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U.S. 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

Jackson Parish Correctional Center
Jonesboro, Louisiana

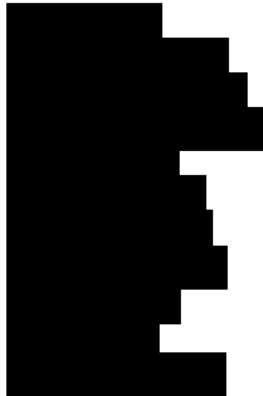
January 7-9, 2020

COMPLIANCE INSPECTION
of the
JACKSON PARISH CORRECTIONAL CENTER
Jonesboro, Louisiana

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES.....	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	8
SAFETY.....	8
Environmental Health and Safety	8
SECURITY	8
Admission and Release	8
Funds and Personal Property	9
Special Management Units	9
Use of Force and Restraints	10
CARE	11
Food Service	11
Medical Care	11
Personal Hygiene	12
Disability Identification, Assessment, and Accommodation.....	12
ACTIVITIES	13
Telephone Access	13
Visitation.....	13
CONCLUSION	14

COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Jackson Parish Correctional Center (JPCC) in Jonesboro, Louisiana, from January 7 to 9, 2020.¹ The facility opened in 2007 and is owned and operated by LaSalle Management. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at JPCC in 2019 under the oversight of ERO's Field Office Director (FOD) in New Orleans (ERO New Orleans). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned Deportation Officers (DOs) to the facility. A JPCC warden handles daily facility operations and is supported by ██████ personnel. Robertson Produce, Reinhart Food Service, Lamm Food Service, Ben E. Keith Company, and Flowers Baking Company of Tyler provides food services. Jackson Parish Hospital, Miles for Smiles, Cure Global Physician LLC, University Health Shreveport, and Jackson Parish Ambulance Services provide medical care.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	1007
Average ICE Detainee Population ³	950
Male Detainee Population (as of 1/7/2020)	535
Female Detainee Population (as of 1/7/2020)	145

This was ODO's first compliance inspection of JPCC.

¹ This facility holds male and female detainees with low, medium and medium-low security classification levels for periods longer than 72 hours.

² Data Source: ERO Facility List Report as of January 6, 2020.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components,” which are considered critical to facility security and the legal and civil rights of detainees. ODO also highlights instances in which the facility resolves deficiencies, prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES

PBNDS 2011 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	3
Sub-Total	3
Part 2 – Security	
Admission and Release	2
Custody Classification System	0
Funds and Personal Property	2
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	9
Staff-Detainee Communication	0
Use of Force and Restraints	3
Sub-Total	16
Part 4 – Care	
Food Service	1
Medical Care	4
Medical Care Women	0
Personal Hygiene ⁶	1
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	2
Sub-Total	8
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	2
Visitation	3
Sub-Total	5
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Materials	0
Sub-Total	0
Total Deficiencies	32

⁵ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

⁶ The deficiency cited under the Personal Hygiene standard was identified while reviewing the Environmental Health and safety standard, the Personal Hygiene standard was not reviewed in its entirety.

DETAINEE RELATIONS

ODO interviewed 21 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

Medical Care: One detainee stated he had tremendous swelling in his left knee and expressed concern regarding his medical care.

- Action Taken: ODO reviewed the detainee's medical record with the health service administrator and determined the detainee arrived at JPCC on August 4, 2019 and received a physical examination on August 14, 2019. The detainee was evaluated on September 9, 2019, concerning left leg pain and swelling below the knee. Medical staff re-evaluated the detainee on September 9, 2019, September 13, 2019, October 15, 2019, and November 2, 2019, regarding his leg pain and swelling. On November 22, 2019, the detainee was taken for an orthopedic evaluation and an MRI. The orthopedic clinic followed up two weeks after the MRI. Medical staff prescribed non-steroidal anti-inflammatories for his pain and a 4-6-week course of antibiotics. Medical staff will continue to monitor and manage the detainee's pain.

Medical Care: One detainee stated she has a history of hypertension, needed a special diet and did not receive results from an ultrasound that was performed in October 2019.

- Action Taken: ODO reviewed the detainee's medical record, spoke with medical staff, and concluded she is enrolled in the hypertension chronic care clinic for simple hypertension. She also underwent an initial medical chronic care evaluation on September 4, 2019, and was educated on a heart healthy diet, as prepared by the food service administrator. Medical records did not indicate a need or request for a special medical diet. An ultrasound was completed on November 13, 2019, with negative results; medical informed the detainee of the results. ODO requested medical staff provide the detainee a copy of the results.

