

Office of Professional Responsibility

Stewart Detention Center

Compliance Inspection 2025-001-126

March 18-20, 2025



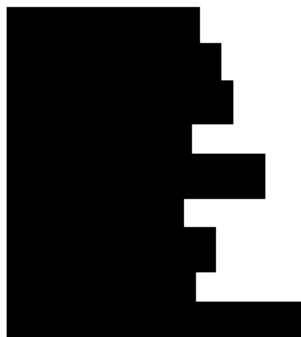
U.S. Immigration
and Customs
Enforcement

**COMPLIANCE INSPECTION
of the
STEWART DETENTION CENTER
Lumpkin, Georgia**

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COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	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 compliance inspection of the Stewart Detention Center (SDC) in Lumpkin, Georgia, from March 18 to 20, 2025.¹ The facility opened in 2006 and is owned and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at SDC in 2006 under the oversight of ERO's Field Office Director in Atlanta (ERO Atlanta). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

[REDACTED] A facility administrator handles daily operations and manages [REDACTED] support personnel. Trinity Services provides food services, CoreCivic provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association (ACA) in August 2023 and National Commission on Correctional Health Care in January 2024. In December 2023, SDC 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	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of March 18, 2025)	[REDACTED]
Adult Female Population (as of March 18, 2025)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 12 deficiencies in the following areas: Detainee Transfers (1); Environmental Health and Safety (2); Food Service (1); Grievance System (2); Post Orders (1); Telephone Access (3); Use of Force and Restraints (1); and Voluntary Work Program (1).

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 Custody Management Division Authorized Facility List as of March 17, 2025.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.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 (REVISED 2016) MAJOR CATEGORIES

PBNDS 2011 (Revised 2016) Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	1
Transportation (By Land)	0
Sub-Total	1
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Contraband	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	1
Key and Lock Control	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	1
Tool Control	0
Use of Force and Restraints	4
Sub-Total	6
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	2
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	2
Part 5 - Activities	
Recreation	1
Visitation	0
Sub-Total	1

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

⁶ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

Part 6 - Justice	
Detainee Handbook	0
Grievance System	1
Legal Rights Group Presentations	0
Sub-Total	1
Part 7 - Administration and Management	
Interviews and Tours	0
Staff Training	1
Sub-Total	1
Total Deficiencies	12

DETAINEE RELATIONS

ODO interviewed 29 detainees, who each voluntarily agreed to participate. ODO requested an interview with one additional detainee; however, he declined ODO's request. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concern listed below.

Recreation: Twenty-six detainees reported they did not receive 4 hours of daily recreation.

- Action Taken: ODO reviewed logbooks and posted recreation schedules for 8 housing units and found in 1 out of 8 housing units, the logbook for unit 4 did not indicate any recreation from November 2024 to March 2025. Additionally, unit four's posted recreation schedule only allotted 3 hours of recreation. ODO cited the lack of recreation time as a deficiency in the *Recreation* section of the report.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO observed 8 housing units and found in 1 out of 8 housing units, unit 3 exceeded the 12-to-1 detainee-to-toilet ratio for male detainees as stated by ACA Regulation 4-ALDF-4B-08. Specifically, unit 3 housed 405 male detainees and had 18 toilets and 18 urinals, a 15 to 1 ratio (**Deficiency EHS-1.7**).

⁷ "Environmental health conditions shall be maintained at a level that meets recognized standards of hygiene, including those from the:

a. American Correctional Association"

See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(A)(1)(a-f).

SECURITY

HOLD ROOMS IN DETENTION FACILITIES (HRDF)

ODO reviewed 25 detention logs and found in 4 out of 25 logs, detainee information was missing, such as nationality, age, time in, or time out of the hold room (**Deficiency HRDF-45⁸**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed 25 detainee requests to ERO Atlanta and found in 11 out of 25 requests, ERO Atlanta's response ranged between 4 and 10 business days after receipt of the request (**Deficiency SDC-16⁹**).

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed 14 UOFR files and found the following deficiencies:

- In 13 out of 14 files, the facility administrator did not participate in the UOFR after-action review (**Deficiency UOFR-154¹⁰**).
- In 7 out of 14 files, the after-action review team convened between 4 and 7 workdays following the incident (**Deficiency UOFR-155¹¹**);
- In 7 out of 14 files, the facility conducted the after-action report between 3 and 7 workdays following the detainees' release from restraints (**Deficiency UOFR-157¹²**); and
- In 7 out of 14 files, the facility completed and submitted the after-action review report between 3 and 7 workdays following the detainees' release from restraints (**Deficiency UOFR-174¹³**).

