

A. Type of Facility Reviewed

ICE Service Processing Center
 ICE Contract Detention Facility
 ICE Intergovernmental Service Agreement

B. Current Inspection

Type of Inspection
 Field Office HQ Inspection
Date[s] of Facility Review
07/01/2019 to 07/03/2019

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
N/A
Previous Rating
 Meets Standards Does Not Meet Standards

D. Name and Location of Facility

Name
Natchitoches Parish Detention Center
Address (Street and Name)
299 Edwina Drive
City, State and Zip Code
Natchitoches, LA 71457
County
Natchitoches
Name and Title of Facility Administrator
(Warden/OIC/Superintendent)
██████████
Telephone # (Include Area Code)
██████████
Field Office / Sub-Office (List Office with oversight responsibilities)
New Orleans
Distance from Field Office
200 miles

E. ICE Information

Name of Inspector (Last Name, Title and Duty Station)
██████████ / LCI/Detainee Rights SME / Nakamoto Group
Name of Team Member / Title / Duty Location
██████████ / 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
Name of Team Member / Title / Duty Location
██████████ / Medical SME / Nakamoto Group

F. CDF/IGSA Information Only

Contract Number ██████████	Date of Contract or IGSA ██████████
Basic Rates per Man-Day ██████████	
Other Charges: (If None, Indicate N/A) ██████████	

Estimated Man-days Per Year
██████████

G. Accreditation Certificates

List all State or National Accreditation[s] received:
 Check box if facility has no accreditation[s]

H. Problems / Complaints (Copies must be attached)

The Facility is under Court Order or Class Action Finding
 Court Order Class Action Order
The Facility has Significant Litigation Pending
 Major Litigation Life/Safety Issues
 Check if None.

I. Facility History

Date Built
██████████
Date Last Remodeled or Upgraded
██████████
Date New Construction / Bedspace Added
██████████
Future Construction Planned
 ██████████ ██████████ Date: ██████████
Current Bedspace
██████████ Future Bedspace (# New Beds only)
Number: ██████████ Date: ██████████

J. Total Facility Population

Total Facility Intake for previous 12 months
██████████
Total ICE Mandays for Previous 12 months
██████████

K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male	N/A	N/A	N/A
Adult Female	N/A	N/A	N/A

L. Facility Capacity

	Rated	Operational	Emergency
██████████	██████████	██████████	██████████
██████████	██████████	██████████	██████████
<input type="checkbox"/> ██████████			

M. Average Daily Population

	ICE	USMS	Other
██████████	██████████	██████████	██████████
██████████	██████████	██████████	██████████

N. Facility Staffing Level

Security: ██████████ Support: ██████████

Significant Incident Summary Worksheet

For The Nakamoto Group to complete its review of your facility, the following information must be completed 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.

<i>Incidents</i>	<i>Description</i>	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault: Offenders on Offenders ¹	Types (Sexual ² , Physical, etc.)	0	0	0	0
	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	0	0	0	0
	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
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 Restraints applied/used	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Number of Times Canines Used in Facility		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	0	0
	# Psychiatric Cases referred for Outside Care	0	0	0	0

¹ Any attempted physical contact or physical contact that involves two or more offenders

² Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting

³ Routine transportation of detainees/offenders is not considered "forced"

⁴ 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. Meets Standards		2. Does Not Meet Standards		3.Repeat Finding		4. Not Applicable	
	1	2	3	4			
PART 1 SAFETY							
1	Emergency Plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2	Environmental Health and Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	Transportation (By Land)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PART 2 SECURITY							
4	Admission and Release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	Classification System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6	Contraband	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7	Facility Security and Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8	Funds and Personal Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	Hold Rooms in Detention Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10	Key and Lock Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11	Population Counts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12	Post Orders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
13	Searches of Detainees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14	Sexual Abuse and Assault Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15	Special Management Units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16	Staff-Detainee Communication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17	Tool Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18	Use of Force and Restraints	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
PART 3 ORDER							
19	Disciplinary System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
PART 4 CARE							
20	Food Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21	Hunger Strikes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22	Medical Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
23	Personal Hygiene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24	Suicide Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25	Terminal Illness, Advance Directives, and Death	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
PART 5 ACTIVITIES							
26	Correspondence and Other Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27	Escorted Trips for Non-Medical Emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
28	Marriage Requests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
29	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30	Religious Practices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
31	Telephone Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
32	Visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
33	Voluntary Work Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
PART 6 JUSTICE							
34	Detainee Handbook	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
35	Grievance System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
36	Law Libraries and Legal Material	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
37	Legal Rights Group Presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
PART 7 ADMINISTRATION & MANAGEMENT							
38	Detention Files	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
39	News Media Interviews and Tours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
40	Staff Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
41	Transfer of Detainees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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 Lead Compliance Inspector/Detainee Rights SME, The Nakamoto Group, Inc.	Date 07/03/2019

Team Members	
Print Name, Title, & Duty Location ██████████, Security SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location ██████████, Medical SME, The Nakamoto Group, Inc.
Print Name, Title, & Duty Location ██████████, Medical SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location ██████████, Safety SME, The Nakamoto Group, Inc.

Recommended Rating: **Meets Standards**
 Does Not Meet Standards

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 Not Applicable;
- 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.

There were no deaths or serious suicide attempts in the facility in the twelve previous months. ICE detainees are not charged a medical co-pay. There were no allegations of sexual abuse or sexual assault involving ICE detainees in the previous twelve months.

There have been no escapes or serious attempts from the facility in the twelve previous months. There were no use-of-force incidents in the previous twelve months. The only chemical agent approved for use is Oleoresin Capsicum (OC)/pepper spray and use of the Taser is authorized by supervisors only. The following acts and techniques are specifically prohibited when using non-deadly force: choke holds, carotid control holds, and other neck restraints; using a baton to apply choke or “come along” holds to the neck area; and intentional baton strikes to the head, face, groin, solar plexus, neck, kidneys, or spinal column. Canines are used for contraband detection but only outside the presence of detainees.

The data on the Significant Incident Summary Worksheet, page two, is for ICE detainees only.