

January 31, 2019

TO: [REDACTED]  
Assistant Director for Detention Management

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

SUBJECT: **Annual Detention Inspection of the Bossier Parish Corrections Center**

The Nakamoto Group, Inc. performed an annual inspection for compliance with the ICE National Detention Standards (NDS) of the Bossier Parish Corrections Center in Plain Dealing, LA, during the period of January 29-31, 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 NDS for Over 72 hour facilities. The facility was not inspected in 2018.

### **Inspection Summary**

The Bossier Parish Corrections Center 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 annual inspection:

<b>2018 Annual Inspection</b>	
Acceptable	N/A
Deficient	N/A
Repeat Finding	N/A
Not Applicable	N/A

<b>2019 Annual Inspection</b>	
Acceptable	28
Deficient	9
Repeat Finding	0
Not Applicable	2

The inspection team identified one hundred and twenty-two (122) deficient components in the following twenty-five (25) standards:

Access to Legal Materials – 10  
 Admission and Release – 1  
 Classification – 1  
 Correspondence and Other Mail – 3  
 Detainee Handbook – 14  
 Food Service – 17  
 Funds and Personal Property – 1  
 Detainee Grievance Procedures – 1  
 Issuance and Exchange of Clothing Bedding and Towels – 2  
 Recreation – 3  
 Access to Telephones- 2  
 Access to Medical Care – 1  
 Suicide Prevention and Intervention – 1  
 Terminal Illness, Advance Directives and Death – 9  
 Disciplinary Policy - 2  
 Emergency Plans - 6  
 Environmental Health and Safety – 12  
 Key and Lock Control – 8  
 Post Orders – 3  
 Security Inspections – 2  
 Special Management Units (Administrative) – 6  
 Special Management Units (Disciplinary) – 4  
 Tool Control – 8  
 Transportation (Land) – 3  
 Staff/Detainee Communication - 2

### **Facility Snapshot/Description**

The Bossier Parish Corrections Center is located in a rural area near Plain Dealing, Louisiana. The Bossier Parish Sheriff's Office operates three separate and autonomous detention facilities under a central command structure. ICE detainees are housed in the Bossier Medium Security Facility which is a 65,000 square foot facility with a housing capacity of [REDACTED]

[REDACTED] ICE detainees are housed separately from detainees from other jurisdictions in three, eighty-bed dormitories. [REDACTED]

[REDACTED] During the inspection, the facility was housing ICE detainees classified as Low custody.



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The facility began housing ICE detainees on June 11, 2018 [REDACTED]

[REDACTED] This is the first inspection to determine the facility's compliance with the ICE National Detention Standards (NDS). During interviews with facility staff it was apparent that they had little knowledge of the requirements of the Standards but they expressed a willingness to make changes to policy and practice to meet the requirements.

The inspection team visited the housing units multiple times during the inspection observing the living conditions and interviewing detainees in groups and in a private, confidential setting. All detainees stated that they felt safe in the facility and that they were being treated well by facility staff. Several LEP detainees were interviewed in Spanish by a bilingual inspector. A common complaint was the lack of information provided in Spanish and no Spanish programming on the televisions. The facility provides key information on the housing unit kiosks and on a scrolling monitor in the housing units. Much of the information, including the facility handbook, is provided in English only. The OIC stated that steps are being taken to ensure that all information is provided in English and Spanish. The OIC also stated that he has attempted to provide Spanish programming; however, there are no Spanish stations broadcasting in the area and their current system will not pick up stations outside the area.

One detainee was interviewed in Mandarin using the Language Line interpreter. The detainee, who has been in the facility for three months, stated that he feels safe and he had no concerns. He stated that the translation line was used during his medical interview and there is another detainee who speaks English and Mandarin that helps him communicate with staff. He did state that he has not spoken to an ICE officer since he has been in the facility.

Eight detainees expressed medical concerns. The medical SME reviewed their medical records with the nurse and noted that all of their concerns were being addressed appropriately. Two detainees complained of rashes. It was determined that both are being treated and both are scheduled to see a specialist. One detainee complained of a neck mass and his record indicates that he is scheduled for surgery. Another detainee stated that he is suffering from anxiety and depression. A review of his record revealed he is currently receiving antidepressant medication and has a follow-up consult with the Psychologist.

