

U.S. Department of Homeland Security

Immigration and Customs Enforcement Office of Professional Responsibility Inspections and Detention Oversight Division Washington, DC 20536-5501

Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations ERO New Orleans Field Office LaSalle Detention Facility Jena, LA 7134

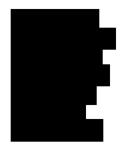
February 14-16, 2017

COMPLIANCE INSPECTION for the LASALLE DETENTION FACILITY JENA, LOUISIANA

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INSPECTION TEAM MEMBERS



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EXECUTIVE SUMMARY

The Office of Detention Oversight (ODO) conducted a compliance inspection of the LaSalle Detention Facility (LDF) in Jena, Louisiana, from February 14-16, 2017. The LDF opened in December 1998 and has been owned and operated by the Geo Group Inc. since January 1998. The Office of Enforcement and Removal Operations (ERO) started housing ICE detainees in September 2007 pursuant to an Intergovernmental Service Agreement (IGSA) (dedicated), under the oversight of ERO's Field Office Director (FOD) New Orleans.

ERO staff members are not assigned to the facility. A Detention Services Manager is assigned to the facility. A Warden is responsible for oversight of daily facility operations and is supported by personnel. GEO Care provides detainee medical services, and the Geo Group, Inc., provides food services. The LDF is accredited by the American Correctional Association.

| Capacity and Population Statistics | Quantity |
|--|----------|
| ICE Detainee Bed Capacity ² | 1160 |
| Average ICE Detainee Population ³ | |
| Male Detainee Population (as of 2/13/2017) | |
| Female Detainee Population (as of 2/13/2017) | |

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¹ Male and female detainees of security classification levels low and medium low classification levels are detained at the facility for longer than 72 hours.

² Data Source: ERO Facility List Report as of February 13, 2017.

³ Ibid.

OVERALL FINDINGS

In FY2013, ODO conducted a compliance inspection of the LDF under the Performance-Based National Detention Standards (PBNDS) 2008. ODO reviewed the facility's compliance with 16 standards and found the facility compliant with 13 standards. ODO found five deficiencies, in the remaining three standards.

In FY2017, ODO conducted a compliance inspection of the LDF under the PBNDS 2011. ODO reviewed the facility's compliance with 16 standards and found the facility compliant with 14 standards. ODO found two deficiencies in the remaining two standards.

| Inspection Results Compared | FY 2013 (PBNDS 2008) | FY 2017 (PBNDS 2011) |
|-----------------------------|-------------------------|-------------------------|
| Standards Reviewed | 16 | 16 |
| Deficient Standards | 3 | 2 |
| Overall Number of | | |
| Deficiencies | 5 | 2 |
| Deficient Priority | | |
| Components | N/A ⁴ | N/A |
| Corrective Action | 0 | 05 |

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⁴ ODO began inspecting priority components in June 2013.

⁵ Corrective actions, where immediately implemented, best practices, and ODO recommendations, as applicable, have been identified in the *Inspection Findings* section and annotated with a "C," "BP," or "R," respectively.

FINDINGS BY PBNDS 2011 MAJOR CATEGORIES

| NDS 2011 STANDARDS INSPECTED ⁶ | DEFICIENCIES |
|---|--------------|
| Part 1 – Safety | |
| 1.2 Environmental Health and Safety | 0 |
| Sub-Total | 0 |
| Part 2 – Security | |
| 2.1 - Admission and Release | 0 |
| 2.2 - Custody Classification System | 0 |
| 2.5 - Funds and Personal Property | 1 |
| 2.11- Sexual Abuse and Assault Prevention and Intervention | 0 |
| 2.12 - Special Management Units | 0 |
| 2.13 - Staff-Detainee Communication | 1 |
| 2.15 - Use of Force and Restraints | |
| Sub-Total | 2 |
| Part 4 – Care | |
| 4.1 - Food Service | 0 |
| 4.3 - Medical Care | 0 |
| 4.4 - Medical Care (Women) | 0 |
| 4.6 - Significant Self Harm and Suicide Prevention and Intervention | 0 |
| Sub-Total | 0 |
| Part 5 – Activities | |
| 5.6 - Telephone Access | 0 |
| Sub-Total | 0 |
| Part 6 – Justice | |
| 6.1 - Detainee Handbook | 0 |
| 6.2 - Grievance System | 0 |
| 6.3 - Law Libraries and Legal Material | 0 |
| Sub-Total | 0 |
| Total Deficiencies | 2 |

⁶ For greater detail on ODO's findings, see the *Inspection Findings* section of this report.

