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U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO New Orleans Field Office

LaSalle ICE Processing Center
Jena, Louisiana

February 22-26, 2021

COMPLIANCE INSPECTION
of the
LASALLE ICE PROCESSING CENTER
Jena, Louisiana

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COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Team Lead	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	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 Contingency Compliance inspection of the LaSalle ICE Processing Center (LIPC) in Jena, Louisiana, from February 22-26, 2021.¹ The facility opened in 2007 and is owned and operated by GEO Group, Inc. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at LIPC in 2007 under the oversight of ERO’s Field Office Director (FOD) in New Orleans. The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (revised 2016).

ERO has assigned deportation officers and a detention services manager to the facility. A facility administrator handles daily facility operations and is supported by ██████ personnel. GEO Group, Inc. provides food services, STG International provides medical care, and Keefe Commissary provides commissary services at the facility. The facility does not hold any accreditations from any outside entities. In August 2017, LIPC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA Certified.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	1160
Average ICE Detainee Population ³	████
Male Detainee Population (as of 2/22/2021)	████
Female Detainee Population (as of 2/22/2021)	████

During its last inspection, in fiscal year (FY) 2020, ODO found four deficiencies in the following areas: Disability Identification, Assessment, and Accommodation (1); Funds and Personal Property (1); Grievance System (1); and Medical Care (1).

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 Report as of February 22, 2021.

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.” 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.

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 2011 (REVISED 2016)
MAJOR CATEGORIES**

PBNDS 2011 (Revised 2016) Standards Inspected⁵	Deficiencies
Part 1 – Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	4
Custody Classification System	1
Facility Security and Control	2
Funds and Personal Property	6
Population Counts	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	2
Staff-Detainee Communication	4
Use of Force and Restraints	0
Sub-Total	19
Part 4 – Care	
Food Service	4
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	1
Sub-Total	5
Part 5 – Activities	
Religious Practices	1
Telephone Access	3
Sub-Total	4
Part 6 – Justice	
Grievance System	1
Law Libraries and Legal Material	0
Sub-Total	1
Total Deficiencies	29

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

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. One detainee informed ODO of a self-harm allegation made by her bunkmate. This allegation was immediately reported to facility staff and ICE/ERO. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

Food Service: Seven out of the 12 detainees interviewed stated the facility's food menu lacked variety and did not contain enough fruits and vegetables. Additionally, the detainees stated the portion sizes were too small.

- Action Taken: ODO interviewed the food service manager (FSM), reviewed the five-week regular food menu cycle and found the food menu consisted of healthy food items such as fruits, vegetables, and legumes. ODO verified a registered dietician had certified the facility food menus as nutritionally adequate. ODO found the facility served portions in accordance with the U.S. recommended daily allowances to include the need for food substitutions. ODO reviewed photos and confirmed with the FSM, serving utensils were of the proper measurements and cook supervisors oversaw the serving lines to ensure portion sizes were the required measurements. All meals prepared for the detainee population were heart healthy. In addition, the respective housing unit managers advised the detainees the facility complied with the federal standards for food service meals.

Food Service: One detainee stated she was on a special diet (no meat) which resulted in the facility providing her with peanut butter for almost every meal. The detainee noted she had a peanut allergy.

- Action Taken: ODO interviewed the FSM, reviewed food service medical diet records, and found the detainee arrived at the facility on January 14, 2021. On February 19, 2021, the detainee was approved for a vegetarian diet. ODO found food service staff received a special needs form from the medical department noting the detainee was lactose intolerant and had a peanut allergy. Upon ODO's referral on February 22, 2021, the medical staff added the peanut allergy directive to the detainee's diet orders and she no longer received peanut butter or food containing lactose. ODO was informed the housing unit manager spoke with the detainee during the inspection to ensure she understood her transition from the regular food menu to a specialized vegetarian diet.

Law Library and Legal Materials: One detainee stated she was representing herself on her immigration case; however, the facility only permitted her to access to the law library once a month.

