



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
Follow-Up Compliance Inspection

Enforcement and Removal Operations
ERO New Orleans Field Office

South Louisiana Detention Center
Basile, Louisiana

August 30 - September 2, 2021

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

TABLE OF CONTENTS

FACILITY OVERVIEW	4
FOLLOW-UP COMPLIANCE INSPECTION PROCESS.....	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES.....	6
DETAINEE RELATIONS.....	7
FOLLOW-UP COMPLIANCE INSPECTION FINDINGS.....	7
CARE	7
Food Service	7
Medical Care.....	7
CONCLUSION	7



FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead
Inspections and Compliance Specialist
Contractor
Contractor
Contractor
Contractor

ODO
ODO
Creative Corrections
Creative Corrections
Creative Corrections
Creative Corrections

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a follow-up compliance inspection of the South Louisiana Detention Center (SLDC) in Basile, Louisiana, from August 30 to September 2, 2021.¹ This inspection focused on the standards found deficient during ODO’s last inspection of SLDC from April 12 to 16, 2021. 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 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 and a detention services manager to the facility. An SLDC administrator handles daily facility operations and manages █████ support 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	█████
Average ICE Detainee Population ³	█████
Male Detainee Population (as of August 30, 2021)	█████
Female Detainee Population (as of August 30, 2021)	█████

During its last inspection, in Fiscal Year (FY) 2021, ODO found three deficiencies in the following areas: Admission and Release (1) and Facility Security and Control (2).

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 August 23, 2021.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's UCAP, and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

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.

**FINDINGS BY PERFORMANCE-BASED NATIONAL
DETENTION STANDARDS 2011 (REVISED 2016)
MAJOR CATEGORIES**

PBNDS 2011 (Revised 2016) Standards Inspected⁴	Deficiencies
Part 1 – Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Special Management Units	0
Use of Force and Restraints	0
Sub-Total	0
Part 4 – Care	
Food Service	1
Hunger Strikes	0
Medical Care	1
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	2
Total Deficiencies	2

⁴ For greater detail on ODO’s findings, see the *Follow-Up 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. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

Admission and Release: Two detainees stated they did not receive the facility-specific detainee handbook nor ICE National Detainee Handbook upon intake to the facility.

- Action Taken: ODO reviewed the detention files for both detainees and found signed acknowledgements from each detainee, confirming their receipt of both handbooks upon intake. On September 1, 2021, facility staff provided copies of both handbooks to the two detainees.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

CARE

FOOD SERVICE (FS)

ODO reviewed the fire suppression inspection report and found the facility failed to inspect the food service Ansul fire suppression system every 6 months by a qualified contractor. The facility's last fire suppression system inspection was conducted on January 19, 2021 (**Deficiency FS-407⁵**).

MEDICAL CARE (MC)

ODO reviewed [REDACTED] detainee medical records and found [REDACTED] medical records did not contain a comprehensive health assessment, including completion of a physical examination within 14 days of the detainee's arrival at the facility. The facility completed the required physical examinations for the [REDACTED] detainees 26 and 28 days respectively, after their arrival at the facility (**Deficiency MC-137⁶**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 13 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 11 of those standards. ODO found two deficiencies in the remaining two standards. ODO commends facility staff members 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. ODO has not received the uniform corrective action plan for ODO's last inspection of SLDC in April 2021.

⁵ **Error! Bookmark not defined.** "Qualified contractor shall inspect the system every six months." See ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(12)(f).

⁶ "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).

Compliance Inspection Results Compared	First FY 2021 (PBNS 2011) (Revised 2016)	Second FY 2021 (PBNS 2011) (Revised 2016)
Standards Reviewed	21	13
Deficient Standards	2	2
Overall Number of Deficiencies	3	2
Repeat Deficiencies	0	0
Areas of Concern	0	0
Corrective Actions	0	0