⁸ "The detention log shall record each detainee's: ...

c. age; ...
e. nationality; ...
g. time in; and
h. time out."

See ICE PBNDS 2011 (Revised 2016), Standard, Hold Rooms in Detention Facilities, Section (V)(D)(2)(a-i).

⁹ "In Facilities with ICE/ERO Onsite Presence: ...

a. The ICE/ERO staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no later than within three (3) business days of receipt."

See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B)(1)(a).

¹⁰ "The facility administrator shall conduct the after-action review." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(3).

¹¹ "This four-member after-action review team shall convene on the workday after the incident." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(3).

¹² "The after-action report is due within two workdays of the detainee's release from restraints." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(3).

¹³ "The after-action review team shall complete and submit its after-action review report to the facility administrator within two workdays of the detainee's release from restraints." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(4).

CARE

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

ODO reviewed [REDACTED] medical staff training files and [REDACTED] detention staff training files and found in [REDACTED] out of [REDACTED] medical staff training files, no completion of annual comprehensive suicide prevention training (**Deficiency SSHSPI-8¹⁴**). **This is a priority component.**

ODO reviewed 15 logs of detainees placed on suicide precaution and found in 3 out of 15 suicidal detainees, continuous monitoring ranged between 20 and 125 minutes (**Deficiency SSHSPI-34¹⁵**). **This is a priority component.**

ACTIVITIES

RECREATION (R)

ODO reviewed logbooks and posted recreation schedules for 8 housing units and found in 1 out of 8 housing units, the logbook for unit 4 did not indicate any recreation from November 2024 to March 2025. Additionally, unit four's posted recreation schedule only allotted 3 hours of recreation (**Deficiency R-6¹⁶**).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the grievance section of the SDC's detainee handbook and found it did not notify detainees of the procedures for filing and resolving a grievance for assistance to detainees with impairments, disabilities, interpretation, translation services, literacy, and limited English proficiency (**Deficiency GS-14¹⁷**).

¹⁴ "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training, during orientation and at least annually." See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(A).

¹⁵ "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).

¹⁶ "Detainees in the general population shall have access at least four hours a day, seven days a week to outdoor recreation, weather and scheduling permitted." See ICE PBNDS 2011 (Revised 2016), Standard, Recreation, Section (V)(B).

¹⁷ "The facility shall provide each detainee, upon admittance, a copy of the detainee handbook and local supplement (See also Standard "6.1 Detainee Handbook"), in which the grievance section provides notice of the following: ...

4. The procedures for filing and resolving a grievance, including the availability of assistance in preparing a grievance (assistance for detainees with impairments or disabilities, interpretation/translation services for detainees with limited English proficiency (LEP) and assistance for detainees with limited literacy)."

See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(B)(4).

ADMINISTRATION AND MANAGMENT

STAFF TRAINING (ST)

ODO reviewed [REDACTED] medical staff training files and [REDACTED] detention staff training files and found in [REDACTED] out of [REDACTED] medical staff training files, no completion of annual cardio-pulmonary resuscitation training (**Deficiency ST-60.¹⁸**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 28 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 20 of those standards. ODO found 12 deficiencies in the remaining 8 standards. Since SDC's last rated inspection in April 2024, the facility's overall compliance with the PBNDS 2011 (Revised 2016) has remained consistent. SDC went from 8 deficient standards and 12 deficiencies in April 2024 to 8 deficient standards and 12 deficiencies during this most recent compliance inspection, which includes 2 priority component deficiencies in the SSHSPI standard. ODO received SDC's completed uniform corrective action plan for its last inspection in August 2024, which likely resolved previous deficiencies ODO cited as ODO did not find any repeat deficiencies. ODO recommends ERO Atlanta work with the facility to resolve any deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2025 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	29	28
Deficient Standards	8	8
Overall Number of Deficiencies	12	12
Priority Component Deficiencies	0	2
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	3	0
Facility Rating	Acceptable/Adequate	Acceptable/Adequate

¹⁸ "Each new employee, contractor, and volunteer shall be provided initial and annual training appropriate to their assignments. While tailored specifically for staff, contractors, and volunteers, the training programs shall include, at a minimum: ...

2. Professional and support employees, including contractors, who have regular or daily detainee contact: ...

10. cardiopulmonary resuscitation (CPR)/First aid).

See ICE PBNDS 2011 (Revised 2016), Standard, Staff Training, Section (V)(C)(2)(w).



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