



U.S. Department of Homeland Security
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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

Catahoula Correctional Center
Harrisonburg, LA

July 20-23, 2020

COMPLIANCE INSPECTION
of the
CATAHOULA CORRECTIONAL CENTER
Harrisonburg, LA

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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 Catahoula Correctional Center (CCC) in Harrisonburg, LA, from July 20-23, 2020¹. The facility opened in June 1999 and is owned by Lasalle Corrections and operated by the Catahoula Parish Sheriff's Department and Lasalle Corrections. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CCC in 2019 under the oversight of ERO's Field Office Director in New Orleans, LA (ERO New Orleans). The facility operates under the Performance-Based National Detention Standards (PBNS) 2011 (Revised 2016).

ERO has assigned deportation officers to the facility on a part-time basis. A CCC warden handles daily facility operations and is supported by █████ personnel. CCC provides food services, medical care, and commissary services at the facility. The facility holds no accreditation by any outside entities. This is ODO's first inspection of the facility.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	738
Average ICE Detainee Population ³	427
Male Detainee Population (as of 7/20/2020)	227
Female Detainee Population (as of 7/20/2020)	N/A

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

² Data Source: ERO Pre-Inspection Questionnaire dated July 10, 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.” For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components,” which are considered critical to facility security and the legal and civil rights of detainees. 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 (Revised 2016) Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	0
Custody Classification System	2
Funds and Personal Property	2
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	4
Part 4 – Care	
Food Service	0
Medical Care	0
Personal Hygiene ⁶	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	0
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	4

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

⁶ ICE PBNDS 2011, Standard, Personal Hygiene, was not reviewed in its entirety.

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees interviewed 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.

Food Service: 10 out of 12 detainees complained the breakfast meal was the same every day, consisting of oatmeal, pancakes, and sausage (sausage was very oily and rubbery). Lunch and dinner meals were bad, and the menu item consisting of rice was also served every day. The rice served was either hard or undercooked, or over cooked, and served with red beans. The chicken when served was either over cooked or undercooked and bland.

- Action Taken: ERO and the facility staff responded to ODO verbally and/or written with the following: “CCC utilized a licensed dietician that worked with the facility food service administrator (FSA) and together, they developed a five-week menu cycle. There are CCC common fare menus and special diet menus that were also available as part of the five-week cycle for those detainees who needed or requested it. The menus were checked and approved by medical or the chaplain. All meals were cooked under the supervision of a cook supervisor and the FSA for quality control. All of this complied under PBNDS.”

Staff Detainee Communication: Five detainees complained they were in the facility for more than one month and did not hear about the status of their removal. They wanted to hear from their ERO staff/case manager about their status and removal date.

- Action Taken: ERO and the facility staff responded to ODO verbally and/or written with the following: “Due to the COVID-19 pandemic, ERO made fewer in-person visits to the dorms in order to mitigate the potential spread. ERO officers began conducting phone interviews three times a week with detainees upon their request. This was limited to five detainees per dorm on Mondays, Wednesdays, and Fridays. ERO served paperwork at least twice a week and detainees were also allowed to place a request to speak with ERO officers at that time.”

Recreation: Three detainees stated they were allowed recreation only one hour per day and they should be getting two hours per day. Also, the bed bunks were less than six feet apart and too close to each other.

- Action Taken: ERO and the facility staff responded to ODO verbally and/or written with the following: “CCC provided a minimum of one hour a day of outdoor recreation per housing unit in compliance with PBNDS. All dormitories were held at 75% capacity due to the COVID-19 pandemic. PBNDS does not require bunk beds to be six feet apart. Due to the COVID-19 pandemic, CCC encouraged detainees to sleep head to foot to maximize the space between each detainee. All detainees were given protective masks and asked to keep six feet apart.”

Environmental Health and Safety: Six detainees complained the facility did not provide any soap in the housing units for them to wash their hands for proper sanitization.

- Action Taken: ERO and the facility staff responded to ODO verbally and/or written with the following: “CCC maintained a constant supply of soap in the control rooms of each dorm. Soap was available 24 hours a day upon verbal request. Detainees in Special Management Units (SMU) were also given soap upon verbal request and were given hygiene products as reflected on Property form, I-888.”

Environmental Health and Safety: Five detainees complained there were flies in the housing units.

- Action Taken: ERO and the facility staff responded to ODO verbally and/or written with the following: “CCC had a proactive pest control program, which consisted of a monthly spray of pest control chemicals throughout the entire facility. CCC also called pest control for extra pest control needs, if issues arose. CCC did not have a single grievance or complaint about pest control prior to ODO’s inspection. Neither CCC’s sanitation officer or environmental health and safety officer observed any fly issues in the housing units.”

