

December 9, 2020

TO: [REDACTED]  
Assistant Director for Detention Management

FROM: [REDACTED]  
Lead Compliance Inspector  
The Nakamoto Group, Inc.

SUBJECT: **Annual Inspection of the Allen Parish Public Safety Complex**

The Nakamoto Group, Inc. performed an annual inspection for compliance with the ICE Performance-Based National Detention Standards (PBNDS 2011) of the Allen Parish Public Safety Complex in Oberlin, Louisiana during the period of December 7-9, 2020. This is an IGSA.

The annual inspection was performed under the guidance of [REDACTED], Lead Compliance Inspector. Team members were:

Subject Matter Field	Team Member
Detainee Rights	[REDACTED]
Security	[REDACTED]
Medical Care	[REDACTED]
Medical Care	[REDACTED]
Safety	[REDACTED]

### **Type of Inspection**

This is a scheduled annual inspection that is performed to determine overall compliance with the ICE PBNDS 2011 for Over 72-hour facilities. The facility received a rating of Meet Standards during the December 2019 inspection.

### **Inspection Summary**

The Allen Parish Public Safety Complex is currently accredited by:

- The American Correctional Association (ACA) – No
- The National Commission on Correctional Health Care (NCCHC) – No
- The Joint Commission (TJC) - No
- Prison Rape Elimination Act (PREA) – Yes

### **Standards Compliance**

The following information is a summary of the standards that were reviewed and overall compliance that was determined as a result of the 2019 and 2020 compliance annual inspections:

<b>2019 Annual Inspection</b>	
Meets Standards	39
Does Not Meet Standards	0
Repeat Finding	0
Not Applicable	3

<b>2020 Annual Inspection</b>	
Meets Standards	39
Does Not Meet Standards	0
Repeat Finding	0
Not Applicable	4

The inspection team identified thirteen (13) deficient components in the following five (5) standards:

- Emergency Plans -1
- Staff-Detainee Communication- 2
- Use of Force and Restraints – 2, one of which is a Priority component
- Disciplinary System – 7, one of which is a Priority component
- Correspondence and Other Mail – 1

### **Facility Snapshot/Description**

The Allen Parish Public Safety Complex is owned by Allen Parish and operated under the jurisdiction of the Allen Parish Sheriff's Office. The facility, which is located sixty miles south of Alexandria, Louisiana, houses adult male ICE detainees with a low custody level.

Allen Parish employees provide all services. Detainees are not charged co-pay fees for medical, dental, or mental health services.

The facility is comprised of one building with four general population housing units, as well as one special management unit. Each dormitory has a capacity of 48 detainees. The control room is centrally located among the housing units. The building includes a medical unit and a booking/processing area. All other services are provided in the adjacent facility.

A total of eleven detainees from general population housing units were interviewed by telephone. Limited English proficient (LEP) detainees were interviewed via a telephonic translation service. These interviews were conducted confidentially. No detainees expressed any concerns about their overall treatment. All stated they are treated respectfully by security officers and felt safe. All stated they were offered recreation each day. They all stated the TV's and telephones were in good working order. One detainee expressed concern that his medical condition was not being properly treated. This concern was provided to the medical SME who discussed the issue with medical staff; the detainee was scheduled for a follow-up appointment. Detainees stated the living units were clean and the sinks, toilets, and showers were in good working order.

Several detainees expressed concerns regarding the repetitive nature of the menu, specifically the amount of bread provided as well as portion sizes. A review of the menus revealed that bread is served with each meal, which is in line with the approved menus. A review of the food production worksheets indicated that portions provided are consistent with the nutritionally analyzed and dietitian-approved menus. Based on the information provided, the facility is providing detainees a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.

Detainees reported they had good access to the law library and they understood the grievance procedures.



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None of the detainees interviewed had filed a grievance nor had they contacted the OIG for any reason.

Due to COVID-19, this inspection was conducted remotely. The facility provided the inspection team all requested documentation, photographs, and videos as evidence of practices and procedures within the facility. In addition to these materials, staff was interviewed by the inspection team. All staff interviewed were well versed in facility policy and the requirements of the standards and were responsive to all requests made by the inspection team. Based on the photographs provided, the facility appears to be well-maintained with acceptable sanitation levels in all areas.

The facility has developed a COVID-19 plan to limit exposures/infections. All newly admitted detainees are on cohort status for fourteen days. During the inspection, there were no ICE detainees that had tested positive for the virus.

### **Areas of Concern/Significant Observation**

The inspection team identified two (2) deficient priority components, as below:

#### **Use of Force and Restraints**

**Policy:** Priority component #11 requires (in part) that all use-of-force incidents are documented and reviewed.

**Finding:** A review of the facility use-of-force policy revealed the policy does not address the need to review all uses of force. The single use-of-force incident that occurred during the inspection period was reviewed. The review confirmed that the incident report did not contain any documentation the incident had been reviewed by the after-action review committee.

**Recommendation:** Develop and implement policy and procedures that include the requirement that all use-of-force incidents be fully documented and reviewed. Procedures should include the requirement that the supervisory review and after-action committee reviews be documented and retained in the incident packages.

#### **Disciplinary System**

**Policy:** Priority component #8 requires that incidents are investigated within 24-hours by an officer who had no involvement in the incident.

**Finding:** Facility policy addresses this issue. However, in practice it is not possible to verify that an investigating employee is assigned; the date the investigative employee is assigned, or the date the investigation is completed. A review of completed disciplinary rule violation reports revealed that the forms the facility uses to document the adjudication portion of the disciplinary hearing do not contain any of the above-noted information. The failure to document that an investigative officer was assigned, the date he/she was assigned, and the date the investigation was completed make it impossible to show compliance with this component.

**Recommendation:** Develop procedures to document that an investigative officer is assigned, the date assigned and the date the investigation is completed. The facility should modify existing forms used in the disciplinary process to include the aforementioned information



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The inspection was conducted remotely and inspectors were unable to personally observe practices and procedures within the facility. The inspection team relied upon photographs and/or videos to validate the observation of many standards.

### **Recommended Rating and Justification**

The Lead Compliance Inspector recommends that the facility receive a rating of Meets Standards. The facility complies with the ICE Performance-Based National Detention Standards (PBNDS 2011) unless unobserved practices and conditions are contrary to what was reported to the inspection team. No (0) standards were found Does Not Meet Standard and four (4) standards were Not Applicable (N/A). The remaining thirty-nine (39) standards were found to Meet Standards.

### **LCI Assurance Statement**

The findings of compliance and non-compliance are accurately and completely documented on the G-324 Inspection Form and are supported by documentation in the inspection file. A telephone, call-in out brief was conducted with the facility. In addition to the entire Nakamoto Group Inspection Team, the following participated in the conference call:

- ICE Officials – [REDACTED]

- Facility staff – [REDACTED]

[REDACTED]

[REDACTED], Lead Compliance Inspector

December 9, 2020

Printed Name of LCI

Date