



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
2023-001-070**

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

**South Louisiana Detention Center
Basile, Louisiana**

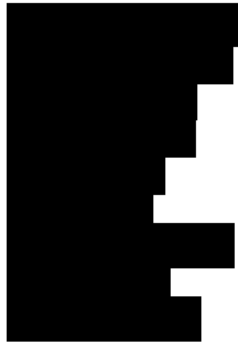
March 7-9, 2023

COMPLIANCE INSPECTION
of the
SOUTH LOUISIANA DETENTION CENTER
Basile, Louisiana

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COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
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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 South Louisiana Detention Center (SLDC) in Basile, Louisiana, from March 7 to 9, 2023.¹ The facility opened in 1997 and is owned and operated by The GEO Group, Inc. (GEO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at SLDC 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 (Revised 2016).

ERO has assigned deportation officers full-time to the facility. A facility administrator handles daily operations and manages ■■■ support personnel. GEO provides food services and medical care, and Union Supply Group provides commissary services at the facility. The facility was accredited by the American Correctional Association in July 2021 and the National Commission on Correctional Health Care in August 2021. In September 2022, SLDC 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 March 7, 2023)	■■■
Adult Female Population (as of March 7, 2023)	■■■

During its last full inspection, in Fiscal Year (FY) 2022, ODO found 11 deficiencies in the following areas: Correspondence and Other Mail (3); Detention Files (1); Interview and Tours (1); Marriage Request (1); Medical Care (1); Post Orders (2); Searches of Detainees (1); and Use of Force and Restraints (1).

¹ This facility holds 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 February 27, 2022.

³ *Ibid.*

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 over 72 hours, to assess compliance with ICE national detention standards. These inspections focus 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 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**

PBNS 2011 (Revised 2016) Standards Inspected^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	1
Transportation (by Land)	3
Sub-Total	4
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Contraband	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Key and Lock Control	1
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Tool Control	0
Use of Force and Restraints	0
Sub-Total	1
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	1
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	1
Part 5 - Activities	
Correspondence and Other Mail	0
Recreation	0
Visitation	0

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.

Sub-Total	0
Part 6 - Justice	
Detainee Handbook	0
Sub-Total	0
Part 7 - Administration and Management	
Staff Training	0
Sub-Total	0
Total Deficiencies	6

DETAINEE RELATIONS

ODO interviewed 23 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. One detainee indicated thoughts of self-harm and ODO immediately referred the detainee to facility medical staff for evaluation. Most detainees reported satisfaction with facility services except for the concern listed below.

Significant Self-harm and Suicide Prevention and Intervention: One detainee stated she had suicidal thoughts.

- Action Taken: ODO immediately concluded the interview and notified the health services administrator (HSA) of the situation. Facility staff escorted the detainee to medical for evaluation. The HSA informed ODO the detainee responded “No” to the medical evaluation question of having thoughts of harming herself or others, and medical referred the detainee to mental health for a follow-up appointment. ODO contacted medical staff on March 9, 2023, and found the detainee refused a mental health evaluation. Medical staff educated the detainee on mental health resources and how to request such services, if needed in the future.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO toured the facility, inspected all areas with hazardous substance storage, and found the facility did not have a current inventory for gasoline and two-cycle oil located outside on the back dock of the warehouse and maintenance shop (**Deficiency EHS-39**⁷).

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 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(B)(3).

TRANSPORTATION (BY LAND) (TBL)

ODO reviewed SLDC's transportation policy, interviewed an administrative lieutenant, and found the facility did not develop and post written guidelines for tracing procedures to locate an overdue vehicle (**Deficiency TBL-122**⁸).

Corrective Action: Prior to the conclusion of the inspection, the facility initiated corrective action, and ODO confirmed SLDC developed and posted written guidelines for tracing procedures to locate an overdue vehicle on March 9, 2023 (**C-1**).

ODO reviewed SLDC's transportation policy, interviewed the administrative lieutenant, and found facility staff did not know about facility tracing procedures. Specifically, the administrative lieutenant thought Pine Prairie handled all tracing procedures for SLDC (**Deficiency TBL-123**⁹).

Corrective Action: Prior to the conclusion of the inspection, the facility initiated corrective action, and ODO confirmed SLDC developed guidelines for tracing procedures to locate an overdue vehicle. Additionally, the facility posted the tracing procedures and trained facility staff on these procedures on March 9, 2023 (**C-2**).

ODO reviewed SLDC's transportation policy, observed transport vehicles, and found no bolt cutters in the forward compartment with other emergency equipment (**Deficiency TBL-129**¹⁰).

SECURITY

KEY AND LOCK CONTROL (KLC)

ODO observed the facility's large security keys, interviewed an assistant facility administrator, and found the facility does not use key covers on their large security keys (**Deficiency KLC-11**¹¹).

CARE

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

ODO reviewed medical files of five detainees placed on suicide precaution and found in two out of five files, no continuous monitoring documented every 15 minutes for detainees placed in a special isolation room. Specifically, ODO found no documentation of continuous monitoring for

⁸ "Each office shall develop and post written guidelines for tracing procedures to locate an overdue vehicle." See ICE PBNDS 2011 (Revised 2016), Standard, Transportation (by Land), Section (V)(K)(1).

⁹ "If the vehicle does not arrive within range of the ETA, the contact point shall set the tracing procedures in motion." See ICE PBNDS 2011 (Revised 2016), Standard, Transportation (by Land), Section (V)(K)(1).

¹⁰ "The crew shall keep bolt cutters in the forward compartment with the outer equipment for use in an emergency." See ICE PBNDS 2011 (Revised 2016), Standard, Transportation (by Land), Section (V)(K)(2).

¹¹ "Facilities shall use key covers for large security keys to prevent detainees or other unauthorized persons from observing and duplicating them." See ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(A)(9).

2 out of the 5 days of one detainee and no documentation of continuous monitoring for 4 1/2 out of 19 days for the second detainee. In both instances, the medical staff could not find the pages of the suicide precautions log (**Deficiency SSHSPI-34¹²**). **This is a priority component.**

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 21 of those standards. ODO found six deficiencies in the remaining four standards. Since SLDC’s last full inspection in March 2022, the facility has shown improvement. SLDC went from 7 deficient standards and 11 deficiencies in March 2022 to 4 deficient standards with 6 deficiencies during the most recent full inspection, which includes one priority component deficiency for not documenting 15 minutes rounds for detainees placed on suicide precaution. ODO did not review the KLC nor the TBL standards during the March 2022 inspection as they were not FY 2022 core standards, and these standards accounted for four out of six deficiencies found during this most recent inspection. The facility’s improved performance was a result of a combined effort between ERO New Orleans and SLDC in completing the uniform corrective action plan for ODO’s last full inspection of SLDC in March 2022. ODO recommends ERO New Orleans continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2022 Full Inspection PBNDS 2011 (Revised 2016)	FY 2023 Full Inspection PBNDS 2011 (Revised 2016)
Standards Reviewed	24	25
Deficient Standards	7	4
Overall Number of Deficiencies	11	6
Priority Component Deficiencies	N/A	1
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	2
Facility Rating	Superior	Superior

¹² “The qualified mental health professional may place the detainee in a special isolation room designed for evaluation and treatment with continuous monitoring that must be documented every 15 minutes or more frequently if necessary.” See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).