| A. Type of Facility Reviewed                          | Estimated Man-days Pe     | er Year    |                  |      |            |
|---|---------------------------|------------|------------------|------|------------|
| ☐ ICE Service Processing Center                       |                           |            |                  |      |            |
| ☐ ICE Contract Detention Facility                     |                           |            |                  |      |            |
| <b>ICE Intergovernmental Service Agreement</b>        |                           |            |                  |      |            |
|   | G. Accreditation Cer      | rtificates | 3                |      |            |
| B. Current Inspection                                 | List all State or Nationa | al Accreo  | ditation[s] rece | ived | :          |
| Type of Inspection                                    |                           |            |                  |      |            |
| Field Office HQ Inspection                            | Check box if facility     | ty has no  | accreditation    | [s]  |            |
| Date[s] of Facility Review                            |                           |            |                  |      |            |
| 2/12/2019 - 2/14/2019                                 | H. Problems / Comp        | laints (   | Copies must b    | e at | tached)    |
|   | The Facility is under C   | ourt Ord   | er or Class Ac   | tion | Finding    |
| C. Previous/Most Recent Facility Review               | ☐ Court Order             |            | Class Action O   |      | _          |
| Date[s] of Last Facility Review                       | The Facility has Signifi  | icant Liti | gation Pendin    | g    |            |
| 2/21/2018 - 2/23/2018                                 | ☐ Major Litigation        |            | ife/Safety Issu  | ies  |            |
| Previous Rating                                       | Check if None.            |            |                  |      |            |
| ☐ Meets Standards ☐ Does Not Meet Standards           |                           |            |                  |      |            |
| Mirecto Standards Does 110t Meet Standards            | I. Facility History       |            |                  |      |            |
| D. Name and Location of Facility                      | Date Built                |            |                  |      |            |
| Name  |                           |            |                  |      |            |
| Allen Parish Detention Facility                       | Date Last Remodeled of    | or Upgra   | ded              |      |            |
| Address (Street and Name)                             |                           | 10         |                  |      |            |
| 7340 Hwy 26 West                                      | Date New Construction     | ı / Bedsp  | ace Added        |      |            |
| City, State and Zip Code                              |                           | •          |                  |      |            |
| Oberlin, LA 70655                                     | Future Construction Pl    | anned      |                  |      |            |
| County  | Date:                     |            |                  |      |            |
| Allen Parish  | Current Bedspace          | Future 1   | Bedspace (# N    | ew E | Beds only) |
| Name and Title of Facility Administrator              |                           | Number     |                  |      | • •        |
| (Warden/OIC/Superintendent)                           |                           |            |                  |      |            |
| (Warden Grey Supermentality)                          | J. Total Facility Pop     | ulation    |                  |      |            |
| Telephone # (Include Area Code)                       | Total Facility Intake for |            | is 12 months     |      |            |
|   |                           | _          |                  |      |            |
| Field Office / Sub-Office (List Office with oversight | Total ICE Mandays for     | Previou    | s 12 months      |      |            |
| responsibilities)                                     |                           |            |                  |      |            |
| New Orleans / Oakdale                                 |                           |            |                  |      |            |
| Distance from Field Office                            | K. Classification Lev     | el (ICE    | SPCs and C       | DFs  | Only)      |
| 200 miles / 10 miles                                  |                           | L-1        | L-2              |      | L-3        |
|   | Adult Male                | N/A        | N/A              |      | N/A        |
| E. ICE Information                                    | Adult Female              | N/A        | N/A              |      | N/A        |
| 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           | Ra                        | ted        | Operational      | E    | Emergency  |
| / Medical SME / Nakamoto Group                        |                           |            | _                |      |            |
| Name of Team Member / Title / Duty Location           |                           |            |                  |      |            |
| / Safety SME / Nakamoto Group                         |                           | ·          |                  |      |            |
| Name of Team Member / Title / Duty Location           |                           |            |                  |      |            |
| / Security SME / Nakamoto Group                       | M. Average Daily Po       | pulation   | l                |      |            |
| Name of Team Member / Title / Duty Location           |                           | ICE        | USMS             | ;    | Other      |
| / Medical SME / Nakamoto Group                        |                           |            |                  |      |            |
| ·   |                           | T          |                  |      |            |
| F. CDF/IGSA Information Only                          |                           |            |                  | 1    |            |
| Contract Number Date of Contract or IGSA              | N. Facility Staffing I    | Level      |                  |      |            |
|   | Security:                 |            | Support:         |      |            |
| Basic Rates per Man-Day                               |                           |            |                  |      |            |
|   | L-                        | l l        |                  |      |            |
| 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 <sup>2</sup> , Physical, etc.)                                 | N/A       | N/A       | N/A        | N/A       |
| Offenders on Offenders <sup>1</sup>  | With Weapon  | 0         | 0         | 0          | 0         |
|  | Without Weapon   | 0         | 0         | 0          | 0         |
| Assault:   | Types (Sexual Physical, etc.)  | N/A       | N/A       | N/A        | N/A       |
| Detainee on<br>Staff   | With Weapon  | 0         | 0         | 0          | 0         |
|  | Without Weapon   | 0         | 0         | 0          | 0         |
| Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>                   |  | 0         | 0         | 0          | 0         |
| Disturbances <sup>4</sup>  |  | 0         | 0         | 0          | 0         |
| Number of Times Chemical<br>Agents Used  |  | 0         | 0         | 0          | 0         |
| Number of Times Special<br>Reaction Team<br>Deployed/Used                      |  | 0         | 0         | 0          | 0         |
| # Times Four/Five Point  | Number/Reason (M=Medical,<br>V=Violent Behavior, O=Other)                    | 0         | 0         | 0          | 0         |
| Restraints applied/used  | Type (C=Chair, B=Bed, BB=Board, O=Other)                                     | N/A       | N/A       | N/A        | N/A       |
| Number of Times Canines<br>Used in Facility                                    |  | 0         | 0         | 0          | 0         |
| Offender / Detainee Medical<br>Referrals as a result of<br>injuries sustained. |  | 0         | 0         | 0          | 0         |
| Escapes  | Attempted  | 0         | 0         | 0          | 0         |
|  | Actual   | 0         | 0         | 0          | 0         |
| Grievances:  | # Received   | 0         | 0         | 0          | 0         |
|  | # Resolved in favor of<br>Offender/Detainee                                  | 0         | 0         | 0          | 0         |
| Deaths   | Reason (V=Violent, I=Illness,<br>S=Suicide, A=Attempted<br>Suicide, O=Other) | N/A       | N/A       | N/A        | N/A       |
|  | Number   | 0         | 0         | 0          | 0         |
| Psychiatric / Medical<br>Referrals   | # Medical Cases referred for<br>Outside Care                                 | 0         | 0         | 0          | 0         |
|  | # Psychiatric Cases referred for<br>Outside Care                             | 0         | 0         | 0          | 0         |

