

A. Type of Facility Reviewed

ICE Service Processing Center
 ICE Contract Detention Facility
 ICE Intergovernmental Service Agreement

Estimated Man-days Per Year
90,000 - 100,000

B. Current Inspection

Type of Inspection
 Field Office HQ Inspection
Date[s] of Facility Review
10/16/2012 to 10/18/2012

G. Accreditation Certificates

List all State or National Accreditation[s] received:
ACA, NCCHC
 Check box if facility has no accreditation[s]

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
Unknown
Previous Rating
 Meets Standards Does Not Meet Standards

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.

D. Name and Location of Facility

Name
Elizabeth Detention Center
Address (Street and Name)
625 Evans Street
City, State and Zip Code
Elizabeth, New Jersey 07201
County
Union
Name and Title of Facility Administrator
(Warden/OIC/Superintendent)
(b)(6), (b)(7)(c) Warden
Telephone # (Include Area Code)
908-659-6196 (b)(6), (b)(7)(c)
Field Office / Sub-Office (List Office with oversight responsibilities)
Newark
Distance from Field Office
6 Miles

I. Facility History

Date Built
1968 (est.)
Date Last Remodeled or Upgraded
1996
Date New Construction / Bedspace Added
N/A
Future Construction Planned
 Yes No Date: N/A
Current Bedspace
316
Future Bedspace (# New Beds only)
Number: N/A Date: N/A

E. ICE Information

Name of Inspector (Last Name, Title and Duty Station)
(b)(6), (b)(7)(c) CI/Security SME / Nakamoto Group
Name of Team Member / Title / Duty Location
(b)(6), (b)(7)(c) Medical SME / Nakamoto Group
Name of Team Member / Title / Duty Location
(b)(6), (b)(7)(c) Safety/Food Service SME / Nakamoto Group
Name of Team Member / Title / Duty Location
(b)(6), (b)(7)(c) Inspector / Nakamoto Group
Name of Team Member / Title / Duty Location
/ /

J. Total Facility Population

Total Facility Intake for previous 12 months
3758
Total ICE Mandays for Previous 12 months
99,000

K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male	75	217	N/A
Adult Female			

L. Facility Capacity

	Rated	Operational	Emergency
Adult Male	326	326	326
Adult Female	--	--	--
<input type="checkbox"/> Facility holds Juveniles Offenders 16 and older as Adults			

F. CDF/IGSA Information Only

Contract Number
HSCEDM-12-F-00005
Date of Contract or IGSA
Oct 2011
Basic Rates per Man-Day
123.20
Other Charges: (If None, Indicate N/A)
Guard Serv; ; ;

M. Average Daily Population

	ICE	USMS	Other
Adult Male	291	N/A	N/A
Adult Female	1	N/A	N/A

N. Facility Staffing Level

Security: (b)(7)(e) 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.)	Physical	Physical	Physical	Physical
	With Weapon	1	1	0	0
	Without Weapon	5	8	5	3
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	Physical	0	0	0
	With Weapon	0	0	0	0
	Without Weapon	2	0	0	0
Number of Forced Moves, incl. Forced Cell moves ³		0	0	1	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)	0	0	0	0
Number of Times Canines Used in Facility		0	0	0	0
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	30	12	5	6
	# Resolved in favor of Offender/Detainee	4	2	2	3
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	17	25	13	10
	# Psychiatric Cases referred for Outside Care	0	3	3	0

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) (b)(6), (b)(7)(c)	Signature (b)(6), (b)(7)(c)
Title & Duty Location Lead Compliance Inspector/Security SME, The Nakamoto Group, Inc.	Date 10/18/2012

Team Members	
Print Name, Title, & Duty Location (b)(6), (b)(7)(c) Medical SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location (b)(6), (b)(7)(c) Inspector, The Nakamoto Group, Inc.
Print Name, Title, & Duty Location (b)(6), (b)(7)(c) Food-Safety SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location

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

Comments: The Elizabeth Detention Center is operated by Corrections Corporation of America. Although its contract with ICE allows housing both male and female detainees, during the inspection there were no female detainees. The facility houses only ICE detainees. On the second day of the inspection during the 1:00 p.m. population count, there were 61 Level 1 and 214 Level 2 male detainees, for a total of 275. The general population housing units are all dormitory style, and there is a 12-cell Special Management Unit.

There have been no detainee suicide attempts or deaths during the previous 12 months. The facility does not have a medical co-pay requirement.

(b)(7)e The facility does not use (b)(7)e or canines.

A copy of the last annual inspection report, and the dates and results of that inspection, were not available to the inspection team.



U.S. Immigration
and Customs
Enforcement

MEMORANDUM FOR: John Tsoukaris
Field Office Director
Newark Field Office

FROM:

(b)(6), (b)(7)(c)

MAR 27 2013

Assistant Director for Custody Management

SUBJECT: Elizabeth Contract Detention Facility 2012

The annual review of the Elizabeth Contract Detention Facility conducted on October 16-18, 2012 in Elizabeth, NJ has been received. A final rating of **Meets Standards** has been assigned and this review is now closed.

The rating was based on the Lead Compliance Inspector (LCI) Summary Memorandum and supporting documentation. The Field Office Director must initiate the following actions in accordance with the Detention Management Control Program (DMCP):

- 1) The Field Office Director, Enforcement and Removal Operations, shall notify the facility **within** five business days of receipt of this memorandum. Notification shall include copies of the Form G-324 Detention Facility Review Form, the G-324 Worksheet, LCI Summary Memorandum, and a copy of this memorandum.

Should you or your staff have any questions regarding this matter, please contact

(b)(6), (b)(7)(c)

Deputy Assistant Director, Detention Management Division at (202) 732-

(b)(6), (b)(7)(c)

cc: Official File