East Feliciana Parish Prison P. O. Box 207 Clinton, Louisiana 70722

Modification No. 04 IGSA A/DLS-92-6112

This modification number 04 to Intergovernmental Service Agreement A/DLS-92-6112 makes the following changes, effective 10/01/96:

- A. The Agreement number is hereby changed from A/DLS-92-6112 to ACB-7-I-0040.
- B. The new Contracting Officer name and address are as follows:

Roger E. Fregeau, Contracting Officer
U. S. Immigration & Naturalization Service
70 Kimball Avenue
South Burlington, Vermont 05403-6813
Telephone No.

C. The new Payment address on page 4 of the Agreement is as follows:

U. S. Immigration & Naturalization Service
70 Kimball Avenue
South Burlington, Vermont 05403-6813
Attn: Finance
Telephone No. (802) 660-1127

For the INS:

Roger E. Fregeau
Contracting Officer
Immigration & Naturalization Service
70 Kimball Avenue
South Burlington, VT 05403-6813

Date: 12/16/96

SENT BY: 9	-13-95 ; 14:43	; ADM CTR	DLS-ROCAP→	80266	60 5148 :# 7 /10
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Dallas, TX 75247	•	Oakdale, LA		-
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P.O. Box 207			9B. DATED (SEI	E ITEM 11)
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The above numbered solicitation is amended as a	et forth in Item 14. The	hour and date specified for re	ecaipt of Offers	is extended, is not ex
fers must acknowledge receipt of this amendment p	rior to the hour and date	specified to the solicitation	or as amanded by one	of the following methods:
By completing Items 8 and 15, and returning	copies of the amend	ment: (b) By acknowledging	g receipt of this amend	lment on each copy of the offe
bmitted; or (c) By separate letter or telegram whice	Ir includes a reference to	the solicitation and amendm	ent numbers. FAILUR	IE OF YOUR ACKNOWLEDG
ENT TO BE RECEIVED AT THE PLACE DESIGN. I REJECTION OF YOUR OFFER. If by virtue of	this amendment you desi	ire to change an offer aiready	submitted, such chan	ge may be made by telegram of
tter, provided each telegram or letter makes referenc		this amendment, and is recei	ved prior to the openin	g hour and date specified.
ACCOUNTING AND APPROPRIATION DATA (I	f required)	tout	./ ./	ROBILO
	approx 10	EORODAI 1)-25-6	71.	Xmade
		OFFICATIONS OF CONT		•
IT MODIFIES TO A. THIS CHANGE ORDER IS ISSUED PURSUATION. IN ITEM 10A.	HE IGSA	AS DESCRIBE	D IN 11 EM 14. ORTH IN ITEM 14 A	RE MADE IN THE CON-
TRACT ORDER NO. IN ITEM 10A.				
P. THE ABOVE NUMBERED CONTRACT/095	SER IS MODIFIED TO E	PEEL ECT THE ADMINISTS	DATIVE CHANGES (*)	ush as shanges in naving affles
B. THE ABOVE NUMBERED CONTRACT/ORE appropriation date, etc.) SET FORTH IN ITE	M 14, PURSUANT TO T	HE AUTHORITY OF FAR	43.103(b).	de committee in paying office,
C. THIS SUPPLEMENTAL AGREEMENT IS EN	TERED INTO PURSUA	NT TO AUTHORITY OF:		
X THE AGREEMENT				
D. OTHER (Specify type of modification and au	thority)	Ť	··-	
			······································	
IMPORTANT: Contractor is not,	is required to sign th	is document and return	2 conies to	the issuing office
DESCRIPTION OF AMENOMENT/MODIFICATION	,		•	
Effective 10/03/94 IGSA/DLS-92-				
Firective 10/00/94 165M/DE3-92-	OTIT IN LIONILIE	THITTH METALLION OF	TAMPANDO 10	HE A GO TOTTOWS!
"A minimum of three nutritional	ly balanced mea	ls in a 24-hour u	period for eac	ch detainee.
No fewer than 1,500 calories to	tal per 24 hour	s and if detention	on exceeds for	ır (4) days,
no fewer than 2,400 calories pe	r day thereafte	er. There will a	lso be no more	e than 14
hours between meals."				
		_	-	
ept as provided herein, all terms and conditions of ti	na document referenced i	in Item 9A or 10A, as hereto	fore changed, remains	unchanged and in full force
effect NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE O		-
T.R. "Randy" Maglone, Sheriff		ARTHUR S. COOPE	R III .	
CONTRACTOR/OFFEROR	15C DATE SIGNED		· · · · · · · · · · · · · · · · · · ·	16C, DATE SIGNED
of Mala	11/16/94	ov (ATTO)	200 -1005	12/1/94
(Signature of person authorized to sign)	- '/' ' '	(Signature of	Contracting Officer)	

