A. Type of Facility Reviewed	Estimated Man-days Per Year:			
☐ ICE Service Processing Center ☐ ICE Contract Detention Facility				
 ☑ ICE Intergovernmental Service Agreement 	G. Accreditation Certificates			
	List all State or Nation	nal Accre	ditation[s] receiv	ed:
B. Current Inspection	N C 11 100 11		11	
Type of Inspection ☐ Field Office ☐ HQ Inspection	Check box if facility has no accreditation[s]			
Field Office HQ Inspection Date[s] of Facility Review	H. Problems / Comp	laints (C	onies must be a	ttached)
11/6/2018 - 11/8/2018	H. Problems / Complaints (Copies must be attached) 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 9/19/2017 - 9/21/2017	Major Litigation Life/Safety Issues			
Previous Rating	Check if None.			
Superior Good Acceptable Deficient At-Risk	I. Facility History			
D. Name and Location of Facility	Date Built			
Name	Date Last Remodeled	or Upgra	ded	
Clinton County Correctional Facility	Date East Remodered	or oppre	aca	
Address (Street and Name) 58 Pine Mountain Road	Date New Construction	on / Bed s	pace Added	
City, State and Zip Code				
McElhatten, PA 17748	Future Construction Planned			
County	Current Bed space Future Bed space (# New Beds only)			
Clinton Name and Title of Chief Evenutive Officer (Worden/OIC/Sunt)	Current Bed space	Numbe		w Beds only)
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)	L-			
Telephone # (Include Area Code)	J. Total Facility Po			
	Total Facility Intake for	or previou	us 12 months	
Field Office / Sub-Office (List Office with oversight responsibilities) Philadelphia	Total ICE Man-days for Previous 12 months			
Distance from Field Office	Total ICE Man-days for Previous 12 months			
200 miles				
	K. Classification Le	vel (ICE	SPCs and CDF	s Only)
E. ICE Information		L-1		L-3
Name of Inspector (Last Name, Title and Duty Station) / LCI/Safety SME / Nakamoto Group	Adult Male	N/A	N/A	N/A
Name of Team Member / Title / Duty Location	Adult Female	N/A N/A	N/A N/A	N/A N/A
/ Medical SME / Nakamoto Group		IN/A	IN/A	IN/A
Name of Team Member / Title / Duty Location	L. Facility Capacity			
/ Detainee Rights SME / Nakamoto Group		ated	Operational	Emergency
Name of Team Member / Title / Duty Location				
/ Security SME / Nakamoto Group				
Name of Team Member / Title / Duty Location / Medical SME / Nakamoto Group				
/ Wedical Sivile / Nakamoto Group	M. Average Daily Po	onulation	•	
F. CDF/IGSA Information Only	W. Average Daily 1	ICE		Other
Contract Number Date of Contract or IGSA		TOL		
Basic Rates per Man-Day		•		
Other Charges (If None Indicate N/A)	N. Facility Staffing	Level		
Other Charges: (If None, Indicate N/A)	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: Offenders on Offenders ¹	Types (Sexual ² , Physical, etc.)	1/P	N/A	1/P	1/P
	With Weapon	0	0	0	0
	Without Weapon	1	0	1	1
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	1	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	0	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	N/A	N/A	N/A	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	4	7	2	0
	# Resolved in favor of Offender/Detainee	0	0	0	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	2	5	6	1
	# 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	
	nee Services	
5.	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	
12.	Issuance and Exchange of Clothing, Bedding, and Towels	
13.	Marriage Requests	
14.	Non-Medical Emergency Escorted Trip	
15.	Recreation	
16.	Religious Practices	
17.	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.	Detention Files	
24.	Disciplinary Policy	
25.	Emergency Plans	
26.	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	
37.	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.

Lead Compliance Inspector: (Print Name)

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.

Signature

Recommended Rating: Superior Good Acceptable Deficient At-Risk		
Inc.		
, Security SME, The Nakamoto Group,	, Medical SME, The Nakamoto Group, Inc.	
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	
Team Members		
Group, Inc.		
Safety SME, Lead Compliance Inspector, The Nakamoto	11/8/2018	
Title & Duty Location	Date	

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 for ICE detainees only. There were no deaths, serious suicide attempts, hunger strikes or escapes involving ICE detainees during this inspection period. ICE detainees are not charged a medical co-pay.

There were thirteen reported sexual assault allegations reported during this inspection period. Only one involved an ICE detainee who claimed he had been sexually harassed at his previous facility. Of the twelve allegations that did not involve ICE detainees, seven were unfounded, four were unsubstantiated and one was substantiated. Evaluation of the standard was based on review of policy and procedures, logs, curriculum, postings, and training documentation and personnel interviews.

There were two immediate use of force incidents involving an ICE detained during this inspection period. On 1/17/2018 two ICE detainees were fighting. Two officers responded and had to physically separate them. They were restrained and evaluated by medical and placed in segregation status. On 4/30/2018 an ICE detainee created a disturbance and refused to be restrained. He was taken to the ground, restrained and escorted to a cell where he refused to have the restraints removed. After repeated verbal attempts, he complied.

Both incidents received immediate medical attention and after-action reviews. The reviews indicated that the force used in both incidents was necessary and not excessive.

The facility does have Tasers; policy prohibits their use on an ICE detainee. The facility has and uses a restraint chair. Four/five-point restraints are not used at the facility. The facility does not have a canine unit. When a canine unit comes 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.