



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 Atlanta Field Office**

**Stewart Detention Center
Lumpkin, Georgia**

June 28 – July 1, 2021

FOLLOW-UP COMPLIANCE INSPECTION
of the
STEWART DETENTION CENTER
Lumpkin, Georgia

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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 follow-up compliance inspection of the Stewart Detention Center (SDC) in Lumpkin, Georgia, from June 28 to July 1, 2021.¹ This inspection focused on the standards found deficient during ODO’s last inspection of SDC from February 22 to 26, 2021. 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 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 services manager to the facility. An SDC warden handles daily facility operations and manages [REDACTED] support personnel. Trinity Food Service provides food services, CoreCivic provides medical care, and Keefe Commissary Network provides commissary services at the facility. The facility was accredited by the American Correctional Association and the National Commission on Correctional Health Care in July 2020. In September 2017, SDC 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	[REDACTED]
Average ICE Detainee Population ³	[REDACTED]
Male Detainee Population (as of June 28, 2021)	[REDACTED]
Female Detainee Population (as of June 28, 2021)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2021, ODO found eight deficiencies in the following areas: Admission and Release (2); Funds and Personal Property (5); and Special Management Units (1).

¹ This facility holds male and 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 June 28, 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 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
Funds and Personal Property	1
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	3
Use of Force and Restraints	1
Sub-Total	5
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	5

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. One detainee exhibited signs of mental health issues during the interview, and ODO immediately referred him to both ERO Atlanta and facility medical staff for evaluation. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO attempted to conduct detainee interviews via video teleconference; however, ERO Atlanta and the facility were not able to accommodate this request due to technology issues. As such, ODO conducted the detainee interviews via telephone.

Admission and Release: Two detainees stated they did not receive the facility detainee handbook or ICE National Detainee Handbook upon their intake to the facility.

- **Action Taken:** ODO reviewed the detainee detention files for both detainees and found signed acknowledgements from each detainee, which indicated they received a copy of the facility detainee handbook and the ICE National Detainee Handbook upon intake. ODO requested the facility provide each detainee a copy of the handbooks, and on June 29, 2021, the facility chief of security provided copies of the facility detainee handbook and ICE National Detainee Handbook to both detainees.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed [REDACTED] detention files of detainees who possessed small valuables and found in [REDACTED] the SDC funds and valuables form (G-589 equivalent) did not generally describe each item of value (**Deficiency FPP-62⁵**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed [REDACTED] administrative segregation orders for detainees placed in SMU during intake for medical observation due to the COVID-19 pandemic and found a medical professional did not complete or sign the orders (**Deficiency SMU-30⁶**).

ODO reviewed [REDACTED] administrative segregation orders and found [REDACTED] of the files contained the date and time of release on the orders (**Deficiency SMU-42⁷**).

⁵ “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).

⁶ “A medical professional who ordered a detainee removed from the general population shall complete and sign an administrative segregation order (see below), unless the detainee is to stay in the medical department’s isolation ward.” See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(A)(1)(g).

⁷ “When the detainee is released from the SMU, the releasing officer shall indicate the date and time of release on the administrative segregation order.” See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(A)(2)(h).

ODO reviewed [REDACTED] disciplinary segregation orders and found [REDACTED] of the files contained the date and time of release on the orders (**Deficiency SMU-71⁸**).

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed [REDACTED] use-of-force after-action reviews (AAR) and found [REDACTED] AARs did not include all AAR team members. Specifically, [REDACTED] AARs lacked the health services administrator, one AAR lacked the facility administrator, and [REDACTED] AAR lacked the assistant facility administrator (**Deficiency UOFR-154⁹**).

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 10 of those standards. ODO found five deficiencies in the remaining three standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO Atlanta work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. UCAP from previous inspection received by ODO: ERO provided ODO with the uniform corrective action plan for ODO’s last inspection of SDC on July 28, 2021.

Compliance Inspection Results Compared	First FY 2021 (PBNDS 2011) (Revised 2016)	Second FY 2021 (PBNDS 2011) (Revised 2016)
Standards Reviewed	21	13
Deficient Standards	3	3
Overall Number of Deficiencies	8	5
Repeat Deficiencies	0	0
Areas of Concern	0	0
Corrective Actions	0	0

⁸ “When the detainee is released from the SMU, the releasing officer shall indicate the date and time of release on the disciplinary segregation order.” See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(B)(2)(c).

⁹ “The facility administrator, the assistant facility administrator, the Field Office Director’s designee and the health services administrator (HSA) shall conduct the after-action review.” See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(3).