A. Type of Facility Reviewed

ICE Service Processing Center

ICE Contract Detention Facility

ICE Intergovernmental Service Agreement

B. Current Inspection

 \boxtimes

Type of Inspection	
Field Office HQ Inspection	
Date[s] of Facility Review	
07/16/2019 - 07/18/2019	

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
N/A - no inspection last year
Previous Rating
Superior Good Acceptable Deficient At-Risk

D. Name and Location of Facility

Name
Phelps County Jail
Address (Street and Name)
715 5th Avenue
City, State and Zip Code
Holdrege, NE 68949
County
Phelps
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)
Telephone # (Include Area Code)
Field Office / Sub-Office (List Office with oversight responsibilities)
St. Paul, MN
Distance from Field Office
600 miles

E. ICE Information

F. CDF/IGSA Information Only

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

Estimated Man-days Per Year:

G. Accreditation Certificates

List all State or National Accreditation[s] received:

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				
Dete Leet Deve dels 1	T			
Date Last Remodeled	or Upgraded			
Date New Construction / Bed space Added				
Future Construction P	lanned			
Current Bed space	Future Bed space (# New Beds only)			
	Number: Date:			

J. Total Facility Population

Total Facility In	<u>itake</u> for pr	evious 12 mo	onths

Total ICE Man-days for Previous 12 months

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

M. Average Daily Population

 ICE	USMS	Other	

N. Facility Staffing Level

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 ² , Physical, etc.)	N/A	1/P	1/P	N/A
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	0	1	1	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 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	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	1/O	1/O
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	N/A	N/A	С	С
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	6	10	2	4
	# Resolved in favor of Offender/Detainee	2	0	1	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

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

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

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

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.

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	36.	Use of Force	
38. Detainee Transfer (Added September 2004) Image: Comparison of the september 2004	37.		
	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.	07/18/2019

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:	

'S

	Superior
	Good
\boxtimes	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 Incident Summary Worksheet represents data on all facility detainees; not just ICE detainees. There were no deaths, escapes, serious suicide attempts, hunger strikes, sexual assault allegations, or uses of force involving ICE detainees during the last twelve months. ICE detainees are not charged a medical co-pay.

The facility does not have Tasers. The facility does have 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. When a canine unit comes on grounds they are not used in the presence of ICE detainees. 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.

Form G-324A SIS (Rev. 7/9/07)