

February 14, 2019

TO: [REDACTED]
Assistant Director for Detention Management

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

SUBJECT: **Annual Inspection of the Allen Parish Detention Facility**

The Nakamoto Group, Inc. performed an annual inspection for compliance with the ICE Performance-Based National Detention Standards (PBNDS 2011) of the Allen Parish Detention Facility in Oberlin, LA during the period of February 12-14, 2019. This is an IGSA facility.

The 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, which is performed to determine overall compliance with the ICE PBNDS 2011 for Over 72 hour facilities. The facility received a previous rating of Meets Standards during the February 2018 inspection.

Inspection Summary

The Allen Parish Detention Facility 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) - No

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 2018 and 2019 PBNDS 2011 annual inspections:

2018 Annual Inspection	
Meets Standards	38
Does Not Meet Standards	1
Repeat Finding	0
Not Applicable	3

2019 Annual Inspection	
Meets Standards	39
Does Not Meet Standards	0
Repeat Finding	0
Not Applicable	3

The inspection team identified twenty-five (25) deficient components in the following eleven (11) standards:

- Environmental Health and Safety – 2
- Searches of Detainees – 1
- Sexual Abuse and Assault Prevention and Intervention – 1
- Special Management Units – 1
- Food Service – 3
- Medical Care – 6, three of which are priority components
- Personal Hygiene – 1
- Significant Self-Harm and Suicide Prevention and Intervention – 1, which is a priority component
- Religious Practices – 7, one of which is a priority component; seven are repeat deficiencies
- Grievance System – 1
- Detainee Transfer – 1, which is a priority component

Facility Snapshot/Description

The Allen Parish Detention Facility is owned by Allen Parish and operated under the jurisdiction of the Allen Parish Sheriff's Office. The facility is physically located sixty miles south of Alexandria, LA.

The physical plant was built in 2005. The facility has four general population housing units of which one is dedicated to ICE detainees. There is one special management unit (SMU) for housing administrative and disciplinary segregation status detainees. All general population housing units are dormitory settings ranging in size from sixteen to sixty beds. The SMU is twelve two-bed cells configuration, which houses all facility detainees worthy of physical separation from the general population. ICE detainees are cloistered; they are not housed or permitted to come in contact with non-ICE detainees.

The compound is a spoke design facility with administrative and support functions in the center hub and five housing unit wings radiating off the center circle. The compound is encircled by a secure perimeter comprised of dual chain link fencing spaced ten foot apart and supplemented with coiled rows of razor ribbon attached to the top of the fence lines. The entire perimeter and the inner facility are under the constant watch of control center deputies monitoring an 81-surveillance camera network. All exterior doors are alarmed and monitored by control center deputies. The perimeter of the compound is not patrolled.

The general population housing unit has a dayroom area with tables/chairs, a television, a bank of telephones, a LexisNexis computer work station, board games and enough showers and wash basins to serve capacity of the unit. All housing unit control centers have direct sight lines into the units. Detainee housing and program areas were maintaining an adequate level of sanitation. Both indoor and outdoor recreation is provided daily to general population status detainees. Detainees were observed participating in board games, watching television and recreating on the outdoor yard. Detainees are not permitted to participate in the voluntary work program.

The atmosphere throughout the facility was relaxed. Adherence to the daily schedule is effortless and detainees seem to have acquired a patina for prompt and obedient compliance with staff commands. Sanitation and cleanliness of the facility was observed to be adequate.

A total of 31 English speaking and LEP detainees were interviewed by the inspectors in open and confidential settings and some using the language line and staff interpreters. They registered no substantive concerns from detainees on health care, treatment by staff, participation in programs and activities, access to ICE or conditions of confinement. Detainees stated that ICE personnel are available and responsive to their requests. LEP detainees stated they have no problem communicating with staff.

Detainee telephone services are provided by Ally Telecom Group. All other services are provided by the Allen Parish employees. The facility does not charge co-pays for medical, mental health or dental care.

Areas of Concern/Significant Observations

The inspection team identified six (6) deficient priority components:

4.3 Medical Care:

Component #3: All facilities shall provide medical staff and enough support personnel to meet these Standards. A staffing plan, which is reviewed at least annually, identifies the positions needed to perform the required services.

Finding: There is no clinical medical authority designated for this facility. There is a designated health services administrator (HSA), a registered nurse, two licensed practical nurses and a part-time mental health provider. The facility has a part-time contracted advanced practice nurse.

