



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
Washington, DC 20536-5501

**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
ERO New Orleans Field Office**

**Jackson Parish Correctional Center
Jonesboro, Louisiana**

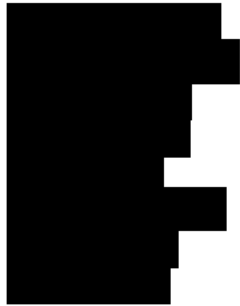
December 13-15, 2022

COMPLIANCE INSPECTION
of the
JACKSON PARISH CORRECTIONAL CENTER
Jonesboro, Louisiana

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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 Jackson Parish Correctional Center (JPCC) in Jonesboro, Louisiana, from December 13 to 15, 2022.¹ The facility opened in 2007 and is owned and operated by Lasalle Management. 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 facility administrator handles daily operations and manages █████ support personnel. Reinhart provides food services, Lasalle Corrections provides medical care, and Correct Commissary provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in December 2022. In January 2022, 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 December 13, 2022)	█████
Adult Female Population (as of December 13, 2022)	█████

During its last inspection, in Fiscal Year (FY) 2022, ODO found 15 deficiencies in the following areas: Admission and Release (5); Correspondence and Other Mail (1); Custody Classification System (1); Environmental Health and Safety (1); Facility Security and Control (1); Funds and Personal Property (1); Personal Hygiene (1); Significant Self-harm and Suicide Prevention and Intervention (2); and Staff-Detainee Communication (2).

¹ This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List as of December 5, 2022.

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 over 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 highlights instances when 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 (2013 ERRATA)
MAJOR CATEGORIES**

PBNS 2011 (2013 Errata) Standards Inspected^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	4
Transportation (by Land)	0
Sub-Total	4
Part 2 - Security	
Admission and Release	0
Contraband	0
Custody Classification System	0
Funds and Personal Property	0
Key and Lock Control	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Tool Control	0
Use of Force and Restraints	0
Sub-Total	0
Part 3 - Order	
Disciplinary System	3
Sub-Total	3
Part 4 - Care	
Food Service	0
Medical Care	1
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Sub-Total	1
Part 5 - Activities	
Correspondence and Other Mail	0
Recreation	1
Visitation	1
Sub-Total	2
Part 6 - Justice	

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.

Detainee Handbook	0
Sub-Total	0
Part 7 - Administration and Management	
Staff Training	0
Sub-Total	0
Other Standards Reviewed	
PBNDS 2011 (Revised 2016) Disability Identification, Assessment, and Accommodation	0
Sub-Total	0
Total Deficiencies	10

DETAINEE RELATIONS

ODO interviewed 37 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.

Medical Care: One detainee stated he suffered from nasal congestion but believed the facility medical staff would not be able to assist him.

- Action Taken: ODO interviewed the facility health services administrator (HSA), reviewed the detainee's medical record, and confirmed the detainee arrived on October 29, 2022, and reported no health concerns during his initial medical screening. Additionally, the HSA stated facility medical staff conduct daily morning rounds at each housing unit to offer detainees the opportunity to submit a sick call request. On November 16, 2022, the detainee submitted a sick call request for a toothache and earache but did not report any complaints regarding nasal congestion. On November 26, 2022, the detainee submitted a sick call request without identifying his symptoms, but he refused the medical staff's escort and signed the refusal form. On December 14, 2022, at ODO's request, a registered nurse (RN) examined the detainee, diagnosed seasonal allergies, and prescribed Loratadine (10 mg), once daily for 7 days. The RN also ensured he knew how to submit a sick call request should his symptoms persist.

Recreation: Eleven detainees stated the facility did not provide them 1 hour of daily outdoor recreation.

- Action Taken: ODO reviewed the facility recreation schedule, interviewed the recreation supervisor, and found the facility scheduled detainees for 1 hour of outdoor recreation, 5 days per week, Monday through Friday, weather permitting. The PBNDS Recreation standard states detainees in general population shall have access to outdoor recreation for at least 1 hour, 7 days a week, weather permitting. ODO cited this as a deficiency in the *Recreation* section of this report.

Religious Practices: One detainee stated facility staff did not respond to his request for a religious diet in support of his Hindu religion.

- Action Taken: ODO interviewed the facility compliance manager, reviewed food service documentation, and found the detainee submitted an electronic request on December 3, 2022, for a religious vegetarian diet to meet the requirements of his religion. On December 5, 2022, the facility staff acknowledged and approved his request through the electronic tablet system and implemented the religious diet the same day. Following the ODO interview on December 13, 2022, a facility lieutenant spoke with the detainee via language line, confirmed the facility prepares religious vegetarian meals for him, and placed a sticker on his identification card to ensure officers could better identify his vegetarian meal status.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the facility fire safety officer, inspected the facility barbershops and food service areas, and found no current inventory of hazardous substances (flammable, toxic, or caustic) used and stored in those areas. Specifically, ODO found no inventory records for Barbicide® disinfectant in the barbershop and no Liquid-Plumr® drain cleaner and MixMate™ germicidal cleaner in the food service storage areas (**Deficiency EHS-39**⁷).

Corrective Action: Prior to the completion of the inspection and on December 14, 2022, the facility fire safety officer instituted a separate inventory sheet for each facility location storing hazardous substances. On December 15, 2022, ODO verified the list accurately reflected the facility's current inventory and the facility administrator emailed a memorandum to all facility departments informing facility staff of the facility's updated procedure for tracking and inventorying hazardous substances (**C-1**⁸).