Multiple detainees complained that they do not get access to outdoor recreation on a regular basis and that there is no recreation equipment. There were also complaints regarding recreation in general as the facility does not provide board games or other items for indoor recreation other than television. These concerns are outlined under the Recreation Standard on the G-324. There were no complaints regarding food other than it is sometimes bland. One detainee stated that he had difficulty using the telephone but others stated that they had no issues with the phones and many had contacted their consulate using the speed dial numbers. Several detainees stated that they had difficulty getting the socks and underwear that are provided by the facility. The procedure for obtaining these items was explained to the detainees. It was determined that the lack of information provided in Spanish is the cause of many of the concerns and it is being addressed by the OIC.

The facility does not currently provide a Law Library for ICE detainees. ICE has provided the LexisNexis software and the facility is developing a plan to provide library services and access to legal materials.

Detainees also voiced concerns about having to purchase OTC medications from the commissary. Medical personnel stated that they do not stock OTC medication and detainees must get it from the commissary. The facility does not charge co-pays for medical, mental health or dental care. Health Services and Food Services are provided by Bossier Parish staff.

Detainee telephone services and video visit kiosks are provided via a contract with City TeleCoin.

Sanitation throughout the facility was observed to be good and the atmosphere at the facility was observed to be generally calm with no obvious indicators of high stress.

### **Areas of Concern/Significant Observations**

Nine standards were identified as Deficient.

#### **Access to Legal Materials**

*Policy:* Facilities holding ICE detainees shall permit detainees access to a Law Library, and provide legal materials, facilities, equipment, document copying privileges, and the opportunity to prepare legal documents.

*Finding:* The facility does not have a Law Library available for ICE detainees and has not yet developed a policy or plan for providing ICE detainees access to a Law Library and access to legal materials.

*Recommendation:* A Law Library should be made available and policy established to provide ICE detainees access to legal materials, equipment, document copying privileges, and the opportunity to prepare legal documents in accordance with the requirements of the Standard.

#### **Detainee Handbook**

*Policy:* Every warden will develop a site-specific detainee handbook to serve as an overview of, and guide to, the detention policies, rules, and procedures in effect at the facility. The handbook will also describe the services, programs, and opportunities available through various sources, including the facility, ICE, private organizations, etc. Every detainee will receive a copy upon admission to the facility.

*Finding:* ICE detainees do not receive a copy of the handbook upon admission. The handbook is available only in English on the kiosk. No documentation is available to show that the handbook is being reviewed annually.

*Recommendation:* Issue a copy of the facility handbook to each detainee upon admission. Review the handbook annually and document the review.

*Finding:* The handbook does not clearly outline the methods for classification of detainees or explain each level and the classification appeals process. The handbook does not state when a medical examination will be conducted or describe the facility, housing units, dayrooms, in-dorm activities, and special housing units. Additionally, the handbook does not describe official count times and count procedures, or procedures for religious diets, commissary, law library, barbering program, and religious programming and the hours for recreation. The handbook does not address staff/detainee availability to help during the grievance process or the guarantee against staff retaliation for filing/pursuing a grievance.

*Recommendation:* Incorporate these items into the facility handbook.

#### **Food Service**

*Policy:* Every facility will provide detainees in their care with nutritious and appetizing meals, prepared in accordance with the highest standards.

*Finding:* The facility does not provide job descriptions or documentation on training on equipment, chemical, and safe practices. Additionally, they do not file this information in the non-ICE detainee file.

*Recommendation:* Implement job descriptions for each position and provide documentation of all training of equipment, chemicals and safe practices. This documentation should be filed in the non-ICE detainee file.

*Finding:* A cook supervisor is not on duty when the FSD is off. Current practice is that a Department of Corrections inmate does all of the cooking for the entire facility during the weekends with only limited staff supervision.

*Recommendation:* Provide constant/direct supervision of non-ICE detainee workers preparing and plating food for the detainee population. This can be accomplished by hiring additional food service staff or reassigning current staff to provide constant supervision.

*Finding:* A registered dietitian conducts a complete nutritional analysis of every master-cycle menu planned. A nutritional analysis has not been conducted since 2017 and the current menus are not signed by the dietitian showing that they have been reviewed and contain the appropriate calories for the detainee population. Additionally, there is no kosher meal menu and the facility is feeding religious diets a vegetarian meal without documentation from the dietitian approving the menu.

*Recommendation:* Have the dietitian review and approve the menus and complete a nutritional analysis.

*Finding:* The FSA has not established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.

*Recommendation:* Recipes should be used in the preparation of all meals.

*Finding:* The FSD has the authority to change menu items if necessary, by documenting each substitution, along with its justification. Documentation is not available for food substitutions.

*Recommendation:* Develop a form to document all food substitutions that are approved by the dietitian.

*Finding:* A common fare menu is not available to detainees whose dietary requirements cannot be met on the main line. There is no system in place for kosher meals and meatless meals on Ash Wednesday or Fridays during Lent.

