

**A. Type of Facility Reviewed**

<input type="checkbox"/>	ICE Service Processing Center
<input type="checkbox"/>	ICE Contract Detention Facility
<input checked="" type="checkbox"/>	ICE Intergovernmental Service Agreement

**B. Current Inspection**

Type of Inspection	
<input type="checkbox"/> Field Office	<input checked="" type="checkbox"/> HQ Inspection
Date[s] of Facility Review	
5/29/2019 - 5/31/2019	

**C. Previous/Most Recent Facility Review**

Date[s] of Last Facility Review	
5/30/2018 - 6/1/2018	
Previous Rating	
<input checked="" type="checkbox"/> Meets Standards	<input type="checkbox"/> Does Not Meet Standards

**D. Name and Location of Facility**

Name	Clay County Jail
Address (Street and Name)	611 East Jackson Street
City, State and Zip Code	Brazil, IN 47834
County	Clay
Name and Title of Facility Administrator (Warden/OIC/Superintendent)	
Telephone # (Include Area Code)	
Field Office / Sub-Office (List Office with oversight responsibilities)	Chicago / Indianapolis
Distance from Field Office	240 miles / 40 miles

**E. ICE Information**

Name of Inspector (Last Name, Title and Duty Station)	/ LCI / Detainee Rights 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	/ Security 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:
<input checked="" type="checkbox"/> 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	
<input type="checkbox"/> Court Order	<input type="checkbox"/> Class Action Order
The Facility has Significant Litigation Pending	
<input type="checkbox"/> Major Litigation	<input type="checkbox"/> Life/Safety Issues
<input checked="" type="checkbox"/> Check if None.	

**I. Facility History**

Date Built	
Date Last Remodeled or Upgraded	
Date New Construction / Bedspace Added	
Future Construction Planned	
<input type="checkbox"/> <input checked="" type="checkbox"/> Date:	
Current Bedspace	Future Bedspace (# New Beds only) Number: Date:

**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
Adult Male	NA	NA	NA
Adult Female	NA	NA	NA

**L. Facility Capacity**

	Rated	Operational	Emergency

**M. Average Daily Population**

	ICE	USMS	Other

**N. Facility Staffing Level**

Security:	Support:
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### **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.

<b><i>Incidents</i></b>	<b><i>Description</i></b>	<b>Jan – Mar</b>	<b>Apr – Jun</b>	<b>Jul – Sept</b>	<b>Oct – Dec</b>
Assault: Offenders on Offenders <sup>1</sup>	Types (Sexual <sup>2</sup> , Physical, etc.)	N/A	N/A	N/A	N /A
	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	N/A	N/A	N/A	N/A
	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		0	0	0	0
Disturbances <sup>4</sup>		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.		0	0	0	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	0	0	0	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	2	2	2
	# Psychiatric Cases referred for Outside Care	0	0	1	0

<sup>1</sup> Any attempted physical contact or physical contact that involves two or more offenders

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

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

<sup>4</sup> 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		
<b>PART 1 SAFETY</b>							
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"/>		
<b>PART 2 SECURITY</b>							
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"/>			
<b>PART 3 ORDER</b>							
19	Disciplinary System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>PART 4 CARE</b>							
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"/>			
<b>PART 5 ACTIVITIES</b>							
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>PART 6 JUSTICE</b>							
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"/>			
<b>PART 7 ADMINISTRATION &amp; MANAGEMENT</b>							
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
41	Transfer of Detainees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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### LCI Review Assurance Statement

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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) [REDACTED]	Signature [REDACTED]
Title & Duty Location Lead Compliance Inspector/Detainee Rights SME, The Nakamoto Group, Inc.	Date 5/31/2019

#### Team Members

Print Name, Title, & Duty Location [REDACTED], Medical SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location [REDACTED], Safety SME, The Nakamoto Group, Inc.
Print Name, Title, & Duty Location [REDACTED], Security SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location [REDACTED], Medical SME, The Nakamoto Group, Inc.

**Recommended Rating:**

☒ **Meets Standards**  
☐ **Does Not Meet Standards**

**Comments:** The Significant Summary Worksheet Summary represents data on ICE detainees only. There were no deaths, serious suicide attempts, hunger strikes, allegations of sexual assault or abuse, calculated uses of force or escapes involving ICE detainees during this inspection period. ICE detainees are not charged a medical co-pay.

The facility has Tasers but policy prohibits their use on ICE detainees. The facility has access to the Clay County Sheriff's Office canine unit. If the canine unit is brought into the facility it is not used in the presence of ICE detainees. The facility has a restraint chair but it was not used in this inspection period. Four/five-point restraints are not authorized for use. The chemical agents approved for use is oleoresin capsicum (OC)/pepper spray. The facility does not use or train staff in unsafe types of restraint.