Funds and Personal Property: One detainee stated she requested to obtain legal documentation from her property.

- Action Taken: ODO spoke with the intake officer and determined the legal material was on the detainee's cellular phone. Facility policy prohibits detainees accessing personal cellular devices. The detainee was given the option to release the phone to a family member and have the documentation printed.

Staff- Detainee Communication: One detainee stated she had a pending court date in Texas and ICE is interfering with her case.

- Action Taken: ODO reviewed the detainee's detention file, spoke with her DO, and determined the detainee's case was being transferred to Louisiana. Her assigned DO told ODO he was monitoring the transfer to ensure the detainee did not miss their court appearance.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO found two medical examination rooms were not adequately sanitized, the toilets were dirty, and soap, paper towels, and personal protective equipment were not readily available (**Deficiency EH&S-1⁷**).

ODO observed an excessive amount of biological waste improperly packaged and stored outside the medical department. Boxes above the maximum storage capacity and biological waste plastic bags were not properly tied or closed securely (**Deficiency EH&S-2⁸**). ODO found an extension cord with exposed wires on the floor in the medical room, which was a tripping and electrical hazard (**Deficiency EH&S-3⁹**).

Corrective Action: Prior to the completion for the inspection, the facility initiated corrective action by removing the extension cord (**C-1**).

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed 25 detainee detention files and found 19 Orders to Detain (Form I-203) were not signed by an ERO authorizing official or were missing from the detention file (**Deficiency A&R-1¹⁰**).

⁷“Environmental cleanliness shall reduce, control and prevent nosocomial infections due to contaminated environmental surfaces. The HSA or designee is responsible for ensuring the cleanliness of the medical facility.” See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(D)(6)(a).

⁸ “c. Hazardous and Infectious Waste Disposal Infectious and hazardous waste generated at a medical facility shall be stored and disposed of safely and in accordance with all applicable federal and state regulations...

c) Miscellaneous biomedical waste shall be double-bagged and tied but need not be labeled as infectious.” See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(D)(6)(c)(2)(c).

⁹ “Environmental health conditions shall be maintained at a level that meets recognized standards of hygiene, including those from the:

- a. American Correctional Association;
- b. Occupational Safety and Health Administration;
- c. Environmental Protection Agency;
- d. Food and Drug Administration;
- e. National Fire Protection Association's Life Safety Code; and
- f. National Center for Disease Control and Prevention

The facility administrator designee for environmental health is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program that are intended to identify and eliminate or control as necessary, sources of injuries and modes of transmission of agents or vectors of communicable diseases.” See ICE PBNDS 2011., Standard, Environmental Health and Safety, Section (V)(A)(1).

¹⁰ “An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee.” See ICE PBNDS 2011, Standard, Admission & Release, Section (V)(E). **This is a Priority Component.**

ODO observed an intake officer's A&R process and found detainees were not properly completing and signing the following documents: Detainee Forwarding Address; Property Inventory; and Classification Worksheet. ODO noted as an **Area of Concern**, the documents lacked the staff member and/or detainees' signatures.

ODO reviewed 25 detainee detention files and found one detention file did not contain a Report of Detainee's Missing Property (Form I-387) (**Deficiency AR-2¹¹**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the property logs and found no audits of detainee personal property prior to October 2019 (**Deficiency F&PP-1¹²**). However, ODO reviewed documentation confirming monthly audits were completed from November 2019 through January 2020. Additionally, ODO's review of the audit sheets found the sheets contained the date and names of the staff member(s) conducting the audit; however, the time of the audit was not documented (**Deficiency F&PP-2¹³**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed nine out of 10 SMU files and found the files did not contain documentation of rounds conducted by medical staff. (**Deficiency SMU-1¹⁴**). Five out of 10 files did not document [REDACTED] observations of detainees (**Deficiency SMU-2¹⁵**).

The facility does not maintain a permanent SMU activities log (**Deficiency SMU-3¹⁶**) or a separate visitors log (**Deficiency SMU-4¹⁷**).

