| A. Type of Facility Reviewed | Estimated Man-da | ays Per Year | : | | |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------|-----------|------------------|-----------|
| ☐ ICE Service Processing Center ☐ ICE Contract Detention Facility | | | | | |
| ☑ ICE Contract Detention Facinity ☑ ICE Intergovernmental Service Agreement | G. Accreditation | n Certificate | es | | |
| | List all State or N | | | n[s] receiv | ved: |
| B. Current Inspection | ACA Core, NCC | | | | |
| Type of Inspection ☐ Field Office ☐ HQ Inspection | Check box if facility has no accreditation[s] | | | |] |
| Date[s] of Facility Review | H. Problems / C | omplaints (| Copies | must be a | ttached) |
| 2/26/2019 - 2/28/2019 | The Facility is un Court Order | | | Class Action Ord | |
| C. Previous/Most Recent Facility Review | The Facility has S | | | | |
| Date[s] of Last Facility Review | ☐ Major Litigati | on \square | | fety Issue | S |
| 2/21/2018 - 2/23/2018 | Check if Non | e. | | | |
| Previous Rating ☐ Superior ☐ Good ☐ Acceptable ☐ Deficient ☐ At-Risk | I. Facility Hist | ory | | | |
| D N 11 (1 6D 0) | Date Built | • | | | |
| D. Name and Location of Facility Name | | | | | |
| Bergen County Jail | Date Last Remod | eled or Upgr | aded | | |
| Address (Street and Name) | Date New Constr | ruction / Red | space A | dded | |
| 160 South River Street | Date New Consu | uction / Dea | space F | added | |
| City, State and Zip Code Hackensack, NJ 07601 | Future Constructi | ion Planned | | | |
| County | Date: | | | | |
| Bergen | Current Bed space Future Bed space (# New Beds only) | | | | |
| Name and Title of Chief Executive Officer (Warden/OIC/Supt.) | | Numb | er: | Date: | |
| Telephone # (Include Area Code) Field Office / Sub-Office (List Office with oversight responsibilities) | J. Total Facility Population Total Facility Intake for previous 12 months | | | | |
| New York City | Total ICE Man-da | ays for Previ | ous 12 r | nonths | |
| Distance from Field Office | | | | | |
| 10 miles | V Classification | n I aval (ICI | E SDCa | and CDI | Ea Only) |
| E. ICE Information | K. Classification Level (ICE SPCs and CDFs Only) L-1 L-2 L-3 | | | L-3 | |
| Name of Inspector (Last Name, Title and Duty Station) | Adult Male | N/A | | N/A | N/A |
| / LCI/Detainee Rights SME / Nakamoto Group | Adult Female | N/A | | N/A | N/A |
| Name of Team Member / Title / Duty Location | | | | | |
| / Medical SME / Nakamoto Group | | | | | _ |
| Name of Team Member / Title / Duty Location / Safety SME / Nakamoto Group | L. Facility Capa | | | | |
| Name of Team Member / Title / Duty Location | | Rated | Oper | ational | Emergency |
| / Security SME / Nakamoto Group | | | | | |
| Name of Team Member / Title / Duty Location / Medical SME / Nakamoto Group | | | | | |
| / Medical SME / Makamoto Group | M. Average Dai | ily Populatio | m | | |
| F. CDF/IGSA Information Only | Wi. Average Dai | IC | | USMS | Other |
| Contract Number Date of Contract or IGSA | | 10. | Ĭ | CSIVIS | o their |
| | | | | | |
| Basic Rates per Man-Day | | • | 1 | | |
| Other Charges: (If None Indicate N/A) | N. Facility Staf | fing Level | Τ~ | | |
| Other Charges: (If None, Indicate N/A) | Security: | | Suppo | ort: | |
| | | | ┴■ | | |

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.) | P-2 | P-5 | P-10 | S-2, P-12 |
| Offenders on Offenders ¹ | With Weapon | 0 | 0 | 1 | 0 |
| | Without Weapon | 2 | 5 | 9 | 14 |
| Assault: Detainee on | Types (Sexual Physical, etc.) | 0 | S-1, P-1 | P-2 | 0 |
| Staff | With Weapon | 0 | 0 | 0 | 0 |
| | Without Weapon | 0 | 2 | 2 | 0 |
| Number of Forced Moves, incl. Forced Cell moves ³ | | 0 | 0 | 0 | 0 |
| Disturbances ⁴ | | 1 | 1 | 0 | 0 |
| Number of Times Chemical Agents Used | | 4 | 1 | 4 | 0 |
| Number of Times Special Reaction Team Deployed/Used | | 9 | 5 | 6 | 12 |
| # Times Four/Five Point | Number/Reason (M=Medical, V=Violent Behavior, O=Other) | 0 | 0 | 1-M | О |
| Restraints applied/used | Type (C=Chair, B=Bed, BB=Board, O=Other) | C-1 | C-1 | C-2 | C-3 |
| Offender / Detainee Medical Referrals as a result of injuries sustained. | | 2 | 4 | 2 | 4 |
| Escapes | Attempted | 0 | 0 | 0 | 0 |
| | Actual | 0 | 0 | 0 | 0 |
| Grievances: | # Received | 60 | 246 | 90 | 73 |
| | # Resolved in favor of Offender/Detainee | 6 | 104 | 9 | 21 |
| 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 | 20 | 46 | 38 | 59 |
| | # Psychiatric Cases referred for Outside Care | 2 | 2 | 1 | 6 |

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.