Recommendation: The OIC should hire a clinical medical authority for the facility.

Component #4: All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements. Health care personnel only perform duties for which they are credentialed by training, licensure, certification, job descriptions, and/or written standing or direct orders by personnel authorized by law to give such orders.

Finding: The facility does not have a clinical medical authority (CMA) pursuant a written agreement, contract or job description.

Recommendation: The OIC should hire a clinical medical authority for the facility.

Component #47: Each facility shall have a written emergency services plan for the delivery of 24-hour emergency health care.

A plan shall be prepared in consultation with the facility's clinical medical authority or the HSA. The plan will include the following:

- An on-call physician, dentist, and mental health professional, or designee, that are available 24 hours per day;
- A list of telephone numbers for local ambulances and hospital services available to all staff;
- An automatic external defibrillator (AED) will be maintained for use at each facility and accessible to staff;
- All detention and medical staff shall receive cardio pulmonary resuscitation (CPR, AED), and emergency first aid training annually;
- Security procedures that ensure the immediate transfer of detainees for emergency medical care.

Finding: The facility does not have an on-call physician that is available 24 hours a day.

Recommendation: The OIC should ensure an on-call physician is available 24 hours a day.

4.6 Significant Self-Harm and Suicide Prevention and Intervention

Component #1: The facility has a written suicide prevention and intervention program that is reviewed and approved by the clinical health authority, approved and signed by the administrative health authority and Facility Administrator and reviewed annually.

At a minimum, the Program shall include procedures to address suicidal detainees. Key components of this program include:

- Staff training,
- Identification,
- Referral,
- Evaluation,
- Treatment,
- Housing,
- Monitoring,
- Communication,
- Intervention,
- Notification and reporting,
- Review, and
- Debriefing

Finding: The facility does not have a written suicide prevention and intervention program that is reviewed and approved by the CMA, HSA & OIC.

Recommendation: The facility provides an appropriately approved written suicide prevention and intervention program for the facility.

5.5 Religious Practices:

Component #5: A facility religious services coordinator manages and coordinates religious activities for detainees, which are augmented and enhanced by community clergy, contractors, volunteers, and groups that provide individual and group assembly religious services and counseling that the facility religious services coordinator cannot personally deliver.

Finding: The facility has a part-time chaplain and one religious volunteer who visits one day per week. There are no structured religious programs for the detainee population and no group assembly religious services or group counseling for ICE detainees. No documentation was available to support an effort to recruit religious volunteers from the community to meet the needs of a diverse detainee population.

Recommendation: The facility should provide and coordinate religious activities for ICE detainees as provided by the component and augment the program with community clergy, contractors, volunteers and groups that provide individual and group assembly religious services and counseling that the facility religious services coordinator cannot personally deliver.

7.4 Detainee Transfers:

Component #10: Prior to transfer, medical personnel shall provide the transporting officers instructions and, if applicable, medication(s) for the detainee's care in transit. Detainees shall be transferred with, at a minimum, 7 days' worth of prescription medications (TB medications, a 15-day supply) to ensure continuity of care throughout the transfer and subsequent intake process. Medications shall be:

- Placed in a property envelope with the detainee's name and A-number, and appropriate administration instructions, on it,
- Accompany the transfer, and

If unused, be turned over to the receiving medical personnel.

Finding: Transferring detainees are not consistently provided a minimum of seven days' worth of prescription medications and a thirty-day supply of TB/HIV medications, when applicable, as required by the standard. Detainees only transfer with the dosages remaining in their prescribed blister packs.

Recommendation: Transferring detainees should be provided the amount of prescription medications required by the standard.

Recommended Rating and Justification

The Lead Compliance Inspector recommends that the facility receive a rating of Does Not Meet Standards. The facility does not comply with the ICE Performance Based National Detention Standards (PBNDS) 2011. Six Priority components were rated Does Not Meet Standard. No (0) standards were found Does Not Meet Standard and three (3) standards were Not Applicable (N/A). All 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-324A Inspection Form and are supported by documentation in the inspection file. An out brief was conducted at the facility and in addition to the entire Nakamoto Group, Inc. Inspection Team, the following were present:

- ICE Officials – [REDACTED]
- Facility Staff – [REDACTED]

[REDACTED]
[REDACTED], Lead Compliance Inspector February 14, 2019
Printed Name of LCI Date