



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO New Orleans Field Office

Adams County Detention Center
Natchez, Mississippi

July 6-9, 2020

COMPLIANCE INSPECTION
of the
ADAMS COUNTY DETENTION CENTER
Natchez, Mississippi

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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 Adams County Detention Center (ACDC) in Natchez, Mississippi, from July 6 to 9, 2020.¹ The facility opened in 2009 and is owned and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at ACDC in 2019 under the oversight of ERO's Field Office Director (FOD) 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 to the facility. A CoreCivic warden handles daily facility operations and is supported by [REDACTED] personnel. Trinity Food Services Group 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 2019 and the National Commission on Correctional Health Care in January 2020.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	2,348
Average ICE Detainee Population ³	953
Male Detainee Population (as of 7/6/2020)	660
Female Detainee Population (as of 7/6/2020)	293

This was ODO's first inspection of the Adams County Detention Center.

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 July 6, 2020.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

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

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.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES

PBNDs 2011 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	1
Sub-Total	1
Part 2 – Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	3
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	1
Use of Force and Restraints	0
Sub-Total	4
Part 4 – Care	
Food Service	0
Medical Care	0
Medical Care Women	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	1
Sub-Total	1
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	1
Visitation	0
Sub-Total	1
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	1
Sub-Total	1
Total Deficiencies	8

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

DETAINEE RELATIONS

ODO interviewed 15 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. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

Medical Care: One detainee stated he had tooth pain, was unable to see a dentist due to COVID-19, and the facility had only prescribed medication for his tooth pain.

- Action Taken: ODO spoke with the facility medical staff and reviewed the detainee's medical records. He submitted a medical request for tooth pain on May 19, 2020, which the facility dentist evaluated him on May 20, 2020. The dentist prescribed antibiotic therapy and pain medication for 10 days. The detainee submitted another medical request for tooth pain on June 8, 2020, and the facility dentist evaluated him on June 11, 2020. The facility dentist renewed his prescription for antibiotics and pain medication. Facility medical staff counseled the detainee and instructed him to submit another sick call request if his condition changed. In accordance with the guidance issued by the Mississippi Dental Association and the American Dental Association, the facility has treated non-emergency dental issues with alternate therapies, which help prevent local infections. The facility stated they would continue this practice until the spread of COVID-19 has been diminished.

Medical Care: One detainee stated he had previously injured his left eye and was having difficulty seeing out of that eye. He also stated his vision was getting worse and was unable to see an optometrist because of COVID-19.

- Action Taken: ODO spoke with facility medical staff and reviewed the detainee's medical records. The detainee informed intake staff he injured his left eye during a fight on March 3, 2020, prior to arriving at ACDC. The facility placed the detainee on a list to see an optometrist, which will happen when elective procedures can safely take place. The detainee submitted another medical request concerning his left eye on July 6, 2020, which informed the facility he felt his left eye condition was getting worse. A medical provider evaluated his vision on July 7, 2020, determined there was no change in his condition, and recommended he stay on the list to be seen by an optometrist. Medical staff counseled the detainee and instructed him to submit another sick call request if his condition changed. The facility has limited off-site visits to medical emergencies only and will resume off-site specialty care visits once the spread of COVID-19 has been diminished.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed fire inspection documentation, spoke with facility safety staff, and found the facility's fire and smoke alarm system failed its most recent fire marshal annual inspection, on December 2, 2019 (**Deficiency EH&S-1⁶**).

SECURITY

FUNDS AND PERSONAL PROPERTY (FPP)

The facility detainee handbook did not notify detainees of the policy, or procedure, for using their personal funds to pay for legal services (**Deficiency F&PP-1⁷**).

ODO interviewed facility staff, reviewed pictures of housing units, and found detainee storage containers located in detainee housing areas were not securable (**Deficiency F&PP-2⁸**).

ODO reviewed 12 detainee files and found the facility did not indicate the detainees' time of admission, on the personal property inventory forms, for all 12 files (**Deficiency F&PP-3⁹**).

STAFF-DETAINEE COMMUNICATION (SDC)

The facility did not log daily telephone checks on a form provided by ERO, nor did ERO New Orleans maintain the forms for three years (**Deficiency SDC-1¹⁰**).