*Recommendation:* Implement a common fare program or certify through the dietitian that the vegetarian menu meets the requirements of the common fare program and offer a meatless meal during Ash Wednesday and on Fridays during Lent.

*Finding:* There is no documentation that hot and cold foods are maintained at the prescribed "safe" temperature(s) while being served. The FSD does not take and document temperatures of food items during preparation and prior to serving.

*Recommendation:* Take and document food temperatures of both hot and cold food items.

*Finding:* Standard operating procedures include weekly inspections of all food service areas, including dining and food-preparation areas and equipment. The FSD states she does daily inspections; however, they are not documented.

*Recommendation:* Document all in-house inspections of the food service department.

*Finding:* Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal. Documentation is not being conducted.

*Recommendation:* Document dishwasher temperatures after each meal.

*Finding:* Staff does not document the results of every refrigerator/freezer temperature check.

*Recommendation:* Document all temperatures of refrigerator/freezers daily.

## **Recreation**

*Policy:* It is ICE policy to provide access to recreational programs and activities to all ICE detainees, to the extent possible, under conditions of security and supervision that protect their safety and welfare.

*Finding:* Dayrooms do not offer sedentary activities, e.g., board games, cards, or television. Any board games, cards, etc. must be purchased by detainees through the commissary program.

*Recommendation:* Provide detainees with board games and other recreational activities for the unit dayroom.

*Finding:* Detainees do not have access to recreation activities outside the housing units for at least one hour daily, five days a week. Policy and past practice revealed detainees will receive three hours per week. The facility is trying to adhere to the standard but must consider inclement weather and staffing.

*Recommendation:* Allow detainees to receive one hour per day out of the unit recreation by reassigning staff to provide coverage and look at whether detainees can go outside in temperatures below 35 degrees.

*Finding:* The facility does not provide detainees in the SHU at least one hour of outdoor recreation time daily, five times per week.

*Recommendation:* Allow ICE detainees housed in the SHU to receive one hour of outdoor recreation daily, five days a week, weather permitting.

## **Terminal Illness, Advance Directives and Death**

*Policy:* All facilities housing ICE detainees shall have policies and procedures addressing the issues of terminal illness or injury, medical advanced directives, and detainee death, to include the procedures to ensure proper notification is provided to ICE officials, family members and other interested parties in the event of a detainee becoming terminally ill or injured or death of a detainee occurs. In addition, the policy will cover procedures to be taken if the death of a detainee occurs while in transit.

*Finding:* The facility does not have guidelines addressing the State Advanced Directive Form for Implementing Living Wills and Advanced Directives. The facility has no policy and procedure addressing “Do Not Resuscitate Orders” to include notification of local ICE representative. The facility has no policy and procedure addressing organ donation by detainees. The facility has no policy and procedure to notify ICE officials, deceased’s family members and consulates, when a detainee dies while in service. The facility has no policy and procedure to address the death of detainee while in transport. The facility has no policy and procedure to address the performance of autopsy, obtaining death certificate and local transportation of the body.

*Recommendation:* The facility must establish guidelines for detainees to address the State Advanced Directive Form for Implementing Living Wills and Advanced Directives. These guidelines must provide the detainee the opportunity to have a private attorney prepare the documents. The facility must establish a policy and procedure addressing “Do Not Resuscitate Orders” to include the order in the medical records that the detainee will receive maximal therapeutic effort short of resuscitation. The facility must establish a policy and procedure addressing organ donation by detainees. The facility must establish a policy and procedure to notify ICE officials, family members and consulates, when a detainee dies while in Service.

The facility must establish a policy and procedure to address the death of a detainee while in transport. The facility must establish a policy and procedure to address the performance of autopsy, obtaining death certificates and local transportation of the body.

## **Emergency Plans**

*Policy:* All facilities holding ICE detainees will respond to emergencies with a predetermined standardized plan to minimize the harming of human life and the destruction of property. It is recommended that SPCs and CDFs enter into agreement by MOU with federal local and state agencies to assist in times of emergency.

*Finding:* Emergency plans do not address confidentiality, copies and storage locations of plans or annual reviews and revisions of plans. Emergency plans do not include a comprehensive general section with procedures for most situations. Hostage policy and training does not include instruction to disregard instructions from staff hostages. There are no procedures listed for medical or psychological screenings after release of hostages. There are no emergency plans for medical treatment for staff or detainees during or after an incident. Emergency plans do not include written directions to identify locations of shut-off valves and switches for utilities. Emergency plans do include written procedures for work/food strikes, civil disturbances, internal searches, facility evacuation or detainee transportation.