- Action Taken: ODO spoke with the facility's law library clerk and found the detainee had not made any requests either verbally, nor in writing, to access the law library since her arrival. ODO was unable to find any documentation indicating the detainee had ever requested or accessed LIPC's law library. Upon ODO's request, on February 23,

2021, the facility's law library clerk met with the detainee to ensure she was aware of the process for requesting access to the law library.

Medical Care: One detainee claimed he had internal hemorrhoids, which the facility was aware but had been unsuccessful in scheduling an appointment for him to see a specialist. He stated he had previously scheduled appointments, but his appointments were repeatedly cancelled before he could attend them.

- Action Taken: ODO reviewed the detainee's medical records and found the detainee was seen by a nurse for anal pain on June 22, 2020, June 29, 2020, July 15, 2020, and July 20, 2020. On June 23, 2020, the detainee received an ultrasound, which showed a minimal pattern for possible inflammatory pathology in the area the detainee was claiming to have pain. He was given doxycycline for the inflammation at that time. He was then referred to a gastroenterologist on September 16, 2020. An x-ray of his spine taken on September 23, 2020, which was unremarkable; however, the x-ray of his pelvis showed degenerative disc disease of the lower lumbar spine. On October 14, 2020, the detainee refused a bowel prep and signed a refusal form for a colonoscopy scheduled on October 20, 2020, because he thought the procedure would occur inside the detention facility and he would be under anesthesia. On February 11, 2021, medical staff evaluated the detainee again, explained the procedure, and the detainee consented to receiving the procedure. However, the attending physician required the detainee to receive a counseling appointment prior to rescheduling his colonoscopy. The facility's medical coordinator confirmed the detainee would be scheduled for a counseling appointment during the inspection. ODO reached out to the ICE assistant officer in charge (AOIC) to confirm the facility had scheduled the necessary medical appointments and the AOIC informed ODO the detainee was released from custody on an Order of Supervision on February 25, 2021.

Medical Care (Women): One detainee stated she had been waiting to see an OB/GYN physician for over two months and the facility had yet to schedule an appointment for her.

- Action Taken: ODO reviewed the detainee's medical records and found the detainee arrived at the facility on February 1, 2021. She was seen the following day by a nurse practitioner for increased sharp pain in her pelvic area, and prescribed Naproxen 500mg twice a day. The detainee stated she had a left ovarian cyst, which was originally noted during childbirth in April 2019. She stated due to her lack of health insurance, she had not attempted to see a doctor to have the cyst removed. The medical staff previously submitted a pending referral for an outside specialist willing to take appointments due to COVID-19; however, due to ODO's request, the medical staff initiated a new referral for an OB/GYN physician during the inspection. The medical staff were informed non-urgent medical cases were taking approximately three to four weeks for scheduling.

Significant Self-harm and Suicide Prevention and Intervention: One detainee stated her bunkmate made claims she no longer wanted to live, and she was routinely depressed.

- Action Taken: The ODO interviewer immediately referred the issue to the facility staff. Additionally, ODO notified the facility administrator and ICE/ERO. Approximately 40 minutes later, the facility administrator informed ODO the detainee was in the medical

unit under review. ODO followed-up that evening with the facility administrator and informed the detainee was evaluated by an ICE Health Service Corps (IHSC) psychologist and returned to her dorm. On February 26, 2021, ODO followed-up with the facility nurse and informed the detainee denied any desires to commit self-harm. According to the IHSC psychologist, the detainee spoke about her previous job and her medications freely, with no apparent signs of suicidality. As such, the psychologist released the detainee back to her housing unit.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ADMISSION AND RELEASE (AR)

ODO reviewed 17 detainee files of detainees admitted to the facility and found one out of 17 detainee files did not contain a Form I-203, Order to Detain or Release, signed by an appropriate ICE/ERO authorizing official (**Deficiency AR-54⁶**).

ODO reviewed five detainee files and found five out of five files did not contain a check of wants and warrants. ODO interviewed the facility's area lieutenant and confirmed the facility did not complete the wants and warrants prior to the detainees' release, removal, nor transfer (**Deficiency AR-78⁷**).