INTERGOVERNMENTAL SERVICE AGREEMENT

FURPOSE

The purpose of this Intergovernmental Service Agreement is to establish a formal binding relationship between the United States, immigration and Naturalization Service (hereafter referred to as the "Service") and the East Felicians Parish Prison (hereafter referred to as the "Provider") for the long term detention and care of Mariel Cuban aliens and aliens of other nationalities (hereafter referred to as "Detainees").

SUPPORT MEDICAL SERVICES AND GUARD SERVICES

The Provider agrees to accept and provide for the secure custody, care, and safekeeping of detainees in accordance with the State and local laws, standards, policies, procedures, or court orders applicable to the operations of the facility.

The Provider agrees to provide INS detainees with the same level of medical care and services as provided non-INS prisoners as part of the per manday per diem rate. This rate includes:

- o Un-site sick call (when provided by on-site staff):
- a Medications (over the counter/non-legend and routine drugs and medical supplies);
- o Emergency ambulance service to off-site health care services; and
- o Escort/security guard services for transport to/from emergency or nonemergency health care services as either an in-patient or out-patient.

The Provider agrees to provide stationary guard services as requested or required for detainees committed to a medical facility for inpatient medical care. Such services will be performed by qualified law enforcement or correctional officer personnel employed by the Provider under their policies, procedures and practices. The Provider agrees to augment such practices as may be requested by the Service to enhance specific requirements for security, detainee monitoring, visitation and contraband control. The itemized monthly invoice for such stationary guard services shall state the number of hours being billed, the duration of the billing (times and dates) and the name of the detainee(s) that was guarded. The Service agrees to reimburse the Provider for actual stationary quard services provided at the rate of \$ 10.00 per hour.

When specifically requested by the Service, the Provider agrees to arrange for and/or provide extra on-site guard service for diagnosed psychiatric detainees. The Service agrees to provide reimbursement, over and above the per manday per diem rate to the provider for such services when the costs are included with the regular monthly billing for detention service. The Service agrees to reimburse the Provider for actual quard services provided at the rate of \$24.00 per day per

detainee.
IGSA-A/DLS-92-6113

When specifically requested by the Service, the Provider agrees to arrange for and/or provide non-emergency transportation service to transport detainees from one off-site facility to another. The Service agrees to provide reasonable reimbursement, over and above the per manday per diem rate, to the Provider for such transportation services when the costs are included with the regular monthly billing for detention services

The Provider further agrees to include all costs associated with hospital or health care services specifically provided to any detainees both inside and outside the facility, with the regular monthly billing to the Service for detention services. In this case, the Provider arranges for the health care facility, consultant health care provider, and other health care vendor/suppliers to invoice the Provider for services provided at rates no greater than those applicable for non-INS detainees in the custody of the Provider. The Service shall include payment for the hospital/health care services provided along with the monthly payment for detention services. The Provider shall submit invoices for hospital and health care services to the Service within sixty (60) days after the services were rendered. In addition, the following documentation must be provided in order to support INS payment of these costs:

- 1) Health Care Facility invoice with discharge summary attached which includes diagnosis, treatment, prognosis and follow-up needed:
- 2) Health Care Provider invoice with note attached which includes diagnosis. treatment and follow-up needed;
- 3) Health Care Vendors/Suppliers invoice with name of INS detainee(s) and list of services/supplies rendered.

The Provider shall also notify the designated contact person at the local Service office, when any reimbursable medical care is provided to a detainee inside the Provider's facility or at a medical care facility outside of the Provider's facility, in accordance with procedures to be established and mutually agreed upon.

As requested or required by the Service the Provider shall furnish necessary articles of clothing (1 pair jeans, 1 shirt. 1 set underwear, 1 pair socks, 1 pair shoes, and if required by weather, 1 coat or jacket) to detainees prior to their release to a half-way house or to family. The Service agrees to reimburse the Provider for all actual costs for providing such clothing. The charges for clothing costs shall be included with the regular monthly billing to the Service for detention services. A copy of the receipts for such clothing paid by the Provider shall be submitted with the detention billing to support the reimbursement.

