



U.S. Department of Homeland Security
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**

**Jackson Parrish Correctional Center
Jonesboro, Louisiana**

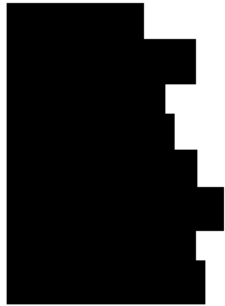
April 26-28, 2022

FOLLOW-UP COMPLIANCE INSPECTION
of the
JACKSON PARRISH CORRECTIONAL CENTER
Jonesboro, Louisiana

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Section Chief	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	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 Jackson Parrish Correctional Center (JPCC) in Jonesboro, Louisiana, from April 26 to 28, 2022.¹ This inspection focused on the standards found deficient during ODO’s last inspection of JPCC from October 18 to 22, 2021. The facility opened in 2007 and is owned and operated by LaSalle Corrections. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at JPCC in 2019 under the oversight of ERO’s Field Office Director in New Orleans (ERO New Orleans). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (2013 Errata).

ERO has assigned deportation officers to the facility. A warden handles daily facility operations and manages █████ support personnel. Reinhart provides food services, LaSalle provides medical care, and Correct Commissary provides commissary services at the facility. In December 2018, JPCC 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 Bed Capacity ²	█████
Average ICE Population ³	█████
Adult Male Population (as of April 26, 2022)	█████
Adult Female Population (as of April 26, 2022)	█████

During its last inspection, in Fiscal Year (FY) 2022, ODO found 12 deficiencies in the following areas: Admission and Release (1); Correspondence and Other Mail (2); Environmental Health and Safety (2); Food Service (2); Funds and Personal Property (1); Medical Care (1); Personal Hygiene (1); and Special Management Units (2).

¹ This facility holds female detainees with security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List as of April 25, 2022.

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.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (2013 ERRATA) MAJOR CATEGORIES

PBNDs 2011 (2013 Errata) Standards Inspected ^{4,5}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	1
Sub-Total	1
Part 2 - Security	
Admission and Release	5
Custody Classification System	1
Facility Security and Control	1
Funds and Personal Property	1
Special Management Units	0
Staff-Detainee Communication	2
Use of Force and Restraints	0
Sub-Total	10
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	2
Sub-Total	3
Part 5 - Activities	
Correspondence and Other Mail	1
Telephone Access	0
Sub-Total	1
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	15

⁴ For greater detail on ODO's findings, see the *Follow-up Inspection Findings* section of this report.

⁵ 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.

DETAINEE RELATIONS

ODO interviewed 23 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services. Two detainees displayed signs of mental health issues, and ODO immediately referred both detainees to mental health staff for evaluation and approval to return to their respective units.

Medical Care: One detainee lost her composure during the interview over frustrations with her immigration proceedings.

- Action Taken: ODO concluded the interview with the detainee and requested facility staff escort her to medical for evaluation. A registered nurse (RN) evaluated the detainee, scheduled a follow-up appointment with mental health staff, and cleared the detainee to return to her housing unit. On April 27, 2022, the detainee again lost her composure, made threats, and punched a wall. Facility staff immediately escorted the detainee to medical where a licensed professional counselor evaluated and placed her on suicide watch until further evaluation by a mental health practitioner. On April 28, 2022, a psychiatric mental health nurse practitioner (PMHNP) evaluated and diagnosed the detainee with no specific mental health conditions but provided her with a plan to work through her frustrations. The detainee acknowledged understanding of her care plan, and facility staff reassigned her to a general population housing unit with follow-up care as needed.

Medical Care: One detainee stated her concern over ongoing mental health issues, including a previous thought of self-harm.

