



**U.S. Department of Homeland Security**  
U.S. Immigration and Customs Enforcement  
Office of Professional Responsibility  
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Office of Detention Oversight  
Compliance Inspection

Enforcement and Removal Operations  
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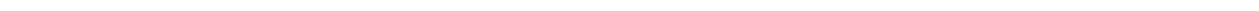
Stewart Detention Center  
Lumpkin, Georgia

February 22-26, 2021

**COMPLIANCE INSPECTION  
of the  
STEWART DETENTION CENTER  
Lumpkin, Georgia**

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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 Stewart Detention Center (SDC) in Lumpkin, Georgia, from February 22-25, 2021.<sup>1</sup> The facility opened in 2006 and is owned and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at SDC in October 2006 under the oversight of ERO’s Field Office Director in Atlanta (ERO Atlanta). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers and a detention service manager to the facility. An SDC warden handles daily facility operations and is supported by ██████ personnel. Trinity Food Service provides food services, CoreCivic provides medical care, and Keefe Supply Company provides commissary services at the facility. The facility was accredited by the American Correctional Association in August 2018 and by the National Commission on Correctional Health Care in November 2020.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	2016
Average ICE Detainee Population <sup>3</sup>	██████
Male Detainee Population (as of February 22, 2021)	██████
Female Detainee Population (as of February 22, 2021)	██████

During its last inspection, in Fiscal Year (FY) 2020, ODO found four deficiencies in the following areas: Admission and Release (2) and Custody Classification System (2).

<sup>1</sup> This facility holds both male and female detainees with low, medium-low, medium-high, and high-security classification levels for periods longer than 72 hours.

<sup>2</sup> Data Source: ERO Facility List Report as of February 22, 2021

<sup>3</sup> *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.<sup>4</sup>

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.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

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

<b>PBNDS 2011 (Revised 2016) Standards Inspected<sup>5</sup></b>	<b>Deficiencies</b>
<b>Part 1 – Safety</b>	
Emergency Plans	0
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 – Security</b>	
Admission and Release	2
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	5
Population Counts	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	1
Staff-Detainee Communication	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>8</b>
<b>Part 4 – Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Significant Self-Harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 5 – Activities</b>	
Religious Practices	0
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Grievance Systems	0
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>8</b>

<sup>5</sup> 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 concern listed below. ODO conducted detainee interviews via video teleconference.

*Medical Care:* ODO interviewed one detainee who stated she had reported vision concerns to the facility's medical staff and requested eyeglasses; however, the facility's medical staff advised her she would have to wait six months to see an eye doctor.

- Action Taken: ODO reviewed the detainee's medical records and interviewed the health services administrator (HSA). On January 10, 2021, the facility's medical staff examined her vision and concluded she needed corrective lenses. The facility's medical staff placed her on the waiting list for an appointment with the off-site optometrist and the HSA informed her the first available appointment would not be until the end of March 2021. The HSA advised ODO the facility's provider will meet with the detainee to ensure she is aware of her pending appointment and to inform her of the facility's procedures for obtaining reading glasses from the commissary.

## COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### ADMISSION AND RELEASE (A&R)

ODO reviewed five detainee release files and found the detainees had not signed five out of five detainee property inventory forms at release, indicating the return of the detainees' personal property (**Deficiency A&R-90**<sup>6</sup>).

ODO reviewed five detainee release files and found five out of five detainee release files did not contain property inventory release forms (**Deficiency A&R-91**<sup>7</sup>).

#### FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the facility's F&PP program and found the facility did not store the detainees' large valuables in a secured locker (**Deficiency F&PP-10**<sup>8</sup>).

ODO reviewed 17 detainee valuable property release files and found 5 out of 17 detainee property

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<sup>6</sup> "The detainee shall check his/her property against the original personal property inventory form. If all property is correctly accounted for, the detainee shall sign the inventory sheet." See ICE PBNDS 2011 (Revised 2016), Standard, Admission & Release, Section (V)(H)(9)(b).

<sup>7</sup> "If all property is correctly accounted for, the detainee shall sign the inventory sheet, a copy of which the officer shall place in the detainee's detention file." See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(H)(9)(c).

<sup>8</sup> "All facilities, at a minimum, shall provide:

1. a secured locker for holding large valuables." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(A)(1).

release files, the facility did not list all of the detainees' valuable items on their valuable property receipts (**Deficiency F&PP-62**<sup>9</sup>).

ODO reviewed the facility's F&PP program and found the facility did not maintain their detainee property logbook in their property room (**Deficiency F&PP-98**<sup>10</sup>).

ODO reviewed one detainee property release file and found the file did not contain a blue/second copy of the Property-Receipt Form (Form G-589) nor equivalent form signed by the detainee, indicating their receipt of the personal property due (**Deficiency F&PP-135**<sup>11</sup>).

ODO reviewed five detainee valuable property release logs and found one out of five detainee property release logs did not reflect the return of the detainee's valuables (**Deficiency F&PP-136**<sup>12</sup>).

### **SPECIAL MANAGEMENT UNITS (SMU)**

ODO reviewed 12 SMU housing orders and found 6 out of 12 housing orders did not contain the printed and signed name of the officer conducting the activity (**Deficiency SMU-99**<sup>13</sup>).

## **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 18 of those standards. ODO found eight deficiencies in the remaining three 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.

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<sup>9</sup> "The Form G-589 or equivalent should be used to describe generally each item of value." *See* ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(G)(2).

<sup>10</sup> "A logbook shall be maintained listing detainee name, A-number or facility detainee number, I-77 number, security tie-strap number, property description, date issued, and date returned." *See* ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(I).

<sup>11</sup> "The detainee shall then sign the blue/second copy of the G-589 Form or equivalent, indicating his/her receipt of all funds and personal property due him/her." *See* ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(K).

<sup>12</sup> "The property log and inventory sheets shall reflect the transaction." *See* ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(K).

<sup>13</sup> "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).



<b>Compliance Inspection Results Compared</b>	<b>FY 2020 PBND 2011 (Revised 2016)</b>	<b>FY 2021 PBND 2011 (Revised 2016)</b>
Standards Reviewed	19	21
Deficient Standards	2	3
Overall Number of Deficiencies	4	8
Repeat Deficiencies	4	0
Areas of Concern	0	0
Corrective Actions	0	0