*Recommendation:* Develop and implement comprehensive emergency plans as required by the standard. Review plans annually and specify their confidential nature. Add language to existing emergency plans to disregard instructions from staff hostages and require medical screening during and after emergency situations. Add an addendum to emergency plans citing locations for utility shutoffs.

## **Environmental Health and Safety**

*Policy:* Every facility will control flammable, toxic, and caustic materials through a hazardous materials program. The program will include, among other things, the identification and labeling of hazardous materials in accordance with applicable standards (e.g. National Fire Protection Association [NFPA]); identification of incompatible materials and safe-handling procedures.

*Finding:* The food service department does not maintain an inventory of chemicals in the area. SDS binders are in each work area; however, in the food service department they are not always accessible to detainee workers. Training for non-ICE detainee workers on chemicals and safety issues are not documented. Aerosol cans were found in the secure portion of the facility, in food service, where detainees had access to them. There were no inventory logs kept on the number of cans or a flammable storage cabinet in food service. Additionally, documentation was not available to support that all detainees received training on the use of hazardous or caustic materials. The facility has not had their fire prevention control plan reviewed and approved by the local fire department and fire drills are not conducted monthly as required by the Standard. The facility does not offer a barbering program supervised by staff. The OIC indicated they are under a Federal court order not to cut hair. They currently sell hair clippers in the commissary that detainees may purchase to cut their own hair. Indigent detainees must borrow clippers from other detainees to cut their hair. During the inspection, items that could propose a security risk were inventoried and one inventory was incorrect for a two-month period. The facility did not have any spill kits available for use in case of an emergency spill.



*Recommendation:* Develop and document all training, inventory logs, and a barbering program. In addition, ensure that the fire evacuation plan is approved, and fire drills are conducted, items that may present a security risk are accurately inventoried, and spill kits are available as required by the standard.

### **Key and Lock Control**

*Policy:* It is the policy of the ICE Service to maintain an efficient system for the use, accountability and maintenance of all keys and locks.

*Finding:* The facility's key control policy does not address the issue of compromised keys and locks. There is no inventory maintained for keys, locks and locking devices and keys are not physically counted daily. Facility key rings do not retain a tag that cites the number of keys and key rings are not secured in a way that keys cannot be removed from the ring. There is no preventive maintenance program being followed or documented. The maintenance staff repairing locks and locking devices has not attended a locksmith training program. The facility does not use a key accountability system as required by the standard. Nor do they have an operational keyboard.

*Recommendation:* Develop and implement a key accountability procedure that includes identifying the number of keys on the key ring, inventory of keys, locks and locking devices, preventive maintenance and securing key rings so that keys cannot be removed, as required by the standard. All keys should be stored in a secure location on an operational keyboard.

### **Tool Control**

*Policy:* It is the policy of all facilities that all employees shall be responsible for complying with the tool control policy. The Maintenance Supervisor shall maintain a computer generated or typewritten Master Inventory list of tools and equipment and the location in which tools are stored. These inventories shall be current, filed and readily available for tool inventory and accountability during an audit.

*Finding:* There is no individual employee who is responsible for developing and monitoring a tool accountability system. A review of the facility's tool control policy revealed that there is no written procedure or expected practice for the regular inventory of tools with set minimum timelines, or a procedure in place to ensure that all tools are marked and readily identifiable. The facility has not established a tool classification or tool storage system. Though the tool control policy requires contract repair workers and maintenance workers to submit tool inventories prior to admittance into or departure from the facility, on-site interviews with maintenance staff and the OIC indicated inventories were not submitted to the facility or maintained with the tools that were brought in to complete repairs. The facility has no policy or procedure for lost or stolen tools. There are no procedures for handling of broken or worn out tools.

*Recommendation:* Identify a tool control officer to oversee, develop and implement a tool accountability procedure that includes a tool classification and storage system which designates set intervals for physical inspection and control of tools being brought into or being taken out of the facility, as required by the standard.

### **Recommended Rating and Justification**

The Lead Compliance Inspector recommends that the facility receive a rating of Deficient. The facility does not comply with the ICE National Detention Standards (NDS) for Over 72 hour facilities as evi-





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denced by nine (9) Standards found to be Deficient. Two (2) standards were Not Applicable (N/A). All remaining twenty-eight (28) standards were found to be Acceptable.

### **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. 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]  
[REDACTED] (telephonically)
- Facility Staff – [REDACTED]  
[REDACTED]

[REDACTED]

[REDACTED], Lead Compliance Inspector

January 31, 2019

Printed Name of LCI

Date