ODO found no evidence release procedures were approved by ICE/ERO (**Deficiency AR-79⁸**).

ODO reviewed five detainee files of detainees released from the facility and found five out of five detainee files did not contain a Form I-203, Order to Detain or Release, signed by an appropriate ICE/ERO authorizing official (**Deficiency AR-80⁹**).

CUSTODY CLASSIFICATION SYSTEMS (CCS)

ODO reviewed six detainee files of detainees released from the special management unit (SMU), and found in six out of six files, the facility staff did not conduct the special reclassification within 24 hours before the detainees left the SMU (**Deficiency CCS-53¹⁰**).

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed LIPC's policy, reviewed the attorney's visitation log, and found 44 out of 44 attorney visitor log entries did not include a signature of each visitor (**Deficiency FSC-26¹¹**).

ODO reviewed LIPC's policy, interviewed the LIPC captain, reviewed the LIPC back gate

⁶ "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 (Revised 2016), Standard, Admission and Release, Section (V)(E).

⁷ "Facility staff assigned to processing must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include but are not limited to: checking wants and warrants." *See* ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(H).

⁸ "ICE/ERO shall approve all facility release procedures." *See* ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(H).

⁹ "A detainee's out-processing begins when release processing staff receive the Form I-203, "Order to Detain or Release," signed by an authorizing official." *See* ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(H)(1).

¹⁰ "Staff shall complete a special reclassification within 24 hours before a detainee leaves the Special Management Unit (SMU), following an incident of abuse or victimization, and at any other time when warranted based upon the receipt of additional, relevant information," *See* ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(H)(3).

¹¹ "The post officer shall require the visitor to print and sign his/her name in the visitor logbook." *See* ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(C)(1)(b)(3).

traffic log, and found the facility did not log the vehicle contents, facility employee responsible for the vehicle on-site, nor the purpose of the visit for all vehicles entering the facility (**Deficiency FSC-59¹²**).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed LIPC's detainee handbook and found it did not notify detainees of how to access their personal funds to pay for legal services (**Deficiency FPP-20¹³**).

Corrective Action: Prior to the completion of the inspection, the facility issued a memorandum (effective February 26, 2021) updating the detainee handbook to include the notice detainees may access their own personal funds to pay for legal services.

ODO reviewed 17 detainee files and found 17 out of 17 detainee files did not contain evidence the booking staff obtained a forwarding address when the detainee was released from the facility (**Deficiency FPP-24¹⁴**).

ODO reviewed G-589 Property Receipt Forms for personal checks removed from four detainees and found four out of four forms did not include the name of the issuing bank, the register nor check numbers, nor the account name (**Deficiency FPP-54¹⁵**).

ODO reviewed 17 detainee files and found 17 out of 17 detainee files did not contain the general condition of detainee property on the personal property inventory forms (**Deficiency FPP-88¹⁶**).

ODO reviewed four quarterly inventory audits and found four out of four audits did not document the time of the inventory (**Deficiency FPP-124¹⁷**).

ODO reviewed 17 detainee files and found 17 out of 17 detainee files did not contain evidence the booking staff obtained a forwarding address when the detainee was released from the facility

¹² "The post officer shall log the following information regarding every vehicle: tag number, driver's name, firm represented, purpose of the visit, (e.g., repairs, delivery, etc.), vehicle contents, date, time in, time out and facility employee responsible for the vehicle on-site." See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(C)(2)(b).

¹³ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures related to personal property, including:

6. access to detainee personal funds to pay for legal services."

See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(C)(6).

¹⁴ "Standard operating procedure shall include obtaining a forwarding address from every detainee for use in the event that personal property is lost or forgotten in the facility after the detainee's release, transfer, or removal." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(D). **This is a Repeat Deficiency.**

¹⁵ "The G-589 shall include:

f. in the "Description" column:

2) the name of the issuing bank, the register or check number and the account name."

See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(G)(1)(f)(2).

¹⁶ "The personal property inventory form must contain the following information at a minimum:

4. general condition of the property."

See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(I)(4).

¹⁷ "The facility's inventory audit shall indicate the inventory's date and time, and the name of the officer(s) conducting the inventory." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(J).

