NJ 07201

County
Union

Name and Title of Facility Administrator
(Warden/OIC/Superintendent)
██████████

Telephone # (Include Area Code)
██████████

Field Office / Sub-Office (List Office with oversight responsibilities)
Newark

Distance from Field Office
3 Miles

E. ICE Information

Name of Inspector (Last Name, Title and Duty Station)
██████████ / LCI/Security SME / Nakamoto Group

Name of Team Member / Title / Duty Location
██████████ / Medical SME / Nakamoto Group

Name of Team Member / Title / Duty Location
██████████ / Safety SME / Nakamoto Group

Name of Team Member / Title / Duty Location
██████████ / Detainee Rights SME / Nakamoto Group

Name of Team Member / Title / Duty Location
██████████ / Medical SME / Nakamoto Group

F. CDF/IGSA Information Only

Contract Number ██████████	Date of Contract or IGSA ██████████
Basic Rates per Man-Day ██████████	
Other Charges: (If None, Indicate N/A) ██████████	

Estimated Man-days Per Year
██████████

G. Accreditation Certificates

List all State or National Accreditation[s] received:
ACA, NCCCHC, 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
██████████

Date Last Remodeled or Upgraded
██████████

Date New Construction / Bedspace Added
██████████

Future Construction Planned
 ██████████ ██████████ Date: ██████████

Current Bedspace ██████████	Future Bedspace (# New Beds only) Number: ██████████ Date: ██████████
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J. Total Facility Population

Total Facility Intake for previous 12 months
██████████

Total ICE Mandays for Previous 12 months
██████████

K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
██████████	██████████	██████████	██████████

L. Facility Capacity

	Rated	Operational	Emergency
██████████	██████████	██████████	██████████

M. Average Daily Population

	ICE	USMS	Other
██████████	██████████	██████████	██████████

N. Facility Staffing Level

Security: ██████████ Support: ██████████

Significant Incident Summary Worksheet

For The Nakamoto Group 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	P	P	P
	With Weapon	0	0	0	0
	Without Weapon	3	1	3	5
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	P	P	N/A	P
	With Weapon	0	0	0	0
	Without Weapon	1	1	0	2
Number of Forced Moves, incl. Forced Cell moves ³		0	0	0	0
Disturbances ⁴		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
Number of Times Canines Used in Facility		0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		1	1	2	2
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	36	23	21	17
	# Resolved in favor of Offender/Detainee	26	12	6	7
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	121	130	141	167
	# Psychiatric Cases referred for Outside Care	1	1	1	3

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. Meets Standards		2. Does Not Meet Standards		3. Repeat Finding		4. Not Applicable	
		1	2	3	4		
PART 1 SAFETY							
1	Emergency Plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2	Environmental Health and Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	Transportation (By Land)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PART 2 SECURITY							
4	Admission and Release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	Classification System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6	Contraband	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7	Facility Security and Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8	Funds and Personal Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	Hold Rooms in Detention Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10	Key and Lock Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11	Population Counts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12	Post Orders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13	Searches of Detainees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14	Sexual Abuse and Assault Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15	Special Management Units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16	Staff-Detainee Communication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17	Tool Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18	Use of Force and Restraints	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
PART 3 ORDER							
19	Disciplinary System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
PART 4 CARE							
20	Food Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21	Hunger Strikes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22	Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23	Personal Hygiene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24	Suicide Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25	Terminal Illness, Advance Directives, and Death	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
PART 5 ACTIVITIES							
26	Correspondence and Other Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27	Escorted Trips for Non-Medical Emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
28	Marriage Requests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
29	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30	Religious Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31	Telephone Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
32	Visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
33	Voluntary Work Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PART 6 JUSTICE							
34	Detainee Handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
35	Grievance System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
36	Law Libraries and Legal Material	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
37	Legal Rights Group Presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
PART 7 ADMINISTRATION & MANAGEMENT							
38	Detention Files	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
39	News Media Interviews and Tours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
40	Staff Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
41	Transfer of Detainees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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, The Nakamoto Group, Inc.	Date 10/12/2018

Team Members

Print Name, Title, & Duty Location ██████████, Detainee Rights SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location ██████████, Medical SME, The Nakamoto Group, Inc.
Print Name, Title, & Duty Location ██████████, Medical SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location ██████████, Safety SME, The Nakamoto Group, Inc.

Recommended Rating: **Meets Standards**
 Does Not Meet Standards

Comments: This inspection was conducted to determine overall compliance with the ICE Performance-Based National Detention Standards (PBNDS) 2011 which include the following additions/changes to the standards listed on page three:

- Medical Care (Women), a new standard, was rated Meets Standard;
- Classification System is now titled Custody Classification System;
- Suicide Prevention and Intervention is now titled Significant Self-Harm and Suicide Prevention and Intervention;
- Escorted Trips for Non-Medical Emergencies is now titled Trips for Non-Medical Emergencies;
- News Media Interviews and Tours is now titled Interviews and Tours, and;
- Transfer of Detainees is now titled Detainee Transfer.

There were no escapes, deaths or serious suicide attempts during the inspection period. The facility does not have a canine unit for contraband detection. The only chemical agent authorized for use at the facility is OC (oleoresin capsicum)/pepper spray. The use of unsafe types of force such as choke holds, carotid control holds and neck restraints are not authorized. Tasers are not used.

There were seven uses of force during the previous twelve months; three immediate and four calculated. Five of the seven uses of force, and all of the calculated uses of force, involved one female detainee. All of the uses of force occurred as a result of a detainee refusing to comply with an order. Medical staff was consulted prior to each calculated use of force. Although the use of force documentation indicates that each calculated use of force was video recorded, the assistant OIC explained that for two of the four incidents the disks on which the recordings were made were corrupted and could not be downloaded for viewing. Additionally, per the

assistant OIC, this issue has been addressed through employee training and the purchase of updated equipment. This inspector watched the two available video recordings of two calculated uses of force. The use of force team technique was used during both of these calculated uses of force, however, it should be noted that pursuant to the direction of the assistant OIC, staff did not wear protective equipment. An after-action review was conducted after each use of force and concluded that staff actions and the amount of force used were appropriate. No staff or detainees suffered any injuries as a result of these uses of force. Chemical agents were not deployed.

There was one allegation of sexual abuse/assault involving ICE detainees since the last inspection. The allegation involved detainee on detainee inappropriate touching and was substantiated. The allegation was referred to the Elizabeth Police Department for further investigation. To date, no results of the criminal investigation have been received by the facility.