Law Libraries and Legal Materials: Three detainees complained there was only one law library computer for detainees, and the space was not adequate while they conducted research on their immigration cases. The facility did not allow them computer usage for a minimum of five hours per week. When a request was made for law library use, it took two days for a response from facility staff. Also, Lexis Nexis did not work for a few days.

- Action Taken: ERO and the facility staff responded to ODO verbally and/or written with the following: “CCC’s law library consisted of two detainee computers with access to Lexis Nexis. CCC provided all detainees the opportunity to use the law library a minimum of five hours per week upon request. Requests were retrieved from the request box daily. Once a request is received, the detainees are placed on a schedule and allowed to use the law library on the scheduled date. Lexis Nexis was inaccessible from July 13, 2020, to July 16, 2020, because a newer version was to be downloaded. The law library continued all other functions during that time.”

Medical Care: One detainee stated he could not see out of his right eye; he had constant pain; and was scheduled to have surgery but the appointment date was changed. He was still waiting to hear from medical about the date for his surgery.

- Action Taken: ERO and the facility staff responded to ODO verbally and/or written with the following: “The detainee arrived at CCC on April 2, 2020, with a transfer summary that stated he had no medical history. On April 15, 2020, he was seen by medical upon his request, treated, and cleared. On April 19, 2020, the detainee again requested to see medical and was referred to the medical professional on call, at which time, he stated he could not see out of his right eye. Upon further questioning, the detainee revealed he had not been able to see out of his right eye since the age of nine and experienced on and off pain. An ophthalmology appointment was ordered on April 20, 2020. The ophthalmology clinic advised they were not seeing patients due to the COVID-19 pandemic. On May 7, 2020, a second attempt at scheduling an

appointment was made; however, the clinic again stated they were not seeing patients due to COVID-19 pandemic. The detainee was seen by the medical professional on call on May 26, 2020, and on June 25, 2020. On both occasions, the detainee felt better and had less pain. CCC's medical staff was still attempting to schedule him for an ophthalmology appointment.”

COMPLIANCE INSPECTION FINDINGS

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed 12 detainee files and although each of the 12 detainees had been at the facility long enough to require a reclassification, the reclassifications were not completed within the 60-90 days after the date of the initial classification (**Deficiency CCS-1**⁷).

ODO reviewed 12 detainee files and found one out of the 12 detainees had been in the SMU and a special reclassification was not completed prior the detainee's release from SMU (**Deficiency CCS-2**⁸).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO interviewed supervisory staff and reviewed documentation, and found a log book was not maintained listing the detainee name, A-number or facility detainee number, I-77 number, security tie-strap number, property description, date issues, and date returned (**Deficiency F&PP-1**⁹). Staff responsible for detainee personal property stated a logbook was not maintained for property and valuables which records the date, time, and the names of the officer(s) conducting the inventory (**Deficiency F&PP-2**¹⁰).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 17 of those standards. ODO found four deficiencies in the remaining two standards.

Although no deficiencies were cited in the Admission and Release standard, ODO cites a **Best Practice**, the facility staff took a photo of each detainee who held a national and local handbook that verified the detainee received a copy of the handbooks.

ODO recommends the ERO New Orleans Office work with the facility to remedy any outstanding deficiencies, as applicable and in accordance with contractual obligations.

⁷ "The first reclassification assessment shall be completed 60 to 90 days after the date of the initial classification." See ICE PBNDS 2011, Standard 2.2, Custody Classification System, Section (V)(H)(1).

⁸ "A special reassessment is to be completed within 24 hours before a detainee leaves disciplinary segregation and at any other time when additional, relevant information become known." See ICE PBNDS 2011, Standard 2.2, Custody Classification System, Section (V)(H)(3).

⁹ "A logbook shall be maintained listing detainee name, A-number or facility detainee number, I-77 number, security tie-strap number, property description, date issues and date returned." See ICE PBNDS 2011, Standard 2.5, Funds and Personal Property, Section (V)(I).

¹⁰ "The property and valuables logbook shall record the date, time and the name of the officer(s) conducting the inventory." See ICE PBNDS 2011, Standard 2.5, Funds and Personal Property, Section (V)(J).

Compliance Inspection Results	FY 2020 (PBNS 2011)
Standards Reviewed	19
Deficient Standards	2
Overall Number of Deficiencies	4
Repeat Deficiencies	N/A
Corrective Actions	0