(Deficiency FPP-150¹⁸).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed 12 detainee confinement records and noted 12 out of 12 records did not contain the officer's printed name and signature **(Deficiency SMU-99¹⁹)**.

ODO reviewed 12 detainee confinement records and noted 12 out of 12 records did not contain the medical officer's signature **(Deficiency SMU-100²⁰)**.

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the electronic log for recording detainee requests to ICE/ERO and noted ICE/ERO staff did not consistently respond to the detainees' requests within three business days **(Deficiency SDC-16²¹)**.

ODO spoke with the ICE Assistant Officer in Charge (AOIC), reviewed 12 detainee files, and noted ICE did not maintain copies of detainee requests in the detainee detention files **(Deficiency SDC-21²²)**.

ODO spoke with the ICE AOIC, reviewed 12 detainee files, and noted ICE did not maintain copies of confidential detainee requests in the detainee detention files **(Deficiency SDC-22²³)**.

ODO reviewed LIPC's detainee handbook and found it did not advise detainees of the updated procedures to submit questions, requests, nor concerns to ICE/ERO staff, nor of the availability of assistance to prepare ICE requests **(Deficiency SDC-23²⁴)**.

Corrective Action: Prior to the completion of the inspection, the facility issued a memorandum (effective February 25, 2021) updating the detainee handbook to include the current procedures to submit ICE requests, as well as the availability of assistance to

¹⁸ "The facility administrator shall forward the result of the claim to the claimant's forwarding address (provided upon admission or in conjunction with the claim)." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(L)(1).

¹⁹ "The officer that conducts the activity shall print his/her name and sign the record." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(3)(a)(3).

²⁰ "The facility medical officer shall sign each individual's record when he/she visits a detainee in the SMU." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(3)(b).

²¹ "In Facilities with ICE/ERO Onsite Presence; The ICE/ERO staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no later than within three (3) business days of receipt." See ICE PBNDS 2011 (Revised 2016), Standard, Section Staff-Detainee Communication, Section (V)(B)(1)(a).

²² "A copy of each completed detainee request shall be filed in the detainee's detention file and be retained there for three years at minimum." See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B)(2).

²³ "Copies of confidential requests shall be maintained in the A file." See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B)(2).

²⁴ "As required by standard "6.1 Detainee Handbook," each facility's handbook (or supplement) shall advise detainees in a language or manner that they understand of the procedures to submit written questions, requests, or concerns to ICE/ERO staff, as well as the availability of assistance to prepare such requests." See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B)(3).

prepare such requests.

CARE

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMODATION (DIAA)

ODO reviewed LIPC's policy, interviewed the IHSC commander, reviewed IHSC training records, and found 12 out of 72 IHSC personnel did not receive initial orientation training on the facility's disability and reasonable accommodations procedures (**Deficiency DIAA-69²⁵**).

FOOD SERVICE (FS)

ODO interviewed the FSM, religious services coordinator (RSC), reviewed LIPC's policy, and reviewed 11 detainee religious diet participation packets. ODO found 11 out of 11 detainees who applied for the religious diet program did not complete the Authorization for Common Fare Participation Forms (**Deficiency FS-172²⁶**). Accordingly, the facility did not collect a written statement from the detainees articulating a religious motivation for participation in the common fare program (**Deficiency FS-173²⁷**), nor did the facility provide oral interpretation or written assistance to illiterate or limited-English proficient detainees (**Deficiency FS-174²⁸**). Additionally, the facility did not forward a copy of the correct document for inclusion into the detainee's detention file (**Deficiency FS-175²⁹**).

ACTIVITIES

RELIGIOUS PRACTICES (RP)

ODO spoke with the RSC, reviewed 11 detainee religious diet participation packets, and found the facility did not utilize the Authorization for Common Fare Participation Form for 11 out of 11 detainees who applied to the religious diet program to determine whether a detainee may participate in the common fare diet program (**Deficiency RP-72³⁰**).