¹¹ "When a newly arrived detainee claims his/her property has been lost or left behind, staff shall complete a Form I-387, "Report of Detainee's Missing Property." IGSA facilities shall forward completed Forms I-387 to ICE/ERO." See ICE PBNDS 2011, Standard, Admission and Release Section (V)(B)(6).

¹² "An inventory of detainee baggage and other nonvaluable property shall be conducted by the facility administrator's designee at least once each quarter. The facility's inventory audit shall indicate the inventory's date and time, and the name of the officer(s) conducting the inventory. Any discrepancies shall be reported immediately to the facility administrator." See ICE PBNDS 2011, Standard, Funds and Personal Property (V)(J)(8).

¹³ "The facility's inventory audit shall indicate the inventory's date and time, and the name of the officer(s) conducting the inventory. Any discrepancies shall be reported immediately to the facility administrator." See ICE PBNDS 2011, Standard, Funds and Personal Property (V)(J).

¹⁴ "Health care personnel shall conduct face-to-face medical assessments at least [REDACTED] [REDACTED] in SMU. Where reason for concern exists, assessments shall be followed up with a complete evaluation by a qualified medical or mental health professional and indicated treatment. Medical visits shall be recorded on the SMU housing record or comparable form, and any action taken shall be documented in a separate logbook." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(P). **This is a Priority Component.**

¹⁵ "Detainees in SMU shall be personally observed and logged every [REDACTED] on an [REDACTED]." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(M). **This is a Priority Component.**

¹⁶ "A permanent log shall be maintained in the SMU to record all activities concerning SMU detainees (e.g., meals served, recreational time, visitors, etc.)." See ICE PBNDS 2011, revised 2016, Special Management Units, Section (V)(D)(1).

¹⁷ "A separate log shall be maintained in the SMU of all persons visiting the unit. This separate record shall include notation of:

- a. the time and date of the visit, and
- b. any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file."

See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(D)(2)(a)(b).

ODO found detainees in Administrative Segregation (AS) are not offered two hours of recreation per day, seven days per week and detainees on Disciplinary Segregation (DS) are not offered recreation for one hour per day, seven days per week (**Deficiency SMU-5¹⁸**).

JPCC does not issue guidelines concerning the property detainees may retain in segregation (**Deficiency SMU-6¹⁹**).

ODO found there was no sally port for the SMU and no policy for securing the SMU entrance (**Deficiency SMU-7²⁰**).

ODO reviewed 10 DS detainee files of detainees assigned to DS and found five did not contain a DS order (**Deficiency SMU-8²¹**).

ODO reviewed 10 detainee files assigned to AS and found five did not contain an AS order (**Deficiency SMU-9²²**).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed the post orders and found the facility administrator did not designate nor incorporate into one or more post orders the responsibility for maintaining cameras/audio visual equipment, testing, and keeping back-up supplies (**Deficiency UOF &R-1²³**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by designating the captain the responsibility of maintaining the camera/audio visual

¹⁸ Detainees in the SMU for administrative reasons shall be offered at least two hours of exercise per day, seven days a week, unless documented security, safety or medical considerations dictate otherwise. Detainees in the SMU for disciplinary reasons shall be offered at least one hour of exercise per day, seven days a week, unless documented security, safety or medical considerations dictate otherwise.” See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(Z)(2).

¹⁹ “Each facility shall issue guidelines in accordance with this standard concerning the property detainees may retain in each type of segregation. Generally, detainees in disciplinary segregation shall be subject to more stringent personal property restrictions and control than those in administrative segregation, given the non-punitive nature of administrative segregation.” See ICE PBNDS 2011, , Standard, Special Management Units, Section (V)(K).

²⁰ “In accordance with procedures detailed in standard “2.4 Facility Security and Control,” each facility administrator is required to establish written policy and procedures to control and secure SMU entrances, contraband, tools and food carts.” See ICE PBNDS 2011, , Standard, Special Management Units, Section (V)(H).

²¹ “A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed into disciplinary segregation.” See ICE PBNDS 2011, , Standard, Special Management Units, Section (V)(B)(2).

²² “A written order shall be completed and approved by the facility administrator or designee before a detainee is placed in administrative segregation, except when exigent circumstances make such documentation impracticable. In such cases, an order shall be prepared as soon as possible.” See ICE PBNDS 2011, , Standard, Special Management Units, Sections (V)(A)(2). **This is a Priority Component.**

²³ “Since audiovisual must often be readily available, each facility administrator shall designate and incorporate in one or more post orders responsibility for:

1. maintaining cameras and other audiovisual equipment;
2. regularly scheduled and documented testing to ensure all parts, including batteries are in working order; and;
3. keeping back-up supplies on hand (e.g.) batteries, tapes, or other recording media, lens cleaners.”