The lack of hazardous substance inventory records led ODO to find the following related deficiencies:

- The facility did not maintain separate inventory records for each hazardous substance (**Deficiency EHS-40**⁹);
- The facility made no entries for each hazardous substance logged on a separate card (or

⁷ "Every area shall maintain a current inventory of the hazardous substances (e.g., flammable, toxic or caustic) used and stored there." See ICE PBNDS 2011 (2013 Errata), Standard, Environmental Health and Safety, Section (V)(B)(3).

⁸ C-1 addressed all four EHS deficiencies ODO cited in this report.

⁹ "Inventory records shall be maintained separately for each substance." See ICE PBNDS 2011 (2013 Errata), Standard, Environmental Health and Safety, Section (V)(B)(3).

- equivalent) and filed alphabetically by substance (**Deficiency EHS-41¹⁰**); and
- The facility did not maintain current inventory records for hazardous substances before, during, and after each use (**Deficiency EHS-53¹¹**).

ORDER

DISCIPLINARY SYSTEM (DS)

ODO interviewed a facility lieutenant, reviewed 23 facility disciplinary incident reports, and found the following deficiencies:

- In 3 out of 23 reports, a shift supervisor did not conduct a review of the reports (**Deficiency DS-37¹²**);
- In 1 out of 23 reports, the investigating officer was the same individual as the reporting officer (**Deficiency DS-39¹³**); and
- In 6 out of 23 disciplinary infractions, the unit disciplinary committee did not conduct hearings to adjudicate the infractions (**Deficiency DS-55¹⁴**).

CARE

MEDICAL CARE (MC)

ODO reviewed 25 detainee medical records and found in 1 out of 25 records, the facility medical staff completed the health assessment of 1 detainee 16 days after the detainee arrived at the facility (**Deficiency MC-130¹⁵**).

ACTIVITIES

RECREATION (R)

ODO interviewed the facility recreational specialist and facility administrator, reviewed the facility recreation schedule, and found the facility did not provide outdoor recreation to detainees

¹⁰ “Entries for each shall be logged on a separate card (or equivalent), and filed alphabetically by substance.” *See* ICE PBNDS 2011 (2013 Errata), Standard, Environmental Health and Safety, Section (V)(B)(3).

¹¹ “Inventory records for a hazardous substance must be kept current before, during and after each use.” *See* ICE PBNDS 2011 (2013 Errata), Standard, Environmental Health and Safety, Section (V)(B)(6)(d).

¹² “The shift supervisor shall review all Incident Reports before going off duty.” *See* ICE PBNDS 2011 (2013 Errata), Standard, Disciplinary System, Section (V)(D).

¹³ “The investigating officer must have supervisory rank or higher (unless prevented by personnel shortages) and shall have had no prior involvement in the incident, as either witness or officer at the scene.” *See* ICE PBNDS 2011 (2013 Errata), Standard, Disciplinary System, Section (V)(E).

¹⁴ “The UDC shall conduct hearings and, to the best extent possible, shall informally resolve cases involving high moderate or low moderate charges in accordance with the list of charges and related sanctions...” *See* ICE PBNDS 2011 (2013 Errata), Standard, Disciplinary System, Section (V)(F).

¹⁵ “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 (2013 Errata), Standard, Medical Care, Section (V)(L).

for at least 1 hour per day, 7 days per week, weather permitting. Instead, the facility offered detainees outdoor recreation 1 hour per day, 5 days per week, weather permitting (**Deficiency R-3¹⁶**).

VISITATION (V)

ODO reviewed the facility general visitation log and found no entry for the visitor’s relationship to the detainee (**Deficiency V-15¹⁷**).

Corrective Action: Prior to the completion of the inspection and on December 15, 2022, a facility major updated the electronic template of the visitation log with a column documenting the visitor’s relationship to the detainee and replaced existing physical copies at the facility visitation post. Additionally, the major briefed the facility reception staff of the update, and ODO verified visitors completed all available columns of the visitation log (C-2).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 24 standards under PBNDS 2011 (2013 Errata) and found the facility in compliance with 19 of those standards. ODO found 10 deficiencies in the remaining 5 standards. ODO recommends ERO New Orleans 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 September 7, 2022.

Compliance Inspection Results Compared	FY 2022 PBNDS 2011 (2013 Errata)	FY 2023 (PBNDS 2011) (2013 Errata) / (Revised 2016)
Standards Reviewed	18	24
Deficient Standards	9	5
Overall Number of Deficiencies	15	10
Priority Component Deficiencies	N/A	0
Repeat Deficiencies	0	0
Areas Of Concern	1	0
Corrective Actions	1	2
Facility Rating	Superior	Superior

¹⁶ “If outdoor recreation is available at the facility, each detainee in general population shall have access for at least one hour, seven days a week, at a reasonable time of day, weather permitting.” See ICE PBNDS 2011 (2013 Errata), Standard, Recreation, Section (V)(B).

¹⁷ “Staff shall record in the general visitors’ log: ...

3. The visitor’s relationship to the detainee;”

See ICE PBNDS 2011 (2013 Errata), Standard, Visitation, Section (V)(D)(3).