



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

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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**

**March 1-3, 2022**

**COMPLIANCE INSPECTION**  
**of the**  
**ADAMS COUNTY DETENTION CENTER**  
Natchez, Mississippi

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## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
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 Adams County Detention Center (ACDC) in Natchez, Mississippi, from March 1 to 3, 2022.<sup>1</sup> 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 in 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. An ACDC warden handles daily facility 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 in August 2019 and National Commission on Correctional Health Care in January 2020.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of March 1, 2022)	[REDACTED]
Adult Female Population (as of March 1, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2021, ODO found no deficiencies.

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<sup>1</sup> This facility holds male detainees with security classification levels for periods greater than 72 hours.

<sup>2</sup> Data Source: ERO Facility List as of February 28, 2022.

<sup>3</sup> *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.<sup>4</sup>

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 its decision-making to better allocate resources across the agency’s entire detention inventory.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS (PBND) 2011 (REVISED 2016) MAJOR CATEGORIES

PBND 2011 (Revised 2016) Standards Inspected <sup>5,6</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Emergency Plans	0
Environmental Health and Safety	3
<b>Sub-Total</b>	<b>3</b>
<b>Part 2 – Security</b>	
Admission and Release	0
Custody Classification System	3
Funds and Personal Property	0
Post Orders	5
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	1
Special Management Units	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>9</b>
<b>Part 4 – Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Voluntary Work Program	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Legal Rights Group Presentations	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 7 - Administration and Management</b>	
Detention Files	1

<sup>5</sup> For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

<sup>6</sup> 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.

Interview and Tours	0
Detainee Transfers	5
<b>Sub-Total</b>	<b>6</b>
<b>Total Deficiencies</b>	<b>18</b>

## DETAINEE RELATIONS

ODO interviewed 13 detainees, who each voluntarily agreed to participate. Six additional detainees declined ODO’s request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most of the facility’s detainees arrived at the facility at the end of February 2022, and they had not cleared the facility’s COVID-19 protocols, making them unavailable for ODO to interview. All detainees reported satisfaction with facility services.

## COMPLIANCE INSPECTION FINDINGS

### SAFETY

#### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO inspected 15 cells in the Zulu housing unit and found in all cells, dried paper material covering ventilation ports (**Deficiency EHS-11**<sup>7</sup>).

ODO inspected chemical storage rooms in three housing units and found in two out of three storage rooms, facility staff did not clearly label spray canisters containing bleach (**Deficiency EHS-71**<sup>8</sup>).

ODO reviewed 18 fire drill reports and found in all 18 reports, the facility did not time emergency-key drills (**Deficiency EHS-111**<sup>9</sup>).

### SECURITY

#### CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed █ detainee detention files and found in █ out of █ files, facility staff did not expedite detainee classification. Specifically, the staff classified detainees 1 to 7 days after receiving the necessary classification information (**Deficiency CCS-8**<sup>10</sup>).

<sup>7</sup> “The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness. When possible, the use of non-toxic cleaning supplies is recommended.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(A)(3).

<sup>8</sup> “Staff shall either return unused amounts to the original container(s) or, under certain circumstances, to another suitable, clearly labeled container within the storage area.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(B)(8)(c).

<sup>9</sup> “Emergency-key drills shall be included in each fire drill and timed.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(4)(c).

<sup>10</sup> “Once the needed information is obtained, classification shall be expedited, and the detainee may be housed in the general population, if warranted.” See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(A)(3).

ODO reviewed █ detainee detention files and found in █ out of █ files, facility staff did not complete initial classifications within 12 hours of the detainees' admission to the facility. Specifically, the staff completed initial classifications between 1 and 7 days after admission (**Deficiency CCS-27**<sup>11</sup>).

ODO reviewed seven detainee detention files with delayed initial classifications and found in all seven files, the facility did not document a reason for delay in initial classification (**Deficiency CCS-28**<sup>12</sup>).

## **POST ORDERS (PO)**

ODO reviewed 20 POs and found supervisors did not consistently ensure officers understood their posts. Specifically, ODO reviewed the August 2021 acknowledgment sheet for Delta Unit and found supervisors on the 6 p.m. to 6 a.m. shift did not sign the acknowledgement form next to the officer's name for 3 days (**Deficiency PO-8**<sup>13</sup>).

ODO reviewed 20 POs and found in 1 out of 20 POs, the facility administrator did not initial nor date all POs. Specifically, the facility administrator did not initial nor date POs for the vehicle gate post (**Deficiency PO-12**<sup>14</sup>).

ODO reviewed 20 housing area logs and found in 1 out of 20 logs, a shift supervisor did not record the visit during each shift. Specifically, the shift supervisor entered the housing area but did not make note of the visit in the log (**Deficiency PO-21**<sup>15</sup>).

ODO reviewed the POs for the armed perimeter post and found the facility staffed the post with an officer with no qualifications in the use of firearms for the assigned post (**Deficiency PO-24**<sup>16</sup>).

ODO reviewed 20 POs and found 1 housing unit without the required POs and nothing to indicate staff notified a shift supervisor of the missing POs (**Deficiency PO-32**<sup>17</sup>).