See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(K)(1)(2)(3).

equipment, regularly scheduled and documented testing to ensure all parts, including batteries are in working order and, keeping back-up supplies on hand (C-2).

The facility did not catalogue and preserve UOF videos (**Deficiency UOF&R-2²⁴**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by creating an electronic catalogue and preservation system (C-3).

ODO reviewed the detainee files of the detainees involved in UOF incidents and found the UOF documentation was not maintained in the detainee's detention files (**Deficiency UOF&R-3²⁵**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by placing the documentation in the detainee's file (C-4).

CARE

FOOD SERVICE (FS)

ODO found the life safety locks on the walk-in cooler and walk-in freezer were broken. A chain and padlock were being used in the interim (**Deficiency FS-1**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by repairing the original locking devices (C-5).

ODO noted mealtimes as an **Area of Concern**, breakfast was served at approximately 3:00 a.m., lunch at 10:30 a.m., and dinner at 3:30 p.m. The meal times are within the allotted time frame required by the standard; however, ODO determined during detainee interviews a large population of the detainees miss or skip breakfast because of the early serving times.

MEDICAL CARE (MC)

ODO reviewed 34 bottles of dispensed medications and found 31 were expired (**Deficiency MC-1²⁶**).

²⁴ "Each audiovisual record shall be catalogued and preserved until no longer needed but shall be kept no less than six years after its last documented use. In the event of litigation, the facility shall retain the relevant audiovisual record a minimum of six months after the litigation has concluded or been resolved." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(K).

²⁵ "Staff shall prepare detailed documentation of all incidents involving use of force, including [REDACTED], or [REDACTED]. Staff shall also document the use of restraints on a detainee who becomes violent or displays signs of imminent violence. A copy of the report shall be placed in the detainee's detention file." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(O).

²⁶ "Each detention facility shall have and comply with written policy and procedures for the management of pharmaceuticals, to include:

4. procurement, receipt, distribution, storage, dispensing, administration and disposal of medications;" See ICE PBNDS 2011, Standard, Medical Care, Section (V)(G)(4). **This is a Priority Component.**

ODO reviewed the medical records of a detainee receiving multi-drugs for the treatment of latent tuberculosis and found the medical records did not reflect mandatory laboratory studies nor medical evaluations to monitor toxicity of medications prescribed (**Deficiency MC-2²⁷**).

ODO's review of 15 detainee medical records found one detainee did not receive an initial health assessment within 14 days of arrival (**Deficiency MC-3²⁸**).

Initial medical assessments and dental examinations were conducted by trained Registered Nurses; however, a review of 15 records found the Certified Medical Assistant (CMA), or physician designee, did not review the comprehensive medical assessments to assess priority of care. (**Deficiency MC-4²⁹**).

PERSONAL HYGIENE (PH)

ODO inspected the detainee housing units and found they were not in compliance with the minimum shower, toilet, and wash basin to detainee ratio (**Deficiency PH-1³⁰**).

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)

ODO found the facility handbook and orientation video did not notify detainees about reasonable accommodations or how to make such a request (**Deficiency DIA&A-1³¹**). ODO reviewed the facility staff training files and found the facility did not have training on Disability and Reasonable Accommodations procedures (**Deficiency DIA&A-2³²**).

²⁷ "When treatment is indicated, multi-drug, anti-TB therapy shall be administered using directly observed therapy (DOT) in accordance with American Thoracic Society (ATS) and CDC guidelines." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(C)(2).

²⁸ "Each facility's health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival, unless more immediate attention is required due to an acute or identifiable chronic condition." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(M).

²⁹ "The CMA shall be responsible for review of all comprehensive health assessments to assess the priority for treatment" See ICE PBNDS 2011, Standard, Medical Care, Section (V)(M). **This is a Priority Component.**

³⁰ "Detainees shall be provided:

1. an adequate number of toilets, 24 hours per day, which can be used without staff assistance when detainees are confined to their cells or sleeping areas.
ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees. For males, urinals may be substituted for up to one-half of the toilets. All housing units with three or more detainees must have at least two toilets.
2. an adequate number of washbasins with temperature controlled hot and cold running water 24 hours per day. ACA Expected Practice 4-ADLF-4B-08 requires one washbasin for every 12 detainees.
3. operable showers that are thermostatically controlled to temperatures between 100 and 120 F degrees, to ensure safety and promote hygienic practices.
ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees."

