



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

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**Office of Detention Oversight  
Follow-Up Compliance Inspection  
2023-002-149**

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

**Adams County Detention Center  
Natchez, Mississippi**


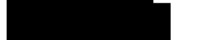
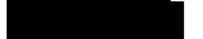
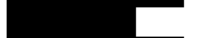
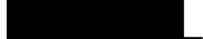
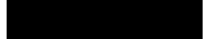
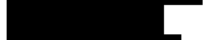
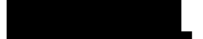
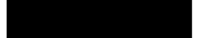
**July 11-13, 2023**

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

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## FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Contractor	Creative Corrections
	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 follow-up compliance inspection of the Adams County Detention Center (ACDC) in Natchez, Mississippi, from July 11 to 13, 2023.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of ACDC from January 10 to 12, 2023. The facility opened in 2007 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 New Orleans (ERO New Orleans). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

[REDACTED] 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 the National Commission on Correctional Health Care in January 2020. In June 2022, ACDC 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 <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of July 11, 2023)	[REDACTED]
Adult Female Population (as of July 11, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found four deficiencies in the following areas: Correspondence and Other Mail (2); Disciplinary System (1); and Environmental Health and Safety (1).

<sup>1</sup> This facility holds both female and male detainees with low, medium-low, medium-high, high security classification levels for periods greater than 72 hours.

<sup>2</sup> Data Source: ERO Facility List as of July 10, 2023.

<sup>3</sup> *Ibid.*

## **FOLLOW-UP 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 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which may include but are not limited to Medical Care, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniform corrective action plan (UCAP), and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

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

<b>PBND Standards 2011 (Revised 2016) Standards Inspected<sup>4,5</sup></b>	<b>Deficiencies</b>
<b>Part 1 - Safety</b>	
Emergency Plans	0
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Key and Lock Control	0
Special Management Units	0
Staff-Detainee Communication	1
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 3 - Order</b>	
Disciplinary System	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
Food Service	0
Medical Care	3
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	2
Terminal Illness, Advance Directives and Death	0
<b>Sub-Total</b>	<b>5</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Recreation	0
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Detainee Handbook	0
Grievance System	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>6</b>

<sup>4</sup> For greater detail on ODO’s findings, see the *Follow-up Compliance Inspection Findings* section of this report.

<sup>5</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.

## DETAINEE RELATIONS

ODO interviewed 20 detainees, who each voluntarily agreed to participate. ODO attempted to interview additional detainees, but a chicken pox outbreak and limited number of translators prevented such efforts. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

## FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the facility's ICE detainee request log and found in 299 out of 853 requests ERO New Orleans staff did not document their responses to 220 requests and they responded to 79 requests between 4 and 22 business days after receipt of the requests (**Deficiency SDC-16**<sup>6</sup>).

### CARE

#### MEDICAL CARE (MC)

ODO reviewed ACDC's Policy 13-70, Pharmaceuticals, dated March 1, 2021, and the medical perpetual inventories, toured the facility's pharmacy, and found the facility did not inventory 54 urine transfer straws containing bore needles (**Deficiency MC-92**<sup>7</sup>).

ODO reviewed █ detainee medical files of newly arrived detainees who responded "yes" to known, acute, or emergent medical conditions and found in █ out of █ files, the facility completed evaluations of the detainees 6 to 7 working days after their arrival, instead of the required 2 working days (**Deficiency MC-104**<sup>8</sup>). **This is a priority component.**

ODO reviewed █ detainee medical files with mental health referrals and found in █ out of █ files, the facility completed mental health evaluations of the detainees 6 to 7 business days after referral instead of the required 1 business day (**Deficiency MC-151**<sup>9</sup>).

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<sup>6</sup> "In Facilities with ICE/ERO Onsite Presence; 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).

<sup>7</sup> "Each detention facility shall have and comply with written policy and procedures for the management of pharmaceuticals, to include: ...

5. Secure storage and disposal and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes, and needles."

See ICE PBNDS 2011(Revised 2016), Standard, Medical Care, Section (V)(G)(5).

<sup>8</sup> "Any detainee responding in the affirmative shall be sent for evaluation to a qualified, licensed health care provider as quickly as possible, but in no later than two working days." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(J).

<sup>9</sup> "If the practitioner is not a mental health provider and further referral is necessary, the detainee will be evaluated by a mental health provider within the next business day." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(O)(3).

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

ODO reviewed █ detainee suicide observation medical files and found in █ out of █ files, medical staff documented continuous monitoring between 16 and 18 minutes (**Deficiency SSHSPI-34<sup>10</sup>**). **This is a priority component.**

ODO reviewed █ detainee suicide observation medical files and found in █ out of █ files, no reassessment of detainees by medical staff within 72 hours after their release from suicide observation. Specifically, █ detainees received no reassessment and █ detainees received reassessment between 6 and 13 days after their release from suicide observation (**Deficiency SSHSPI-56<sup>11</sup>**). **This is a priority component.**

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 20 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 17 of those standards. ODO found six deficiencies in the remaining three standards. Since ACDC's last full inspection in January 2023, the facility has trended slightly down. ACDC went from three deficient standards and four deficiencies in January 2023 to three deficient standards and six deficiencies during this most recent full inspection. However, ODO found deficiencies in two standards, Medical Care and Significant Self-Harm and Suicide Prevention and Intervention, which ACDC did not have deficiencies during the previous inspection and accounted for all three priority component deficiencies found during this most recent inspection. ODO did not inspect the Staff-Detainee Communication standard during the January 2023 inspection, which accounted for one of the six deficiencies found for this inspection. ERO provided ODO with the UCAP for ODO's last inspection of ACDC in January 2023, which likely contributed to the facility having no repeat deficiencies. ODO recommends ERO continue to work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

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<sup>10</sup> "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).

<sup>11</sup> "All detainees discharged from suicide observation should be re-assessed within 72 hours and then periodically at intervals prescribed by the treatment plan and consistent with the level of acuity by an appropriately trained and qualified medical staff member." See ICE PBNDS 2011(Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F)(4).



<b>Compliance Inspection Results Compared</b>	<b>FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)</b>	<b>FY 2023 Follow-up Inspection (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	25	20
Deficient Standards	3	3
Overall Number of Deficiencies	4	6
Priority Component Deficiencies	0	3
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	N/A