



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 Atlanta Field Office

Stewart Detention Center
Lumpkin, Georgia

October 19-21, 2021

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 compliance inspection of the Stewart Detention Center (SDC) in Lumpkin, Georgia, from October 19 to 21, 2021.¹ 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 █████ support personnel. Trinity Food Service provides food services, CoreCivic provides medical care, and Keefe provides commissary services at the facility. The facility was accredited by the American Correctional Association in August 2021. In November 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	█████
Average ICE Detainee Population ³	█████
Male Detainee Population (as of October 19, 2021)	█████
Female Detainee Population (as of October 19, 2021)	█████

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 both 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 September 27, 2021.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, 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.

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 Inspected ^{5, 6}	Deficiencies
Part 1 – Safety	
Emergency Plans	0
Environmental Health and Safety	1
Sub-Total	1
Part 2 – Security	
Admission and Release	0
Custody Classification System	1
Funds and Personal Property	0
Post Orders	3
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication ⁷	1
Use of Force and Restraints	0
Sub-Total	5
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Personal Hygiene	1
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	1
Part 5 – Activities	
Correspondence and Other Mail	2
Marriage Requests	0
Trips for Non-Medical Emergencies	0
Voluntary Work Program	0
Sub-Total	2

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

⁶ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

⁷ The deficiency cited under the Staff-Detainee Communication standard was identified while performing detainee interviews; the Staff-Detainee Communication standard was not reviewed in its entirety.

Part 6 – Justice	
Legal Rights Group Presentations	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	0
Interview and Tours	0
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	9

DETAINEE RELATIONS

ODO interviewed 18 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 concern listed below.

Medical Care: One detainee stated medical staff advised him he would receive an ultrasound regarding his testicular pain but never received one.

- Action Taken: ODO reviewed the detainee’s medical record and interviewed the facility’s health services administrator (HSA) who conducted a medical review and confirmed that on September 6, 2021, the detainee submitted a sick call request regarding testicular pain, received an appointment for September 10, 2021, and waited until September 21, 2021, for an evaluation. On September 21, 2021, medical staff evaluated the detainee, noted the need for an ultrasound, and prescribed the detainee Naproxen for his pain. On October 19, 2021, medical staff conducted a follow-up evaluation and prescribed ibuprofen for the detainee. The detainee is scheduled for a scrotal ultrasound on November 10, 2021 and will receive follow-up care pending the results of the ultrasound.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO toured the facility’s housing units and found environmental health conditions did not meet recognized standards of hygiene for detainee-to-toilet ratios. Specifically, the American Correctional Association’s recognized standard for the detainee-to-toilet ratio is 12-to-1 for males and 8-to-1 for females. The facility’s housing units had a detainee-to-toilet ratio of 14.6-to-1 for

males and 22-to-1 for females (**Deficiency EHS-1⁸**).

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed [REDACTED] detainee detention files and found [REDACTED] files did not contain documentation indicating facility staff completed a special reclassification within 24 hours before the facility released the detainees from the Special Management Unit (**Deficiency CCS-53⁹**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO interviewed [REDACTED] detainees, reviewed [REDACTED] request forms detainees submitted to ICE, and found ICE staff did not respond to [REDACTED] request forms within 3 business days (**Deficiency SDC-16¹⁰**).

POST ORDERS (PO)

ODO reviewed the facility's post orders and found the facility administrator did not sign nor date each post order on the last page of each section (**Deficiency PO-11¹¹**).

ODO reviewed the facility's post orders and found the facility administrator did not initial nor date all other pages of each post order (**Deficiency PO-12¹²**).

ODO reviewed the facility's post orders and found review and signature forms did not contain the date, officer's name, nor signature (**Deficiency PO-19¹³**).

⁸ "Environmental health conditions shall be maintained at a level that meets recognized standards of hygiene, including those from the:

a. American Correctional Association."

See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(A)(1)(a).

⁹ "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, such as after a criminal act, or if a detainee wins a criminal appeal, is pardoned or new criminal information comes to light." See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(H)(3).

¹⁰ "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, Standard, Staff-Detainee Communication, Section (V)(B)(1)(a).

¹¹ "The facility administrator (or designee) shall:

1. approve, sign and date each Post Order on the last page of each section;"

See ICE PBNDS 2011, Standard, Post Orders, Section (V)(C)(1).

¹² "The facility administrator (or designee) shall:

2. initial and date all other pages"

See ICE PBNDS 2011, Standard, Post Orders, Section (V)(C)(2).

¹³ "The post orders for each post shall be issued in a six-part classification folder and shall be organized as follows:

Section 6: Review and signature form, dated and with the officer's name printed and signed."

See ICE PBNDS 2011, Standard, Post Orders, Section (V)(D)(6).

CARE

PERSONAL HYGIENE (PH)

ODO toured facility housing units and found the housing units did not provide an adequate number of toilets for detainees. Specifically, the American Correctional Association's recognized standard for the detainee-to-toilet ratio is 12-to-1 for males and 8-to-1 for females. The facility's housing units had a detainee-to-toilet ratio of 14.6-to-1 for males and 22-to-1 for females (**Deficiency PH-32**¹⁴).

ACTIVITIES

CORRESPONDENCE AND OTHER MAIL (COM)

ODO reviewed the facility's detainee handbook and found it did not specify that identity documents in a detainee's possession are contraband (**Deficiency COM-22**¹⁵).

ODO reviewed two prohibited item forms and found the facility administrator did not sign either form (**Deficiency COM-81**¹⁶).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 25 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 19 of those standards. ODO found nine deficiencies in the remaining six 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. ERO provided ODO with the uniform corrective action plan for ODO's last inspection of SDC on October 18, 2021.

¹⁴ "Detainees shall be provided:

1. an adequate number of toilets, 24 hours per day, which can be used without staff assistance when detainees are confined to their cells or sleeping areas."

See ICE PBNDS 2011, Standard, Personal Hygiene, Section (V)(E)(1).

¹⁵ "At a minimum, the notification shall specify: ...

8. That identity documents, such as passports, birth certificates, etc., in a detainee's possession are contraband and may be used by ICE/ERO as evidence against the detainee or for other purposes authorized by law (however, upon request, the detainee shall be provided a copy of each document, certified by an ICE/ERO officer to be a true and correct copy; the facility shall consult ICE/ERO with any and all requests for identity documents)"

See ICE PBNDS 2011, Standard, Correspondence and Other Mail, Section (V)(C)(8).

¹⁶ "Both sender and addressee shall be provided written notice, signed by the facility administrator, with explanation, when the facility rejects incoming or outgoing mail." See ICE PBNDS 2011, Standard, Correspondence and Other Mail, Section (V)(H).

Compliance Inspection Results Compared	FY 2021 (PBNS 2011) (Revised 2016)	FY 2022 (PBNS 2011) (Revised 2016)
Standards Reviewed	21	25
Deficient Standards	3	6
Overall Number of Deficiencies	8	9
Repeat Deficiencies	0	0
Areas of Concern	0	0
Corrective Actions	0	0
Facility Rating	N/A	Superior