TELEPHONE ACCESS (TA)

ODO reviewed photographs, interviewed the LIPC classification manager, and determined the

²⁵ "New facility staff, including contractors and volunteers, shall receive this training as part of the Initial Orientation training required by Standard" *See* ICE PBNDS 2011 (Revised 2016), Standard, Disability Identification, Assessment, and Accommodation, Section (V)(I).

²⁶ "To participate in the common fare program, a detainee shall initiate an "Authorization for Common Fare Participation" form (Appendix 4.1.A) for consideration by the chaplain (or FSA)." *See* ICE PBNDS 2011(Revised 2016), Standard, Food Service, Section (V)(G)(1).

²⁷ "On the form, the detainee shall provide a written statement articulating the religious motivation for participation in the common fare program." *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(G)(1).

²⁸ "Oral interpretation or written assistance shall be provided to illiterate or limited-English proficient detainees as necessary in completing this form." *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(G)(1).

²⁹ "If participation is approved, the chaplain or FSA shall forward a copy of the form for inclusion in the detainee's detention file." *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(G)(1).

³⁰ "A detainee who wants to participate in the religious diet ("common fare") program may initiate the "Authorization for Common Fare Participation" form that is attached to standard "4.1 Food Service.'" *See* ICE PBNDS 2011 (Revised 2016), Standard, Religious Practices, Section (V)(K).

ERO field office did not provide the facility updated listings of embassies and consulates (**Deficiency TA-36³¹**).

Corrective Action: On February 22, 2021, the ERO New Orleans AOIC consulted with the local EOIR and obtained current telephone and consulate lists, and subsequently arranged to be notified when future updated lists become available. On February 23, 2021, the facility posted the updated lists in the detainee housing units.

ODO reviewed photographs, interviewed the LIPC classification manager, and determined the telephone lists posted in the detainee housing units were not current (**Deficiency TA-26³²**) (**Deficiency TA-37³³**).

Corrective Action: On February 22, 2021, the ERO New Orleans AOIC consulted with the local Executive Office of Immigration Review (EOIR), obtained current telephone and consulate lists, and subsequently arranged to be notified when future updated lists become available. On February 23, 2021, the facility posted the updated lists in the detainee housing units.

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed LIPC's detainee handbook and found it did not provide the required notice of the opportunity to file a complaint directly with the DHS Office of Inspector General (OIG) about staff misconduct, physical nor sexual abuse, nor civil rights violations by calling the DHS Hotline or by writing to DHS (**Deficiency GS-18³⁴**).

Corrective Action: Prior to the completion of the inspection, the facility issued a memorandum (effective February 25, 2021) updating the detainee handbook to include a notice to detainees of the opportunity to file a complaint directly with the DHS OIG.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 21 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with ten of those standards. ODO found 29 deficiencies in the remaining 11 standards. ODO commends facility staff for their

³¹ "The Field Office Director shall ensure that all information is kept current and is provided to each facility." See ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(E).

³² "Updated telephone and consulate lists shall be posted in detainee housing units." See ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(C).

³³ "Updated lists need to be posted in the detainee housing units." See ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(E).

³⁴ "The facility shall provide each detainee, upon admittance, a copy of the detainee handbook and local supplement (see also standard '6.1 Detainee Handbook'), in which the grievance section provides notice of the following:

8. The opportunity at any point to file a complaint directly to the Department of Homeland Security (DHS) OIG about staff misconduct, physical or sexual abuse or civil rights violations; complaints may be filed by calling the DHS OIG Hotline at 800-323-8603 or by writing to: Department of Homeland Security Attn: Office of the Inspector General Washington, DC 20528."

See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(B)(8).

responsiveness during this inspection and notes there were four instances where the facility’s staff initiated immediate corrective action during the inspection. ODO recommends ERO work with the facility to resolve any outstanding deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 (PBNS 2011) (Revised 2016)	FY 2021 (PBNS 2011) (Revised 2016)
Standards Reviewed	18	21
Deficient Standards	4	11
Overall Number of Deficiencies	4	29
Repeat Deficiencies	0	1
Areas of Concern	0	0
Corrective Actions	2	4