



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**

**Jackson Parish Correctional Center
Jonesboro, Louisiana**

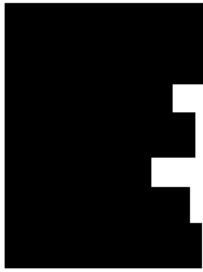
October 18-22, 2021

COMPLIANCE INSPECTION
of the
JACKSON PARISH CORRECTIONAL CENTER
Jonesboro, Louisiana

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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 October 18 to 22, 2021.¹ JPCC opened in 2007 and is owned and operated by Lasalle Corrections. 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 in New Orleans (ERO New Orleans). JPCC operates under the Performance-Based National Detention Standards (PBNDS) 2011 (2013 Errata).

ERO has assigned deportation officers to the facility. A warden handles daily facility operations and manages [REDACTED] support personnel. Reinhart provides food services, Lasalle Corrections provides medical care, and Correct Commissary provides commissary services at the facility. In December 2018, JPCC was audited for the Department of Justice (DOJ) Prison Rape Elimination Act (PREA) and was DOJ PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of October 18, 2021)	[REDACTED]
Adult Female Population (as of October 18, 2021)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2021, ODO found five deficiencies in the following areas: Admission and Release (2); Funds and Personal Property (1); and Special Management Units (2).

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

² Data Source: ERO Facility List as of September 27, 2021.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 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." ODO highlights instances when 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.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS (PBNDS) 2011 (2013 ERRATA) MAJOR CATEGORIES

PBNDS 2011 (2013 ERRATA) Standards Inspected ^{5, 6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	2
Sub-Total	2
Part 2 - Security	
Admission and Release	1
Custody Classification System	0
Funds and Personal Property	1
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	2
Use of Force and Restraints	0
Sub-Total	4
Part 4 - Care	
Food Service	2
Hunger Strikes	0
Medical Care	1
Medical Care (Women)	0
Personal Hygiene	1
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	4
Part 5 - Activities	
Correspondence and Other Mail	2
Marriage Requests	0
Trips for Non-Medical Emergencies	0
Voluntary Work Program	0
Sub-Total	2
Part 6 - Justice	
Legal Rights Group Presentations	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	0
Detainee Transfers	0
Interview and Tours	0
Sub-Total	0
Total Deficiencies	12

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

⁶ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

DETAINEE RELATIONS

ODO interviewed 12 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. ODO conducted detainee interviews via video teleconference.

Admission and Release: Six detainees stated they did not receive the ICE National Detainee handbook nor the JPCC handbook in languages they understood.

- **Action Taken:** ODO interviewed JPCC staff and reviewed the signed detainee acknowledgement forms for receipt of the JPCC handbook and the ICE National Detainee handbook for all the detainees. JPCC staff stated the facility depleted its stock of the ICE National Detainee Handbook in foreign languages a few months ago. ERO New Orleans replied by email, dated July 28, 2021, to JPCC's request for more handbooks. Printer problems initially prevented the JPCC staff from printing the handbooks, but the facility staff provided copies of the JPCC handbook and the ICE National Detainee handbook to the detainees in languages they understood on October 20, 2021.

Medical Care: One detainee stated she received an ultrasound scan that detected a nodule in her upper left thigh and never received the scheduled, follow-up biopsy procedure.

- **Action Taken:** ODO spoke with the Health Services Administrator (HSA) and reviewed the detainee's medical record. The detainee arrived at JPCC on March 1, 2021. On June 16, 2021, a registered nurse (RN) examined the detainee during sick call for her complaint of bumps to her skin during her menstrual cycle and referred her to a JPCC provider. On July 8, 2021, the detainee refused the scheduled appointment with the provider because she didn't want to go to the clinic. The detainee then signed a refusal form. On July 14, 2021, a JPCC nurse practitioner (NP) examined the detainee, noticed the small nodule on her upper left thigh, and ordered lab tests and an ultrasound. On July 15, 2021, the clinical director (CD), a qualified gynecologist (GYN), evaluated the detainee and diagnosed the nodules as a condition affecting women of childbearing age. The CD gave her a hormone injection to help suppress the condition and recommended a consultation with a general surgeon. On July 16, 2021, the detainee underwent lab tests and on the next day, results came back, all within normal limits. On July 29, 2021, the detainee completed an ultrasound scan. On August 2, 2021, the NP signed off on the ultrasound report, confirming a benign lymph node to the left thigh. On August 18, 2021, the NP re-evaluated the detainee and discussed the laboratory test and ultrasound results with her. The NP canceled the general surgery consultation because the node was benign and advised the detainee to return to sick call if the condition worsened.

