



U.S. Department of Homeland Security
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

South Louisiana Detention Center
Basile, Louisiana

April 12-16, 2021

**COMPLIANCE INSPECTION
of the
SOUTH LOUISIANA DETENTION CENTER
Basile, Louisiana**

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COMPLIANCE INSPECTION TEAM MEMBERS



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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 South Louisiana Detention Center (SLDC) in Basile, Louisiana, from April 12 to 16, 2021.¹ The facility opened in 2019 and is owned and operated by Geo Group. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at SLDC in 2019 under the oversight of the ERO 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) and a detention services manager to the facility. An SLDC administrator handles daily facility operations and is supported by [REDACTED] personnel. Geo Group provides food services and medical care, and Union Supply Group provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	1041
Average ICE Detainee Population ³	[REDACTED]
Male Detainee Population (as of April 12, 2021)	N/A
Female Detainee Population (as of April 12, 2021)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2020, ODO found zero deficiencies in 19 standards inspected.

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

² Data Source: ERO Facility List Report as of April 12, 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	1
Custody Classification System	0
Facility Security and Control	2
Funds and Personal Property	0
Population Counts	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	3
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Medical Women	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	0
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	3

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, nor abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

Staff-Detainee Communication: One detainee stated she made a verbal request to ICE officers to provide a copy of the "bond forms" required for her case and stated her lawyer has made the same request with no response from ERO New Orleans.

- Action Taken: ODO reviewed the detainee request logs and found no requests made by the detainee; however, on April 14, 2021, ODO interviewed the assigned DO and advised the DO of the detainee's request for a copy of her legal documents, which he initiated on that day. The DO advised ODO the detainee will be informed of the written process for proper documentation requests. Additionally, the DO advised ODO once the facility receives the detainee's files, a DO will give them to her and will ensure any future requests by the detainee are resolved.

Medical Care: One detainee stated if she submits her medical request on Friday or over the weekend, she will not receive medical attention until Monday.

- Action Taken: ODO reviewed the facility's Sick Call policy, procedures the facility follows for triaging non-emergent requests for health services, and interviewed the health services administrator (HSA), who provided ODO photos of sick-call request boxes placed throughout each housing unit. The HSA advised ODO that sick-call request slips are retrieved by health services staff nightly at 10 p.m., including weekends. Furthermore, the requests are immediately triaged with the most urgent requests seen immediately and with remaining requests scheduled for the following day, including weekends. The HSA informed ODO that the health services staff are on-site 24 hours per day, 7 days per week, and evaluate all detainee medical care requests within 24 hours.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed 12 detainee Order to Release Forms (Form I-203) and found an ERO New Orleans authorizing official had not signed 1 out of 12 Form I-203s (**Deficiency AR-54**⁶).

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 & Release, Section (V)(E).

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the facility's visitor logbook and found no location for the visitor to sign his/her name in the visitor logbook (**Deficiency FSC-26**⁷).

ODO reviewed the facility's vehicle entrance logbook and found no location for the post officer to log the vehicle's contents (**Deficiency FSC-59**⁸).

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 19 of those standards. ODO found 3 deficiencies in the remaining 2 standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2010 (PBNDS 2011) (Revised 2016)	FY 2021 (PBNDS 2011) (Revised 2016)
Standards Reviewed	19	21
Deficient Standards	0	2
Overall Number of Deficiencies	0	3
Repeat Deficiencies	0	0
Areas of Concern	0	0
Corrective Actions	0	0

⁷ "The post officer shall require the visitor to print and sign his/her name in the visitor logbook." See PBNDS 2011 (Revised 2016) Standard, Facility Security and Control, Section (V)(C)(1)(b)(3).

⁸ "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).