See ICE PBNDS 2011, revised 2016, Standard, 4.5 Personal Hygiene, Section (V)(E)(1)(2)(3).

³¹ "The facility orientation program required by standard 2.1, "Admission and Release," and the detainee handbook required by standard 6.1, "Detainee Handbook," shall notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request." See ICE PBNDS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section, (V)(J).

³² "Training on the facility's Disability and Reasonable Accommodations procedures shall be provided to employees, volunteers, and contract personnel, and shall also be included in annual refresher training thereafter." See ICE PBNDS

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO found ERO New Orleans did not test telephones in the housing units weekly (**Deficiency TA-1**³³). Instead, ERO New Orleans conducted telephone tests from one dedicated telephone line in the intake/booking area.

ODO found the teletypewriter (TTY) telephone was not operational (**Deficiency TA-2**³⁴).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by activating the TTY services (**C-6**).

VISITATION (V)

ODO found the facility posts the dress code and visitation rules in the lobby and was available via telephone; however, the dress code was not available to the public on the facility website (**Deficiency V-1**³⁵).

ODO reviewed the general visitors log and found the log did not record the alien number of detainees visited or the address of the visitor (**Deficiency V-2**³⁶). Additionally, the legal visitation log did not record the alien number of detainees visited, the address of the visitor, whether a Notice of Entry of Appearance as Attorney or Accredited Representative (DHS Form G-28) was on file, time visit began, and time visit ended (**Deficiency V-3**³⁷).

2011, Standard, Disability Identification, Assessment, and Accommodation, Section, (V)(I).

³³ “Effective immediately, concurrent with staff/detainee communications visits, ICE staff will verify serviceability of all telephones in detainee housing units by conducting random calls to pre-programmed numbers posted on the pro bono/consulate list. ICE staff will also interview a sampling of detainees and review written detainee complaints regarding detainee telephone access. The Field Office Director (FOD) shall ensure that all phones in all applicable facilities are tested on a weekly basis.” See Change Notice Telephone Access- Detainee Telephone Services, April 4, 2007.

³⁴ “The facility shall provide a TTY device or Accessible Telephone (telephones equipped with volume control and telephones that are hearing-aid compatible for detainees who are deaf or hard of hearing). Detainees who are deaf or hard of hearing shall be provided access to the TTY on the same terms as hearing detainees are provided access to telephones.” See ICE PBNDS 2011, Standard, Telephone Access, Section, (V)(G).

³⁵ “If the facility establishes and maintains a dress code for visitors, it shall be made available to the public, e.g., posted on the facility’s website, telephone message and included in the detainee handbook.” See ICE PBNDS 2011, Standard, Visitation, Section, (V)(G).

³⁶ “Staff shall record in the general visitors’ log:

1. the name and alien-registration number (A-number) of the detainee visited;
2. the visitor’s name and address;” See ICE PBNDS 2011, Standard, Visitation, Section, (V)(D)(1)(2).

³⁷ “Staff shall maintain a separate log to record all legal visitors, including those denied access to the detainee. The log shall include the reason(s) for denying access. Log entries shall include the following information: ...

- d. visitor’s address; ...
- f. detainee’s name and A-number;
- g. whether the detainee currently has a G-28 on file;
- h. time visit began; and
- i. time visit ended.” See ICE PBNDS 2011, Standard, Visitation, Section, (V)(J)(14)(d)(f-i).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 20 standards under PBNDS 2011 and found the facility in compliance with ten of those standards. ODO identified 32 deficiencies in the remaining ten standards. ODO commends facility staff for their responsiveness during this inspection and notes there were six instances where staff initiated immediate corrective action during the inspection. ODO found facility staff to be knowledgeable and professional in their interactions with both detainees and the ODO team.

ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2019 (PBNDS 2011)	FY 2020 (PBNDS 2011)
Standards Reviewed	N/A	20
Deficient Standards	N/A	10
Overall Number of Deficiencies	N/A	32
Deficient Priority Components	N/A	6
Repeat Deficiencies	N/A	N/A
Corrective Actions	N/A	6