- Action Taken: After concluding her interview, ODO requested facility staff escort the detainee to medical for evaluation. The detainee expressed the same mental health concerns to a facility RN during the evaluation. The RN did not classify her as a suicide risk and released her to her housing unit, pending a follow-up mental health appointment. On April 29, 2022, a PMHNP evaluated the detainee and prescribed 50 milligrams of Zoloft for 90 days to treat the detainee's depression with follow-up care as needed. The detainee acknowledged understanding of her care plan and facility staff returned her to her housing unit with no further questions.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO toured the facility and found it did not maintain a high standard of sanitation and cleanliness in the housing units. Specifically, ODO observed four housing dorms and found common shower areas with cracked and broken tiles and dark stains imbedded in the grout. Additionally, ODO observed loose drain guards in the shower areas for K and D dorms and microbial growth on the

non-slip shower mats. ODO also noted a loose shower control panel in O dorm, exposing the wall cavity behind it (**Deficiency EHS-11**⁶).

SECURITY

ADMISSION AND RELEASE (AR)

ODO observed the facility's intake area, interviewed the intake supervisor, and found facility staff did not use a metal detector to screen detainees upon admission (**Deficiency AR-12**⁷).

ODO reviewed █ detainee detention files and found in █ out of █ files, facility staff did not complete an itemized list of the detainees' baggage and personal property (**Deficiency AR-40**⁸).

ODO reviewed facility policy, interviewed the intake supervisor and classification officer, reviewed █ detainee detention files, and found in █ out of █ files, ERO New Orleans did not provide the facility with relevant information for the facility to classify the detainees. Specifically, the facility assigned the detainees' classification only by referencing the classification level noted on the Record of Persons Transferred (Form I-216) (**Deficiency AR-48**⁹).

ODO reviewed █ detainee detention files and found in █ out of █ files, no Order to Detain or Release (Form I-203 or I-203a), signed by the appropriate ERO New Orleans authorizing official. Specifically, three files did not contain an I-203 and two files did not have an ERO New Orleans authorizing official's signature on the I-203 (**Deficiency AR-54**¹⁰).

ODO reviewed the detention files of █ detainees the facility released and found in █ out of █ files, no I-203 signed by an ERO New Orleans authorizing official. Specifically, six files did not contain an I-203, and in two files an ERO New Orleans authorizing official did not sign the I-203 (**Deficiency AR-80**¹¹).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed facility policy, interviewed the intake supervisor and classification officer, reviewed █ detainee detention files, and found in █ out of █ files, ERO New Orleans did not

⁶ "The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(A)(3).

⁷ "All detainees shall be screened upon admission; screening shall ordinarily include:

a. Screening with a metal detector."

See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(B)(2)(a).

⁸ "Facility staff shall prepare an itemized list of the detainee's baggage and personal property." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(B)(5)(a).

⁹ "In accordance with standard "2.2 Custody Classification System" staff shall use the documentation accompanying each new arrival for identification and classification purposes." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(D).

¹⁰ "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, Standard, Admission and Release, Section (V)(E).

¹¹ "A detainee's out-processing begins when release processing staff receive the Form I-203, "Order to Detain or Release," signed by an authorizing official." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(H)(1).

provide the facility with relevant information for the facility to classify the detainees. Specifically, the facility classified detainees by only referencing the classification level noted on the I-216 (Deficiency CCS-20¹²).

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the off-duty contact list for facility staff and found no notice stating the information must be safeguarded and restricted for use (Deficiency FSC-11¹³).

Corrective Action: During the inspection, the facility placed the proper notice above the off-duty contact list (C-1).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed █ detainee detention files and found in █ out of █ files, facility staff did not complete an itemized inventory of all detainee baggage and personal property during the admission processing (Deficiency FPP-85¹⁴).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed █ detainee detention files and found in █ out of █ files, ERO New Orleans staff did not log requests in the request form logbook. Specifically, ERO did not log one request ODO found in each of the three files in their logbook (Deficiency SDC-18¹⁵).

ODO reviewed █ detainee detention files and found in █ out of █ files, facility staff did not place a copy of the detainee's request in the respective detention file (Deficiency SDC-20¹⁶).

CARE

MEDICAL CARE (MC)

ODO observed the facility did not require detainees to complete a written request to obtain routine medical care. An RN visited housing units each morning and called for detainees who had medical

¹² "As appropriate, ICE/ERO offices shall provide non-ICE/ERO facilities with the relevant information for the facility to classify ICE/ ERO detainees." See ICE PBND 2011, Standard, Custody Classification System, Section (V)(C).