⁶ "Every facility shall comply with standards and regulations issued by:

- a. OSHA;
- b. the American Correctional Association "mandatory" Expected Practices [Mandatory ACA Expected Practice 4-ALDF-1C-07 requires that the facility conform to applicable federal, state and/or local fire safety codes, and that of the authority having jurisdiction over document compliance. A fire alarm and automatic detection system are required (or else there must be a plan for addressing these or other deficiencies within a reasonable time period), as approved by the authority having jurisdiction. If the authority approves any variance, exceptions or equivalencies, they must not constitute a serious life-safety threat to the occupants of the facility.];
- c. local and national fire safety codes; and
- d. applicable standards of the American Society for Testing and Materials, American National Standards Institute and Underwriters' Laboratories or Factory Mutual Engineering Corporation." See ICE PNDS 2011, revised 2016, Standard, Environmental Health and Safety, Section (V)(C)(1)(a) thru (d).

⁷ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures related to personal property, including:

6. access to detainee personal funds to pay for legal services." See PBNDS 2011, revised 2016, Standard, Funds and Personal Property, Section (V)(C)(6).

⁸ "... Every housing area shall have lockers or other securable space for storing detainees' authorized personal property." See PBNDS 2011, revised 2016, Standard, Funds and Personal Property, Section (V)(E).

⁹ "... The personal property inventory form must contain the following information at a minimum:

1. date and time of admission." See PBNDS 2011, revised 2016, Standard, Funds and Personal Property, Section (V)(I)(1).

¹⁰ "... Staff shall document each serviceability test on a form that has been provided by ERO, and each Field Office

CARE

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)

The facility's detainee handbook did not inform detainees about the facility's disability accommodation policy, their right to request reasonable accommodations, nor how to request reasonable accommodations (**Deficiency DIA&A-1¹¹**).

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO interviewed facility staff and found facility staff did not inspect the detainee telephones daily to ensure they were operational, nor did they report identified problems to ERO New Orleans (**Deficiency TA-1¹²**).

JUSTICE

LAW LIBRARIES AND LEGAL MATERIAL (LL&LM)

The law library section of the facility's detainee handbook did not contain all required elements. Specifically, it did not notify detainees how to request additional law library time beyond the 5-hour per week minimum, how to request reference materials the law library did not maintain, to notify a designated employee about missing or damaged material, nor that Lexis-Nexis was used at the facility and instructions on how to use it were available (**Deficiency LL&LM-1¹³**).

shall maintain those forms, organized by month, for three years." *See* ICE PBNDS 2011, Standard, Staff Detainee Communication, Section (V)(C).

¹¹ "The facility orientation program required by standard 2.1, 'Admission and Release,' and the detainee handbook required by standard 6.1, 'Detainee Handbook,' shall notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request." *See* ICE PBNDS 2011, revised 2016, Standard, Disability Identification, Assessment, and Accommodation, Section, (V)(J).

¹² "Facility staff members are responsible for ensuring on a daily basis that telephone systems are operational and that the free telephone number list is posted. After ensuring that each phone has a dial tone, when testing equipment the officers must be able to demonstrate that an individual has the ability to make calls using the free call platform. Any identified problems must immediately be logged and reported to the appropriate facility and ICE/ERO staff. ICE/ERO staff shall review and follow up on problems reported by detainees and others." *See* ICE PBNDS 2011, revised 2016, Standard, Telephone Access, Section (V)(A)(4)(a).

¹³ "The detainee handbook or supplement shall provide detainees the rules and procedures governing access to legal materials, including the following information: ...

4. the procedure for requesting additional time in the law library (beyond the five-hours-per-week minimum);
5. the procedure for requesting legal reference materials not maintained in the law library; and
6. the procedure for notifying a designated employee that library material is missing or damaged; ...
8. if applicable, that LexisNexis is used at the facility and that instructions for its use are available.

See ICE PBNDS 2011, revised 2016, Standard, Law Libraries and Legal Materials, Section, (V)(N)(4)(5)(6) and (8).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under PBNS 2011 (revised 2016) and found the facility in compliance with 13 of those standards. ODO found eight deficiencies in the remaining six standards. ODO noted the facility implemented an infectious disease public health program for COVID-19, which included screening, surveillance, education, prevention, isolation and/or quarantine, hospitalization if needed, and communication and reporting to the local health department. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2019 (PBNS 2011)	FY 2020 (PBNS 2011)
Standards Reviewed	N/A	19
Deficient Standards	N/A	6
Overall Number of Deficiencies	N/A	8
Repeat Deficiencies	N/A	N/A
Corrective Actions	N/A	0