Medical Care: One detainee stated she had submitted a request for medication for her skin acne between October 11 and 15, 2021, and had received no response.

- Action Taken: ODO spoke with the JPCC HSA who reviewed the detainee’s medical record. The detainee arrived at JPCC on September 20, 2021. On October 11, 2021, a JPCC RN examined the detainee during sick call for her complaints of constipation and acne and issued her a one-week supply of an over-the-counter cleanse to treat her acne. The detainee signed for receipt of this product and received instruction on its use. On October 13, 2021, an RN evaluated the detainee for continued complaints of acne during a subsequent sick call and added a special soap, steroidal cream, and an acne cream to her treatment plan. The detainee signed for receipt of these products and received instruction on how to use them. The JPCC medical staff advised her to return to sick call if the condition worsened.

Medical Care: One detainee stated she submitted a sick call request slip in September 2021 for a GYN exam and had to wait 20 days before seeing the JPCC medical staff.

- Action Taken: ODO spoke with the JPCC HSA and reviewed the detainee’s medical record. The detainee arrived at JPCC on July 22, 2021, with no gynecological complaints. On September 16, 2021, the detainee reported to sick call with a small growth to the skin around her vaginal opening. On the same day, a JPCC RN evaluated the detainee and referred her to an NP. On October 13, 2021, an NP completed a comprehensive examination and diagnosed the detainee with a skin tag and herpes. The NP ordered multiple laboratory tests to include one for sexually transmitted diseases, submitted a referral for an outside consultation with a GYN, and scheduled a follow-up appointment with the NP in November 2021. On the same day, the NP submitted a referral to the ICE Health Service Corps, which is now pending approval. On October 14, 2021, the detainee underwent lab tests and on October 20, 2021, received results in which all were within normal limits. The JPCC medical staff informed the detainee of the results on October 27, 2021. On October 29, 2021, an outside GYN examined the detainee on a consultation basis. On November 2, 2021, the JPCC NP examined the detainee, informed her of the GYN consultation results, and prescribed medication for herpes.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed diagrams of the facility’s housing units, photographs of the bathroom areas in the housing units, and written documentation. Additionally, ODO interviewed the JPCC’s safety manager and found JPCC did not maintain environmental health conditions at a level that met recognized standards of hygiene, including those from the American Correctional Association (ACA). Specifically, 12 out of the 13 housing units did not have sufficient toilets, showers, and sinks for their capacity (**Deficiency EHS-1⁷**).

⁷ “Environmental health conditions shall be maintained at a level that meets recognized standards of hygiene,

ODO reviewed JPCC's emergency exit diagrams located throughout JPCC and found 12 out of 13 diagrams in the housing units did not identify "Areas of Safe Refuge" (**Deficiency EHS-115**⁸).

SECURITY

ADMISSION AND RELEASE (AR)

ODO interviewed the JPCC staff and found JPCC did not conduct a question-and-answer period at the conclusion of detainee orientation sessions (**Deficiency AR-68**⁹).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the JPCC handbook and found it did not notify detainees of the procedure for claiming property upon release, transfer, or removal from JPCC (**Deficiency FPP-18**¹⁰). **This is a repeat deficiency.**

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed [REDACTED] administrative segregation files and found in [REDACTED] files, the SMU officer did not record whether the detainee recreated. Specifically, the eight SMU records did not contain detainee recreation information for 17 days (**Deficiency SMU-83**¹¹).

ODO reviewed [REDACTED] administrative segregation files, interviewed JPCC staff and found in [REDACTED] files, the SMU officer did not initial the SMU records after completion of medical visits with the detainees. Specifically, a total of 33 medical visits with detainees did not contain the initials of the SMU officer (**Deficiency SMU-86**¹²).

CARE

FOOD SERVICE (FS)

ODO reviewed JPCC's food service purchase orders during the inspection period and found seven purchase orders did not specify the special-handling requirements for the delivery of sugar, which

including those from the:

a. American Correctional Association;" *See* ICE PBNDS 2011 (2013 Errata), Standard, Environmental Health and Safety, Section (V)(A)(1)(a).

⁸ "Areas of Safe Refuge" shall be identified and explained on diagrams." *See* ICE PBNDS 2011 (2013 Errata), Standard, Environmental Health and Safety, Section (V)(C)(5).

⁹ "Following the orientation, staff shall conduct a question-and-answer session." *See* ICE PBNDS 2011 (2013 Errata), Standard, Admission and Release, Section (V)(F).

