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
B. Current Inspection	List all State or National Accreditation[s] received:
Type of Inspection	
Field Office HQ Inspection	Check box if facility has no accreditation[s]
Date[s] of Facility Review	
5/7/2019 to 5/9/2019	H. Problems / Complaints (Copies must be attached)
	The Facility is under Court Order or Class Action Finding
C. Previous/Most Recent Facility Review	Class Action Order
Date[s] of Last Facility Review	The Facility has Significant Litigation Pending
8/14/2018 to 8/16/2018	☐ Major Litigation ☐ Life/Safety Issues
Previous Rating	Check if None.
☐ Meets Standards ☐ Does Not Meet Standards	
Micets Standards Does Not Weet Standards	I. Facility History
D. Name and Location of Facility	Date Built
Name	
Hudson County Corrections and Rehabilitation Center	Date Last Remodeled or Upgraded
Address (Street and Name)	100
30-35 Hackensack Ave.	Date New Construction / Bedspace Added
City, State and Zip Code	Bute 1 tow Construction / Beaspace 1 tadea
	Future Construction Planned
Kearny, NJ 07032	Date:
County Hudson	Current Bedspace Future Bedspace (# New Beds only)
	Number: Date:
Name and Title of Facility Administrator	Transcr. Buc.
(Warden/OIC/Superintendent)	J. Total Facility Population
Telephone # (Include Area Code)	Total Facility Intake for previous 12 months
Telephone # (menude Area Code)	Town Land Indiana to provide 12 months
Field Office / Sub-Office (List Office with oversight	Total ICE Mandays for Previous 12 months
responsibilities)	Town 120 Manually of 100 110 Modes 12 Modella
New York	
Distance from Field Office	K. Classification Level (ICE SPCs and CDFs Only)
7 Miles	L-1 L-2 L-3
/ Ivilles	Adult Male N/A N/A N/A
E ICE Information	Adult Female N/A N/A N/A
E. ICE Information	Addit I Chiaic IVA IVA
Name of Inspector (Last Name, Title and Duty Station) / LCI / Detainee Rights SME / Nakamoto Group	L. Facility Capacity
Name of Team Member / Title / Duty Location	Rated Operational Emergency
	Rated Operational Emergency
/ Medical SME / Nakamoto Group Name of Team Member / Title / Duty Location	
/ Safety SME / Nakamoto Group	
Name of Team Member / Title / Duty Location	M. Average Daily Population
/ Security SME / Nakamoto Group	
Name of Team Member / Title / Duty Location	ICE USMS Other
/ Medical SME / Nakamoto Group	
F. CDF/IGSA Information Only	NI T
Contract Number Date of Contract or IGSA	N. Facility Staffing Level
	Security: Support:
Basic Rates per Man-Day	
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.)	5P, 2S	6P, 4S	6P,3S	8P, 1S
Offenders on Offenders ¹	With Weapon	0	1	1	0
	Without Weapon	7	9	8	9
Assault:	Types (Sexual Physical, etc.)	0	1P	1P	0
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	0	1	1	0
Number of Forced Moves, incl. Forced Cell moves ³		0	0	0	0
Disturbances ⁴		10	18	21	20
Number of Times Chemical Agents Used		0	0	0	2
Number of Times Special Reaction Team Deployed/Used		7	10	10	13
# 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)	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	67	136	183	100
	# Resolved in favor of Offender/Detainee	8	18	9	10
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	183	0	0	171
	# Psychiatric Cases referred for Outside Care	5	0	0	4

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				
5	Classification System	\boxtimes			
6	Contraband	\boxtimes			
7	Facility Security and Control	\boxtimes			
8	Funds and Personal Property	\boxtimes			
9	Hold Rooms in Detention Facilities				
10	Key and Lock Control				
11	Population Counts				
12	Post Orders		<u> </u>		
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				
	RT 3 ORDER	<u> </u>		_	
19	Disciplinary System				
	RT 4 CARE	5 7			
20	Food Service		Щ		
21	Hunger Strikes				
22	Medical Care				
23	Personal Hygiene				
24	Suicide Prevention and Intervention				
25	Terminal Illness, Advance Directives, and Death				igsqcup
	RT 5 ACTIVITIES				
26	Correspondence and Other Mail	\boxtimes			
27	Escorted Trips for Non-Medical Emergencies				\boxtimes
28	Marriage Requests	\boxtimes			
29	Recreation	\boxtimes			
30	Religious Practices	\boxtimes			
31	Telephone Access	\boxtimes			
32	Visitation	\boxtimes			
33	Voluntary Work Program	\boxtimes			
PA	RT 6 JUSTICE				
34	Detainee Handbook	\boxtimes			
35	Grievance System	\boxtimes			$oxdot \Box$
36	Law Libraries and Legal Material	\boxtimes			
37	Legal Rights Group Presentations	\boxtimes			
PA	RT 7 ADMINISTRATION & MANAGEMENT				
38	Detention Files	\boxtimes			
39	News Media Interviews and Tours	\boxtimes			
40	Staff Training	\boxtimes			
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.

Lead Compliance Inspector: (Print Name)	Signature
Title & Duty Location	Date
Lead Compliance Inspector, The Nakamoto Group, Inc.	5/9/2019

Team Members		
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location	
, Safety SME, The Nakamoto Group, Inc.	, Security 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

Comments: This inspection was conducted to determine overall compliance with the ICE Performance-Based National Detention Standards (PBNDS 2008) and the ICE Performance-Based National Detention Standards (PBNDS 2011) for Sexual Abuse and Assault Prevention and Intervention (41 standards total).

There were no deaths or serious suicide attempts in the facility since the previous inspection. ICE detainees are not charged a medical co-pay. There were seventeen ICE detainee allegations of sexual abuse/assault in the past twelve months. The allegations ranged from sexual harassment to unwanted touching; there was no penetration involved. Fourteen allegations were detainee-on-detainee of which one was substantiated; four unsubstantiated; seven unfounded; and two ongoing. There were three staff-on-detainee allegations; all of which were unsubstantiated.

There have been no escapes or serious attempts from the facility since the previous inspection. Policy prohibits use of unsafe types of force such as choke holds, carotid control holds, and neck restraints. Using batons to apply choke holds, intentional baton strikes to the head, groin, solar plexus, or kidneys and striking a detainee for failure to obey an order are prohibited.

During the inspection period, there was one use-of-force incident involving two ICE detainees who were fighting and refused to stop when ordered. A chemical agent was applied and the fighting stopped. The detainees were immediately decontaminated, evaluated, and treated by medical staff. The incident was reviewed by supervisory and management staff and was found to be appropriate, necessary, and not excessive. The review process was completed within the required timelines and ICE staff were immediately notified via email regarding the incident.

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