¹³ "If any staff member is inaccessible by phone, other means of off-duty contact approved by the facility administrator, such as a pager number or e-mail address, may be listed; the list shall: ...

e. prominently feature the following notice: "This information must be safeguarded. Use is restricted to those who need the information in the performance of their official duties. Misuse shall subject the user to criminal liability. This agency shall view any misuse of this information as a serious violation of the Employee Code of Conduct, which may result in disciplinary action, including removal." See ICE PBND 2011, Standard, Facility Security and Control, Section (V)(B)(5)(e).

¹⁴ "An itemized inventory of all detainee baggage and personal property shall be completed during admissions processing using the personal property inventory form." See ICE PBND 2011, Standard, Funds and Personal Property, Section (V)(I).

¹⁵ "All requests shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose." See ICE PBND 2011, Standard, Staff-Detainee Communication, Section (V)(B)(2).

¹⁶ "A copy of each completed detainee request shall be filed in the detainee's detention file and be retained there for three years at minimum." See ICE PBND 2011, Standard, Staff-Detainee Communication, Section (V)(B)(2).

needs at that time. The RN wrote the name of the detainees on a list and facility staff escorted the detainees to the clinic for triage and assessment. ODO cites this as a **Best Practice**.

PERSONAL HYGIENE (PH)

ODO reviewed the facility supplemental detainee handbook and found the handbook did not include the facility's laundry schedule (**Deficiency PH-51**¹⁷).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)

ODO reviewed four medical records of detainees placed on suicide watch and found in one out of four records, a mental health professional, Clinical Medical Authority (CMA), or designee did not terminate the suicide watch after staff completed a suicide risk assessment prior to the detainee returning to general population. Specifically, an RN terminated the suicide watch (**Deficiency SSHSPI-22**¹⁸).

ODO reviewed four medical records of detainees placed on suicide watch and found in one out of four records, clinical staff did not conduct welfare checks every 8 hours. Specifically, clinical staff conducted welfare checks twice a day (**Deficiency SSHSPI-30**¹⁹).

ACTIVITIES

CORRESPONDENCE AND OTHER MAIL (COM)

ODO interviewed the mail room clerk, reviewed the form facility staff used to record items removed from detainee mail, and found the form does not include the name of the sender, a description and reason for the action taken, nor disposition of the item (**Deficiency COM-64**²⁰).

¹⁷ "Any washing and drying policies and procedures shall be posted in the washing area and shall be included in the detainee handbook." See ICE PBNDS 2011, Standard, Personal Hygiene, Section (V)(H).

¹⁸ "Only the mental health professional, CMA, or designee may terminate a suicide watch after a current suicide risk assessment is completed." See ICE PBNDS 2011, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(D).

¹⁹ "Detainees placed in an isolated confinement setting will receive continuous one-to-one monitoring, welfare checks at least every 8 hours conducted by clinical staff." See ICE PBNDS 2011, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

²⁰ "When an officer finds an item that must be removed from a detainee's mail, he/she shall make a written record that includes: ...

2. The name of the sender and recipient;
3. A description of the mail in question;
4. A description of the action taken and the reason for it;
5. The disposition of the item and the date of disposition;" See ICE PBNDS 2011, Standard, Correspondence and Other Mail, Section (V)(I)(2)(3)(4)(5).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 (2013 Errata) and found the facility in compliance with 9 of those standards. ODO found 15 deficiencies in the remaining 9 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 JPCC on October 18, 2021.

Compliance Inspection Results Compared	FY 2022 (PBNDS 2011) (2013 Errata)	FY 2022 (PBNDS 2011) (2013 Errata)
Standards Reviewed	24	18
Deficient Standards	8	9
Overall Number of Deficiencies	12	15
Repeat Deficiencies	1	0
Areas Of Concern	0	0
Corrective Actions	0	1
Facility Rating	Superior	N/A