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   |             |   |   | $\vdash \vdash \vdash$ |
| 13  | Searches of Detainees   |             |   |   | $\vdash \vdash \vdash$ |
| 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   | <b>5</b> 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  | $\boxtimes$ |   |   | $\Box$                 |
| 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/Detainee Rights SME, The | 2/14/2019                              |
| Nakamoto Group, Inc.                               |  |
| Team Members                                       |  |
| Print Name, Title, & Duty Location                 | Print Name, Title, & Duty Location     |
| , Medical SME, The Nakamoto Group, Inc.            | , Safety SME, The Nakamoto Group, Inc. |
| Print Name, Title, & Duty Location                 | Print Name, Title, & Duty Location     |

| Recommended Rating: | ☐ Meets Standards                |
|---------------------|----------------------------------|
|                     | <b>☐</b> Does Not Meet Standards |

Security SME, The Nakamoto Group, Inc.

Comments: This inspection was conducted to determine overall compliance with the ICE Performance-Based National Detention Standards 2011 (42 standards), which include the following additions/changes to the standards listed on page three:

- Medical Care (Women), a new standard, was rated N/A;
- Classification System is now titled Custody Classification System;
- Suicide Prevention and Intervention is now titled Significant Self-Harm and Suicide Prevention and Intervention;
- Escorted Trips for Non-Medical Emergencies is now titled Trips for Non-Medical Emergencies;
- News Media Interviews and Tours is now titled Interviews and Tours, and;
- Transfer of Detainees is now titled Detainee Transfers

The figures on page one and page two of this SIS report only represent ICE detainees. There were no deaths, serious suicide attempts, hunger strikes, sexual assault allegations, uses of force or escapes involving ICE detainees during the inspection period. ICE detainees are not charged a medical co-pay.

The facility does not have Tasers or a restraint chair. Four/five-point restraints are not used at the facility. The facility does have a canine unit. When a canine unit comes on grounds they are not used in the presence of ICE detainees. The facility does not use chemical agents and it does not train staff on unsafe restraint holds.

Medical SME, The Nakamoto Group, Inc.