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COMPLIANCE INSPECTION PROCESS

Every fiscal year, ODO, a unit within U.S. Immigration and Customs Enforcement's (ICE) Office of Professional Responsibility (OPR), conducts compliance inspections at detention facilities in which detainees are accommodated for periods in excess of 72 hours and with an average daily population greater than ten to determine compliance with the ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable.

During the compliance inspection, ODO reviews each facility's compliance with those detention standards that directly affect detainee health, safety, and/or well-being. Any violation of written policy specifically linked to ICE detention standards, ICE policies, or operational procedures that ODO identifies is noted as a deficiency. ODO also highlights any deficiencies found involving those standards that ICE has designated under either the PBNDS 2008 or 2011, to be "priority components." Priority components have been selected from across a range of detention standards based on their critical importance to facility security and/or the health and safety, legal rights, and quality of life of detainees in ICE custody.

Immediately following an inspection, ODO hosts a closeout briefing in person with both facility and ERO field office management to discuss ODO's preliminary findings, which are summarized and provided to ERO in a preliminary findings report. Thereafter, ODO provides ERO with a final compliance inspection report to: (i) assist ERO in working with the facility to develop a corrective action plan to resolve identified deficiencies; and (ii) provide senior ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. The reports enable senior agency leadership to make decisions on the most appropriate actions for individual detention facilities nationwide.

⁷ ODO reviews the facility's compliance with selected standards in their entirety.

⁸ Priority components have not been identified for the NDS.

DETAINEE RELATIONS

ODO interviewed 31 detainees, each of whom volunteered to participate. None of the detainees made allegations of mistreatment, abuse, or discrimination. The majority of detainees reported being satisfied with facility services, with the exception of the complaints below:

Staff – Detainee Communication: Nineteen detainees complained they had not seen any ICE officers to discuss their cases since arriving at LDF (arrival dates varied from nine days to 10 months.

Action Taken: ODO toured the housing units and verified both ERO contact information
and staff-detainee communication schedules are posted in all housing units. ODO also
interviewed ICE staff members verifying they conduct scheduled and unscheduled visits
Tuesday through Friday for staff-detainee communication. ODO also observed when
ICE officers came into the housing units detainees gathered around them to discuss their
cases.

Medical Care: One detainee complained she was not being given medication for her sarcoidosis. She also complained of having severe respiratory issues.

Action Taken: ODO reviewed her medical record and determined she was seen by a
Pulmonologist on February 2, 2017. She was prescribed medication on February 13 and
14, 2017. The detainee is being seen routinely by a nurse practitioner and medical
specialist. She is in the chronic care management program and is seen every three
months.

Medical Care: One detainee complained that he requested medical treatment for asthma and hypertension and has not been seen.

• Action Taken: ODO reviewed the detainee's medical file and found he was seen on February 9, 2017 by medical staff. The detainee was given a physical and placed on chronic care for asthma and hypertension. The detainee will be monitored every three months or sooner if his symptoms are not controlled.

Telephone Access: Five detainees complained they could not contact the consulates for Jamaica, Columbia and El Salvador.

Action Taken: ODO informed ICE officers about the telephones not connecting to
detainee consulates. ICE officers tested the phones by dialing consulate numbers and
were able to connect to the consulates. The detainees were dialing the wrong numbers.
ICE officers demonstrated the calling procedure to the detainees and they were able to
contact their respective consulates.

INSPECTION FINDINGS

SECURITY

FUNDS AND PERSONAL PROPERTY (F&PP)

Both on-coming and off-going supervisors do not simultaneously conduct an audit of detainee funds, property envelopes, and large valuables where physical custody of, or access to such items, changes with facility shift changes (**Deficiency F&PP-1**⁹).

STAFF-DETAINEE COMMUNICATION (SDC)

During ODO's compliance inspection of the LDF, ODO observed ICE staff checking on the overall condition of the facility and responding to detainee requests. During these contact visits, ICE staff interviewed detainees, monitored housing conditions, reviewed grievance logs, recorded the visit in the log, and visited every housing unit including Special Management Units.

ICE staff conducts weekly scheduled and unscheduled visits at LDF. The days and times for scheduled visits are posted in housing units. The detainee handbook directs detainees to the schedule in their housing unit for ICE officer scheduled visits. The detainee handbook, however, does not include a schedule for ICE staff visits at LDF (**Deficiency SDC-1**¹⁰).

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⁹ "Both on-coming and off-going supervisors shall simultaneously conduct an audit of detainee funds, property envelopes and large valuables where physical custody of, or access to such items changes with facility shift changes." *See* PBNDS 2011, Standard, Funds and Personal Property, Section (V)(J).

¹⁰ "The local supplement to the detainee handbook shall include contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility." *See* PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(A).