| | 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 | | H | <u> </u> | \square | |
| 2. | Group Presentations on Legal Rights | | Н | <u> </u> | Н | |
| 3. | Visitation | | H | <u> </u> | Щ | |
| 4. | Telephone Access | | | | | |
| | nee Services | | | | | |
| 5. | Admission and Release | | Щ | <u> </u> | Щ | |
| 6. | Classification System | | H | <u> </u> | Щ | |
| 7. | Correspondence and Other Mail | | Щ | <u>Н</u> | | |
| 8. | Detainee Handbook | | 닏 | <u> </u> | | |
| 9. | Food Service | | Щ | <u> </u> | Щ | |
| 10. | Funds and Personal Property | | Щ | <u> </u> | | <u>_</u> |
| 11. | Detainee Grievance Procedures | | \Box | <u> </u> | | |
| 12. | Issuance and Exchange of Clothing, Bedding, and Towels | | Щ | <u> </u> | Щ | <u>L</u> |
| 13. | Marriage Requests | | 닏 | <u> </u> | | Ļ |
| 14. | Non-Medical Emergency Escorted Trip | | Щ | <u> </u> | Щ | \boxtimes |
| 15. | Recreation | | Ш | <u>Ц</u> | | |
| 16. | Religious Practices | | Щ | <u>Ц</u> | Ш | |
| 17. | Voluntary Work Program | | Ш | | | |
| | h Services | | | | | |
| 18. | Hunger Strikes | | Щ | <u>Ц</u> | | |
| 19. | Medical Care | \boxtimes | | <u>Ц</u> | | |
| 20. | Suicide Prevention and Intervention | \boxtimes | | | | |
| 21. | Terminal Illness, Advanced Directives and Death | \boxtimes | Ш | Ш | | |
| Securi | ity and Control | | | | | |
| 22. | Contraband | | | | | |
| 23. | Detention Files | \boxtimes | | | | |
| 24. | Disciplinary Policy | \boxtimes | | | | |
| 25. | Emergency Plans | | | | | |
| 26. | Environmental Health and Safety | \boxtimes | | | | |
| 27. | Hold Rooms in Detention Facilities | \square | | | | |
| 28. | Key and Lock Control | \square | | | | |
| 29. | Population Counts | \boxtimes | | | | |
| 30. | Post Orders | | | | | |
| 31. | Security Inspections | \square | | | | |
| 32. | Special Management Units (Administrative Segregation) | \boxtimes | | | | |
| | Special Management Units (Disciplinary Segregation) | \boxtimes | | | | |
| 33. | special Management Cines (Disciplinary Segregation) | | | | | |
| | Tool Control | \boxtimes | | | | |
| 34. | | | | | | \geq |
| 34. 35. | Tool Control | | | | | \triangleright |
| 33. 34. 35. 36. 37. | Tool Control Transportation (Land management) | | | | | |

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 |
| The & Duty Location | Date |
| | |
| Lead Compliance Inspector/Detainee Rights SME, The Nakamoto Group, Inc. | 2/28/2019 |
| Nakamoto Group, me. | |
| Team Members | |
| Print Name, Title, & Duty Location | Print Name, Title, & Duty Location |
| , Safety 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. |
| D | |
| Recommended Rating: Superior Good | |
| ☐ Good ☐ 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 Summary Worksheet Summary represents data on ICE detainees only. There were no serious suicide attempts, escapes or deaths involving ICE detainees during this inspection period. ICE detainees are not charged a medical, dental or mental health co-pay.

There were three sexual assault allegations made by ICE detainees during the inspection period. In one instance an ICE mental health patient alleged that an officer sexually assaulted him during a strip search. A forensic exam was completed and the investigation remains active. There was one sexual abuse allegation in which a detainee alleged inappropriate touching by another detainee. This claim was found not adjudicated because the detainees were released prior to completion of an investigation. One sexual assault allegation during the inspection period was detainee on detainee. A SANE examination was completed and results are pending.

The facility reported that two disturbances took place during the inspection period. On 3/20/2018, six ICE detainees refused to report to work in the kitchen. All were from the same housing unit and collectively refused orders of staff to report to work, stating that because they were no longer receiving special meals while at work, they were refusing to report. All detainees involved received a sanction for refusing and were removed from the kitchen work assignment. On 6/19/2018, a housing unit sergeant reported that several ICE detainees gathered in front of the officer's station demanding that the outdoor recreation yard be opened immediately. The outdoor recreation yard was temporarily closed due to repairs being made to light fixtures on the yard wall. Several orders were given to detainees to disperse and return to their assigned cell, but orders were refused. After several attempts by the sector sergeant to get the detainees to comply, one detainee was observed making a hand gesture to other detainees that resulted in all detainees involved

taking a seat in the dayroom area and refusing to return to their assigned cell. Several staff responded to the housing unit, identified the detainee who appeared to be the leader and escorted him to the special management unit (SMU) without incident. Remaining detainees returned to their assigned cell once the leader was removed from the area.

There was one detainee hunger strike reported since the last inspection. A detainee declared a hunger strike upon admission to the facility on 9/5/2018. He was immediately referred to the medical department and housed and monitored there until 9/12/2018 when he was transferred from the facility by ICE. Review of the relevant records for that hunger strike revealed that all treatment, monitoring and documentation were in accordance with the standard.

There were seventeen immediate use-of-force incidents involving ICE detainees during this reporting period. Nine involved the use of oleoresin capsicum (OC) pepper spray, one four-point restraint of a detainee admitted to a local hospital for psychological evaluation, and seven instances of immediate placement of detainees in a restraint chair to prevent the detainee from harming him/herself or others. Review of all reports indicated that force was applied within guidelines of the standard. The medical evaluations were timely and no detainees were injured. Detainees exposed to chemical agents were immediately decontaminated once brought under control.

The facility does not have tasers. A canine unit is available for use through the Bergen County Sheriff's Office for contraband searches but never in the presence of ICE detainees. The facility does not use or train staff in the use of unsafe types of restraint.