¹⁰ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures related to personal property, including: ...

4. the procedure for claiming property upon release, transfer, or removal." *See* ICE PBNDS 2011 (2013 Errata), Standard, Funds and Personal Property, Section (V)(C)(4).

¹¹ "The special housing unit officer shall immediately record: ...

1) whether the detainee ate, showered, recreated and took any medication;" *See* ICE PBNDS 2011 (2013 Errata), Standard, Special Management Units, Section (V)(C)(3)(a)(1-2).

¹² "The housing officer shall initial the record after the medical visits are completed, but no later than the end of the shift." *See* ICE PBNDS 2011 (2013 Errata), Standard, Special Management Units, Section (V)(C)(3)(b).

is a controlled item (**Deficiency FS-39**¹³).

ODO reviewed 2 common fare master menus and determined JPCC did not provide special menus for the 10 federal holidays (**Deficiency FS-184**¹⁴).

MEDICAL CARE (MC)

ODO reviewed the daily maintenance logs for JPCC's automated external defibrillator (AED) and the emergency medical bag and found nine entries missing for the AED and seven entries missing for the emergency medical bag for the month of September 2021 (**Deficiency MC-187**¹⁵).

PERSONAL HYGIENE (PH)

ODO interviewed JPCC's staff and found JPCC does not have an adequate number of toilets for use, 24 hours per day, without staff assistance when detainees are confined to their cells or sleeping areas. Specifically, each of the 13 housing units has a maximum capacity of 100 detainees and only 8 toilets per housing unit. The ACA standards require a minimum ratio of 1 toilet for every 12 male detainees and 1 toilet for every 8 female detainees (**Deficiency PH-25**¹⁶).

ACTIVITIES

CORRESPONDENCE AND OTHER MAIL (COM)

ODO reviewed the JPCC handbook and found it did not list identity documents considered as contraband, which ICE/ERO may use as evidence against detainees or for other purposes authorized by law (**Deficiency COM-22**¹⁷).

ODO reviewed JPCC's correspondence and other mail policy and found JPCC lacked written policy and procedures for mail privileges for detainees housed in the SMU (**Deficiency COM-72**¹⁸).

¹³ "Mace, nutmeg, cloves, sugar and alcohol-based flavorings also require special handling and storage.

1) The purchase order for any of these items shall specify the special-handling requirements for delivery." See ICE PBNDS 2011 (2013 Errata), Standard, Food Service, Section (V)(B)(4)(b)(1).

¹⁴ "The common fare menu is based on a 14-day cycle, with special menus for the 10 federal holidays." See ICE PBNDS 2011 (2013 Errata), Standard, Food Service, Section (V)(G)(2).

¹⁵ "Medical and safety equipment shall be available and maintained, and staff shall be trained in proper use of the equipment." See ICE PBNDS 2011 (2013 Errata), Standard, Medical Care, Section (V)(R)(4).

¹⁶ "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." See ICE PBNDS 2011 (2013 Errata), Standard, Personal Hygiene, Section (V)(E)(1).

¹⁷ "The facility shall notify detainees of its rules on correspondence and other mail through the detainee handbook, or supplement, provided to each detainee upon admittance. At a minimum, the notification shall specify: ...

8. That identity documents, such as passports, birth certificates, etc., in a detainee's possession are contraband and may be used by ICE/ERO as evidence against the detainee or for other purposes authorized by law (V)(C)(8)." See ICE PBNDS 2011 (2013 Errata), Standard, Correspondence and Other Mail, Section (V)(C)(8).

¹⁸ "All facilities shall have written policy and procedures regarding mail privileges for detainees housed in an SMU (V)(L)." See ICE PBNDS 2011 (2013 Errata), Standard, Correspondence and Other Mail, Section (V)(L).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 24 standards under PBNDS 2011 (2013 Errata) and found the facility in compliance with 16 of those standards. ODO found 12 deficiencies in the remaining 8 standards. ODO commends JPCC staff for its responsiveness during this inspection. ODO recommends ERO New Orleans work with JPCC to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ERO provided ODO with the uniform corrective action plan for ODO's last inspection of JPCC on June 23, 2021.

Compliance Inspection Results Compared	FY 2021 (PBNDS 2011) (2013 ERRATA)	FY 2022 (PBNDS 2011) (2013 ERRATA)
Standards Reviewed	12	24
Deficient Standards	3	8
Overall Number of Deficiencies	5	12
Repeat Deficiencies	0	1
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	N/A	Good