MINIMUM STANDARDS

The Provider agrees to meet the following minimum standards:

1. 24 hour supervision.

1984-A/DLS- 92-6(12-

- Full compliance with applicable fire and/or life safety codes, and has appropriate smoke/fire detection equipment installed in the facility.
- 3. A minimum of two meals in a 24 hour period for each detainee. No fewer than 1,500 calories total per 24 hours and, if detention exceeds four (4) days no fewer than 2,000 calories per day thereafter. There will also be no more than 14 hours between meals.
- Appropriate 24 hour emergency medical care, and emergency evacuation procedures.
- When detained overnight, each detainee will be provided a mattress, and, when appropriate, a blanket.

FACILITY LOCATION

The Provider shall provide detention services for aliens at the following institutions(s): [Name & Address of Each Institution]

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	C1	in	ton,	Louis	iana '	70722	
	-						
		-21-1-412-1					

INSPECTION

The Provider agrees to allow periodic inspections of the facility by INS jail inspectors. Findings will be shared with the facility administrator in order to promote improvements to facility operations or conditions of confinement.

FINANCIAL PROVISIONS

The per diem rate under this agreement is \$46.00 per manday. The rate covers one person per day. The Government may not be billed for two days when an alien is admitted one evening and removed the following morning. The Provider may bill for the day of arrival but not for the day of departure.

The Provider shall prepare and submit an itemized invoice for services provided each month, in arrears. The invoice is to be submitted to the following location:

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				er de Jan 1900 pagen	TO SERVE STORES					continues or 10%					-				

Payments under this agreement shall be effected within thirty calendar days after receipt of a correct and proper invoice, by the following office:

Immigration & Naturalization Service 7701 North Stemmons Freeway (ROBUD) Dallas, Texas 75247

Payments effected under the terms of this agreement are to be submitted to the following address:

Feliciana			ett til til state som state
ox 207	770°0×/00×40°		
on, Louisi			
	a manage de la company de la c	CORPAN INCREMENT	

This agreement shall be in effect upon execution by both parties, and shall remain in effect until __08/01/95_____ (not to exceed three years from the date of execution), unless terminated sooner in writing, by either party. Should conditions of an unusual nature occur making it impractical or undesirable to continue to house aliens, the Provider may suspend or restrict the use of the facility by the Service by giving written notice of such intent to the Service. Such notice will be provided 30 days in advance of the effective date of a formal termination and at least two weeks in advance of suspension or restriction of use unless an emergency situation requires the immediate relocation of aliens.

The Provider may initiate a request for a rate increase or decrease by notifying the local office of the Service in writing a least 50 days prior to the desired effective date of the adjustment. Any rate increase must be justified in writing to the local Service office prior to being approved. Changes in rates or other terms and/or conditions of this agreement, shall be effected by the issuance of either an amendment to this agreement, or the execution of a new agreement.

#### GRDERING OFFICE(S)

The following Service office(s) at the address(s) shown may place orders for detention related services in accordance with the text above:

immigrat	ìon	and	Natur	alization	Service
P.C.Box	5095				TO THE SECOND CONTRACT OF THE PARTY OF THE P
Oakdale,	Ls.	7	1463	and the second s	Andrews over the high high his major has desired man managed and managed of the
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## CONTACT PERSONS

The Provider is advised to contact the following representative(s) at the local Service office(s) for assistance in matters related to this agreement:

Name: Title: Phone	 b6,b Chief		tention
Name: Title:	b6,b7c	Note: Particular of Particular of the	

The Service may contact the following representatives of the Provider for assistance in matters related to this agreement:

Name:		Malone
Title	Sherit	
Phone	#: (504)	683-8572

This I.S.S.A. supersedes and cancels I.S.S.A.-A DLS 8-91 and is retroactive to August 1, 1992.

## CONCURRENCE/FUNDING DATA:

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APPROVED	ROBUD: _		Ven	leeste	10/5/92		
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#### SIGNATURES & EXECUTION

U.S. Department of Justice IMMIGRATION AND NATURALIZATION SERVICE

ARTHUR S. COOPER, III
Contracting Officer

Carlo Cook

lolis or-

Name of Person Authorized to Sign on Behalf of the Provider

TR. Myffar Signature

*09-24-92* Date Signed