A. Type of Facility Reviewed	Estimated Man-days P	er Year		
☐ ICE Service Processing Center				
☐ ICE Contract Detention Facility				
☐ ICE Intergovernmental Service Agreement				
	G. Accreditation Ce	rtificates		
B. Current Inspection	List all State or Nation		itation[s] recei	ved:
Type of Inspection			, and PREA	
Field Office HQ Inspection	Check box if facility		,	1
Date[s] of Facility Review		.,		<u> </u>
10/16/2018 - 10/18/2018	H. Problems / Comp	olaints (C	onies must be	attached)
10/10/2010	The Facility is under C			
C Provious/Most Decent Facility Devices	Court Order		lass Action Or	
C. Previous/Most Recent Facility Review Date[s] of Last Facility Review				
10/17/2017-10/19/2017	The Facility has Significant Litigation Pending Major Litigation Life/Safety Issues			
Previous Rating	Check if None.			
Meets Standards ☐ Does Not Meet Standards				
Milets Standards Does Not Meet Standards	I. Facility History			
D. Name and Legation of Facility	Date Built			
D. Name and Location of Facility Name				
York County Prison	Date Last Remodeled	or Upgrad	led	
Address (Street and Name)		51 5 8 5 5 5 5		
3400 Concord Road	Date New Construction	n / Bedspa	ace Added	
		ii, zeaspe		
City, State and Zip Code York, PA 17402	Future Construction P	lanned		
County	Date:			
York	Current Bedspace		edspace (# Ne	w Beds only)
Name and Title of Facility Administrator	Carrent Beaspace	Number:		W Deas only)
(Warden/OIC/Superintendent)				
(warden/OTC/Superintendent)	J. Total Facility Po	nulation		
Telephone # (Include Area Code)	Total Facility Intake for		s 12 months	
Telephone # (menude Area Code)		F		
Field Office / Sub-Office (List Office with oversight	Total ICE Mandays fo	r Previous	12 months	
responsibilities)				
Philadelphia				
Distance from Field Office	K. Classification Le	vel (ICE	SPCs and CD	Fs Only)
99 miles		L-1	L-2	L-3
// III.00	Adult Male	N/A	N/A	N/A
E. ICE Information	Adult Female	N/A	N/A	N/A
Name of Inspector (Last Name, Title and Duty Station)			•	•
/ LCI / Detainee Rights SME / Nakamoto Group	L. Facility Capacity	7		
Name of Team Member / Title / Duty Location	R	ated	Operational	Emergency
/ 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	M. Average Daily Po	pulation		
Name of Team Member / Title / Duty Location		ICE	USMS	Other
/ Medical SME / Nakamoto Group				
F. CDF/IGSA Information Only		-		
Contract Number Date of Contract or IGSA	N. Facility Staffing	Level		
	Security:		Support:	
Basic Rates per Man-Day				
1 ,		ı.		
Other Charges: (If None, Indicate N/A)				

Significant Incident Summary Worksheet

For The Nakamoto Group 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.)	S-0 P-3	S-0 P-0	S-0 P-3	S-0 P-2
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	3	0	3	2
Assault:	Types (Sexual Physical, etc.)	S-0 P-1	S-0 P-1	S-0 P-1	S-0 P-1
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	1	1	1	1
Number of Forced Moves, incl. Forced Cell moves ³		5	11	0	5
Disturbances ⁴		0	0	0	0
Number of Times Chemical Agents Used		3	1	1	2
Number of Times Special Reaction Team Deployed/Used		1	1	0	1
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	V-1	N/A	N/A	V-2
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	B-1	N/A	N/A	C-1 B-1
Number of Times Canines Used in Facility		0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		60	107	47	73
Escapes	Attempted	0	0	0	0
-	Actual	0	0	0	0
Grievances:	# Received	245	312	230	317
	# Resolved in favor of Offender/Detainee	103	117	92	41
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	60	107	47	73
	# Psychiatric Cases referred for Outside Care	0	2 referred to Columbia Care	0	0

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

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.

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

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

Title & Duty Location	Date
Lead Compliance Inspector, The Nakamoto Group, Inc.	10/18/2018
Team Members	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
, Security SME, The Nakamoto Group, Inc.	, Safety SME, The Nakamoto Group, Inc.
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
, Medical SME, The Nakamoto Group, Inc.	, Medical SME, The Nakamoto Group, Inc.

Recommended Rating:	⋈ Meets Standards
	■ Does Not Meet Standards

Lead Compliance Inspector: (Print Name)

Comments: This inspection was conducted to determine overall compliance with the ICE Performance Based National Detention Standards (PBNDS 2008) and the Sexual Abuse and Assault Prevention and Intervention and Significant Self Harm and Suicide Prevention and Intervention Standards (PBNDS 2011).

There were no serious suicide attempts or detainee deaths since the previous inspection. There were two substantiated detainee allegations of detainee on detainee sexual assault since the previous annual inspection. Both cases were investigated by the Pennsylvania State Police and referred to the local District Attorney who did not prosecute either case. The perpetrator received internal disciplinary sanctions in both cases.

There were no escapes or serious attempts since the previous inspection. There were thirty uses of force, all immediate, involving ICE detainees during the inspection period. Most were created by refusing direct orders and being non-compliant. Oleoresin capsicum (OC) was applied during seven of the uses of force. During two of the uses of force, Tasers were also used. ICE was notified of each use of force and decontamination and medical attention immediately followed these incidents. No detainees were injured. A review of all of these incidents indicated that force was necessary, appropriate, and not excessive. Canines are not used to control ICE detainees but may be used out of the presence of detainees for contraband detection. The use of choke holds is prohibited.

The data on page two of the Significant Incident Summary Report is for the ICE population only.