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<sup>11</sup> "The initial classification process and initial housing assignment shall be completed within 12 hours of admission to the facility." See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(D).

<sup>12</sup> "If the process takes longer, documentation shall be maintained to explain the cause of the delay and to indicate that the detainee shall be housed appropriately." See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(D).

<sup>13</sup> "Supervisors shall ensure that officers understand the post orders, regardless of whether the assignment is temporary, permanent, or due to an emergency." See ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(B).

<sup>14</sup> "The facility administrator (or designee) shall... initial and date all other pages" See ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(C)(2).

<sup>15</sup> "The shift supervisor shall visit each housing area and initial the log on each shift." See ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(E).

<sup>16</sup> "Any officer assigned to an armed post must be qualified to use the firearms assigned to that post." See ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(F).

<sup>17</sup> "Should staff members become aware that any part of a folder containing post orders is out of date, or in need of repair or replacement, they shall immediately notify the shift supervisor." See ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(G).



## SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed █ staff training files and found in █ out of █ files, the facility did not complete biennial refresher training for the facility's SAAPI Program (**Deficiency SAAPI-26**<sup>18</sup>).

## ADMINISTRATION AND MANAGEMENT

### DETENTION FILES (DF)

ODO reviewed the facility's DF logbook and found the logbook did not include the file's reason for removal, signature of the person removing the file, the date and time the staff member returned the file, nor the signature of the person returning the file (**Deficiency DF-29**<sup>19</sup>).

*Corrective Action:* Prior to the conclusion of the inspection, ACDC implemented a new logbook process for logging all required information for record-keeping purposes. ODO reviewed the new logbook and a signed memo dated March 2, 2022, for using the new records logbook to check out all files (**C-1**).

### DETAINEE TRANSFERS (DT)

ODO reviewed █ detainee detention files and found all files did not contain a Detainee Transfer Notification Form (**Deficiency DT-12**<sup>20</sup>).

Additionally, because the files did not contain a Detainee Transfer Notification Form, the facility did not ensure detainees acknowledged, in writing, the following items:

- The detainee received transfer destination information (**Deficiency DT-13**<sup>21</sup>);
- The detainee's decision to notify family members upon admission into the facility (**Deficiency DT-14**<sup>22</sup>); and

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<sup>18</sup> "Training on the facility's Sexual Abuse and Assault Prevention and Intervention Program shall be included in training for all employees, and shall also be included in biennial refresher training thereafter." See ICE PBNDS 2011 (Revised 2016), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(E).

<sup>19</sup> "At a minimum, does the logbook entry recording the file's removal from the cabinet include the following information: ...

- c. reason for removal;
- d. signature of person removing the file, including title and department;
- e. date and time returned; and
- f. signature of person returning the file."

See ICE PBNDS 2011 (Revised 2016), Standard, Detention Files, Section (V)(F)(3)(a-f).

<sup>20</sup> "At the time of the transfer, the sending facility shall provide the detainee, in writing, the name, address, and telephone number of the facility to which he or she is being transferred, using the attached Detainee Transfer Notification Form." See ICE PBNDS 2011 (Revised 2016), Standard, Detainee Transfers, Section (V)(B)(2)(b).

<sup>21</sup> "The sending facility shall ensure that the detainee acknowledges, in writing, that:

- 1) He or she has received the transfer destination information."

See ICE PBNDS 2011 (Revised 2016), Standard, Detainee Transfers, Section (V)(B)(2)(C)(1).

<sup>22</sup> "The sending facility shall ensure that the detainee acknowledges, in writing, that: ...

- 2) It is his or her responsibility to notify family members if so desired, upon admission into the receiving facility."

See ICE PBNDS 2011 (Revised 2016), Standard, Detainee Transfers, Section (V)(B)(2)(C)(2).

- The detainee may place a domestic phone call, at no expense to the detainee, upon admission into the receiving facility (**Deficiency DT-15**<sup>23</sup>).

ODO reviewed █ detainee detention files and found in all █ files; the facility did not place a copy of the Detainee Transfer Notification Form in the detainee’s detention file (**Deficiency DT-16**<sup>24</sup>).

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 24 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 18 of those standards. ODO found 18 deficiencies in the remaining 6 standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO New Orleans work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. A uniform corrective action plan was not required for ODO’s last inspection of ACDC which occurred in June 2021.

<b>Compliance Inspection Results Compared</b>	<b>FY 2021 PBNDS 2011 (Revised 2016)</b>	<b>FY 2022 PBNDS 2011 (Revised 2016)</b>
Standards Reviewed	13	24
Deficient Standards	0	6
Overall Number of Deficiencies	0	18
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	1
Facility Rating	N/A	Superior

<sup>23</sup> “The sending facility shall ensure that the detainee acknowledges, in writing, that: ...

3) He or she may place a domestic phone call, at no expense to the detainee, upon admission into the receiving facility.”

*See* ICE PBNDS 2011 (Revised 2016), Standard, Detainee Transfers, Section (V)(B)(2)(C)(3).

<sup>24</sup> “The sending facility will place a copy of the Detainee Transfer Notification Form in the detainee’s detention file.”

*See* ICE PBNDS 2011 (Revised 2016), Standard, Detainee Transfers, Section (V)(B)(2)(d).