



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

**Office of Detention Oversight
Compliance Inspection**

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

**Alexandria Staging Facility
Alexandria, Louisiana**

August 2-4, 2022

COMPLIANCE INSPECTION
of the
ALEXANDRIA STAGING FACILITY
Alexandria, Louisiana

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (2013 ERRATA) MAJOR CATEGORIES.....	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	7
SAFETY.....	7
Environmental Health and Safety	7
CARE	7
Medical Care.....	7
CONCLUSION	8

COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead
Assistant Team Lead
Contractor
Contractor

ODO
ODO
Creative Corrections
Creative Corrections

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a special review compliance inspection of the Alexandria Staging Facility (ASF) in Alexandria, Louisiana, from August 2 to 4, 2022.¹ The facility opened in August 2014 and is owned and operated by The GEO Group, Inc. (GEO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at ASF in November 2014 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 (Errata 2013).

ERO has assigned deportation officers and a detention services manager to the facility. A facility administrator handles daily operations and manages [REDACTED] support personnel. GEO provides food services and ICE Health Service Corps provides medical care. In June 2018, ASF 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 ¹	[REDACTED]
Average ICE Population ²	[REDACTED]
Adult Male Population (as of August 2, 2022)	[REDACTED]
Adult Female Population (as of August 2, 2022)	[REDACTED]

This was ODO’s first compliance inspection of ASF.

¹ Data Source: ERO Facility List as of August 1, 2022.

² *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) greater than 10, 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.³

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.

Beginning fiscal year (FY) 2022, ODO will conduct focused reviews of under 72-hour ICE detention facilities with an ADP of one or more detainees and over 72-hour ICE detention facilities with an ADP of one-to-nine detainees. Additionally, ODO will conduct unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating. ODO will conduct a complete review of several core standards, in accordance with the facility’s new contractually required ICE National Detention Standards, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (FRS only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

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.

³ ODO reviews the facility’s compliance with selected standards in their entirety.

**FINDINGS BY PERFORMANCE-BASED NATIONAL
DETENTION STANDARDS (PBNDS) 2011 (2013 ERRATA)
MAJOR CATEGORIES**

PBNDS 2011 (2013 Errata) Standards Inspected^{4,5}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	1
Sub-Total	1
Part 2 - Security	
Hold Rooms in Detention Facilities	0
Sexual Abuse and Assault Prevention and Intervention	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	3
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	3
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	4

⁴ For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

⁵ 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 10 detainees, who each voluntarily agreed to participate. The remaining detainees declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with the facility.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed fire drills the facility completed during the inspection period and found in 102 out of 102 fire drills, the facility did not include nor time the emergency-key drills (**Deficiency EHS-111⁶**).

CARE

MEDICAL CARE (MC)

ODO interviewed the health services administrator (HSA), reviewed Operations Memo 16-022 regarding transfer of health records, and found the following deficiencies:

- The facility's practice is to transfer or release detainees with only a transfer summary in a sealed envelope marked "MEDICAL CONFIDENTIAL" and labeled with the detainee's name and A-number instead of the full medical record (**Deficiency MC-261⁷**);
- The facility's practice is to transfer or release detainees only with a transfer summary and they do not send the full medical record at any point during the transfer process (**Deficiency MC-263⁸**); and
- The facility's practice is to transfer or release detainees with only a transfer summary, and when medically appropriate, to discharge treatment plans, medication, and referrals to community-based providers (**Deficiency MC-264⁹**).

⁶ "Emergency-key drills shall be included in each fire drill, and timed." See ICE PBNDS 2011 (2013 Errata), Standard, Environmental Health and Safety, Section (V)(C)(4)(c).

⁷ "The full medical record is placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL." See ICE PBNDS 2011 (2013 Errata), Standard, Medical Care, Section (V)(Y)(4)(c)(1)(b).

⁸ "When a detainee is transferred to an IGSA detention facility, the sending facility shall ensure that the Transfer Summary will accompany the detainee. A copy of the full medical record must accompany each detainee during transfer unless extenuating circumstances make this impossible, in which case the full medical record will follow as soon as practicable." See ICE PBNDS 2011 (2013 Errata), Standard, Medical Care, Section (V)(Y)(4)(c)(2).

⁹ "Detainees released or removed from detention shall receive a discharge treatment plan to ensure continuity of care, full copy of their medical record, medication and referrals to community-based providers as medically appropriate." See ICE PBNDS 2011 (2013 Errata), Standard, Medical Care, Section (V)(Y)(4)(c)(3).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 10 standards under PBNDS 2011 (2013 Errata) and found the facility in compliance with 8 of those standards. ODO found four deficiencies in the remaining two standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO 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 ASF as this was ODO's first inspection of ASF.

Compliance Inspection Results Compared	FY 2022 (PBNDS 2011) (2013 Errata)
Standards Reviewed	10
Deficient Standards	2
Overall Number of Deficiencies	4
Repeat Deficiencies	N/A
Areas Of Concern	0
Corrective Actions	0
Facility Rating	Superior