A. Type of Facility Reviewed ICE Service Processing Center	Estimated Man-da	ys Per Year	:		
☐ ICE Contract Detention Facility					
☐ ICE Intergovernmental Service Agreement	G. Accreditation			F - 1 · · · · · ·	J.
B. Current Inspection	List all State or Na Louisiana DOC B		eaitati	on[s] receiv	vea:
Type of Inspection	Check box if f		o accr	editation[s]
Field Office HQ Inspection				<u> </u>	
Date[s] of Facility Review	H. Problems / Co				
1/29/2019 - 1/31/2019	The Facility is und			Class Action Ord	
C. Previous/Most Recent Facility Review					iei
Date[s] of Last Facility Review	The Facility has Significant Litigation Pending Major Litigation Life/Safety Issues				
Unknown	☐ Check if None			•	
Previous Rating Superior Good Acceptable Deficient At-Risk					
Superior Good Acceptable Deficient At-Risk	I. Facility Histo	ory			
D. Name and Location of Facility	Date Built				
Name	Date Last Remode	eled or Ungr	aded		
Bossier Parish Corrections Center		or oppr			
Address (Street and Name) 2984 Old Plain Dealing Road	Date New Constru	iction / Bed	space	Added	
City, State and Zip Code					
Plain Dealing, LA 71064	Future Construction Planned				
County	Current Bed space Future Bed space (# New Beds only)				
Bossier Parish Name and Title of Chief Executive Officer (Warden/OIC/Supt.)	Current Bed space	Numb		Date:	W Beds omy)
Name and Title of Chief Executive Officer (Waldely Olc/Supt.)	-		_		
Telephone # (Include Area Code)	J. Total Facility				
	Total Facility Intal	<u>ke</u> for previo	ous 12	months	
Field Office / Sub-Office (List Office with oversight responsibilities) New Orleans	Total ICE Man-da	ve for Provid	oue 12	months	
Distance from Field Office	Total ICE Mail-da	ys 101 1 1 CVI	ous 12	monuis	
350 Miles					
	K. Classification			s and CDI L-2	
E. ICE Information	4.1.3.5.1		L-1		L-3
Name of Inspector (Last Name, Title and Duty Station) / LCI/ Detainee Rights SME / Nakamoto Group	Adult Male Adult Female	N/A N/A		N/A N/A	N/A N/A
Name of Team Member / Title / Duty Location	Adult Felliale	IN/A		N/A	IN/A
/ Medical SME / Nakamoto Group					
Name of Team Member / Title / Duty Location	L. Facility Capac	eity			
/ Safety SME / Nakamoto Group		Rated	Ope	rational	Emergency
Name of Team Member / Title / Duty Location					
/ Security SME / Nakamoto Group Name of Team Member / Title / Duty Location					
/ Medical SME / Nakamoto Group					
· · · · · · · · · · · · · · · · · · ·	M. Average Dail	v Populatio	n		
F. CDF/IGSA Information Only	iiiv iiiyerage zan	ICI		USMS	Other
Contract Number Date of Contract or IGSA					
Pagia Pata par Man Day					
Basic Rates per Man-Day	NT TO 130, Ct 00				
Other Charges: (If None, Indicate N/A)	N. Facility Staff	ing Level	C	nort:	
Sant Sant Ser (II 1 one, indicate 1 (11)	Security:		Sup	port:	
	L E				

Significant Incident Summary Worksheet

For Nakamoto 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.)	0	0	0	0
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	0	0	1	2
Assault:	Types (Sexual Physical, etc.)	0	0	0	0
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	0	0	0	1
Number of Forced Moves, incl. Forced Cell moves ³		0	0	0	0
Disturbances ⁴		0	0	0	0
Number of Times Chemical Agents Used		0	0	0	0
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# 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
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	0	0	0	0
	# Resolved in favor of Offender/Detainee	0	0	0	0
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	0	0	29	27
	# Psychiatric Cases referred for Outside Care	0	0	0	0

Any attempted physical contact or physical contact that involves two or more offenders

Form G-324A SIS (Rev. 7/9/07)

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.

	CE Detention Standards Review Summary Report	
	ceptable 2. Deficient 3. At Risk 4. Repeat Finding 5. Not Applicable	
Legal	Access Standards	1. 2. 3. 4. 5.
1.	Access to Legal Materials	
2.	Group Presentations on Legal Rights	
3.	Visitation	
4.	Telephone Access	
Detair	nee Services	
5.	Admission and Release	
6.	Classification System	
7.	Correspondence and Other Mail	
8.	Detainee Handbook	
9.	Food Service	
10.	Funds and Personal Property	
11.	Detainee Grievance Procedures	
12.	Issuance and Exchange of Clothing, Bedding, and Towels	
13.	Marriage Requests	
14.	Non-Medical Emergency Escorted Trip	
15.	Recreation	
16.	Religious Practices	
17.	Voluntary Work Program	
Healtl	Services	
18.	Hunger Strikes	
19.	Medical Care	
20.	Suicide Prevention and Intervention	
21.	Terminal Illness, Advanced Directives and Death	
Securi	ty and Control	
22.	Contraband	
23.	Detention Files	
24.	Disciplinary Policy	
25.	Emergency Plans	
26.	Environmental Health and Safety	
27.	Hold Rooms in Detention Facilities	
28.	Key and Lock Control	
29.	Population Counts	
30.	Post Orders	
31.	Security Inspections	
32.	Special Management Units (Administrative Segregation)	
33.	Special Management Units (Disciplinary Segregation)	
34.	Tool Control	
35.	Transportation (Land management)	
36.	Use of Force	
37.	Staff / Detainee Communication (Added August 2003)	
38.	Detainee Transfer (Added September 2004)	

All findings (Deficient and At-Risk) require written comment describing the finding and what is necessary to meet compliance.

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.	1/31/2019
Team Members	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
, Safety SME, The Nakamoto Group, Inc.	, Medical SME, The Nakamoto Group, Inc.
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
, Security SME, The Nakamoto Group, Inc.	, Medical SME, The Nakamoto Group, Inc.
	<u> </u>
Recommended Rating: Superior	
Good	
Acceptable	
□ Deficient	
At-Risk	

Comments: The Sexual Abuse and Assault Prevention and Intervention Standard was inspected during this inspection but is not referenced in the Standards Review Summary Report. The Standard was rated as Meets Standard for this inspection. There were no sexual abuse or assault allegations during this inspection period.

There were no deaths or suicide attempts by an ICE detainee during this inspection period. There were no hunger strikes.

There was one immediate use of force incident involving an ICE detainee during this inspection period. All documentation for this incident was reviewed as part of this inspection. The deputies restrained a detainee who had assaulted a staff member and placed him in handcuffs. No chemical agents or Tasers were used and there were no staff or detainee injuries. The after-action review indicated staff followed policy.

The facility authorizes the use of Tasers by trained certified staff. Oleoresin capsicum/pepper spray is authorized for use on ICE detainees by trained staff members. Some staff were observed carrying OC/CN chemical restraint, Freeze + P. The facility authorizes use of this product which is not authorized by the standard. They are currently transitioning to all OC spray and will discontinue Freeze+P once the transition is complete.

The sheriff's department has canine units for drug detection but they have not been used during this inspection period. If they are used in the future, they would not be used in the presence of detainees. A deputy armed with a shotgun with less than lethal rounds,

beanbags, is posted outside the facility recreation yard on an observation platform during periods when detainees are in the outdoor recreation yard. There were no escapes or escape attempts during this inspection period.