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ICE Inspections
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**Office of Detention Oversight
Special Review
2023-003-199**

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

**Alexandria Staging Facility
Alexandria, Louisiana**

September 25-29, 2023

SPECIAL REVIEW INSPECTION
of the
ALEXANDRIA STAGING FACILITY
Alexandria, Louisiana

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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 special review of the Alexandria Staging Facility (ASF) in Alexandria, Louisiana, from September 26 to 28, 2023.¹ The facility opened in 2014 and is owned by Rapides County and operated by The GEO Group, Inc. (GEO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at ASF in 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 (2013 Errata).

[REDACTED] A facility administrator handles daily operations and manages [REDACTED] support personnel. GEO provides food and commissary services, and ICE Health Service Corps (IHSC) provides medical care at the facility. 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 ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of September 26, 2023)	[REDACTED]
Adult Female Population (as of September 26, 2023)	[REDACTED]

During its last special review, in Fiscal Year (FY) 2022, ODO found four deficiencies in the following areas: Environmental Health and Safety (1) and Medical Care (3).

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

² Data Source: ERO Facility List as of September 26, 2023.

³ *Ibid.*

SPECIAL REVIEW 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.⁴

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 *Special Review Findings* section of this report.

Beginning fiscal year (FY) 2022, ODO began conducting special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 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, which may 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 (Family Residential Standard (FRS) only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

Upon completion of each review, 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.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

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

PBND Standards 2011 (2013 Errata) Standards Inspected^{5,6}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	1
Sub-Total	1
Part 2 - Security	
Hold Rooms in Detention Facilities	2
Sexual Abuse and Assault Prevention and Intervention	0
Staff-Detainee Communication	0
Use of Force and Restraints Hold Rooms in Detention Facilities	3
Sub-Total	5
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	0
Part 6 - Justice	
Detainee Handbook	1
Sub-Total	1
Total Deficiencies	7

⁵ For greater detail on ODO’s findings, see the *Special Review Findings* section of this report.

⁶ 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 five detainees, who each voluntarily agreed to participate. The remaining 25 detainees declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

SPECIAL REVIEW FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the fire safety manager, reviewed 60 fire drill reports, and found in 60 out of 60 reports, designated staff did not draw emergency keys nor use them to unlock one set of emergency exit doors not in daily use (**Deficiency EHS-112**⁷).

SECURITY

HOLD ROOMS IN DETENTION FACILITIES (HRDF)

ODO observed the hold room detention log and found the facility did not record the following items: detainee's name; sex; age; non-citizen number; nationality; reason for placement in the hold room (**Deficiency HRDF-44**⁸).

ODO observed the hold room area and found the facility did not post an evacuation map for the hold rooms in case of fire or building evacuation (**Deficiency HRDF-60**⁹).

Corrective Action: Prior to the conclusion of the inspection. The facility initiated corrective action. On September 27, 2023, ODO observed an updated posted evacuation map to include the evacuation routes of the hold rooms in the hold room area (**C-1**).

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed four calculated use of force (UOF) incidents and found in one out of four incidents the facility did not obtain an audiovisual camera to record the calculated UOF (**Deficiency UOFR-140**¹⁰).

⁷ "Emergency keys shall be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use." See ICE PBNDS 2011 (Errata 2013), Standard, Environmental Health and Safety, Section (V)(C)(4)(c).

⁸ "The detention log shall record each detainee's: a. name; b. sex; c. age; d. A-number; e. nationality; f. reason for placement." See ICE PBNDS 2011 (Errata 2013), Standard, Hold Rooms in Detention Facilities, Section (V)(D)(2)(a-i).

⁹ "Evacuation procedures shall include posting the evacuation map... in case of fire and/or building evacuation." See ICE PBNDS 2011 (Errata 2013), Standard, Hold Rooms in Detention Facilities, Section (V)(E)(1).

¹⁰ "Staff shall immediately obtain an audiovisual camera to record any calculated use of force incident, unless such a delay in bringing the situation under control would constitute a serious hazard to the detainee, staff, or others, or would result in a major disturbance or serious property damage." See ICE PBNDS 2011 (Errata 2013), Standard, Use of Force and Restraints, Section (V)(O)(2).

ODO reviewed four calculated UOF incidents and found the medical staff did not state the findings of medical evaluations after all four UOF incidents nor did the shift supervisor conduct debriefings (**Deficiency UOFR-144**¹¹).

ODO reviewed the files of four UOF incidents and found in one out of four incidents, the facility did not report to ERO NEW Orleans the details and findings of an appropriate or inappropriate UOF within 2 workdays (**Deficiency UOFR-176**¹²).

JUSTICE

DETAINEE HANDBOOK (DH)

ODO interviewed the facility administrator and found no appointed committee to review the facility's local supplement annually and to recommend changes (**Deficiency DH-27**¹³).

CONCLUSION

During this special review, ODO assessed the facility's compliance with 10 standards under PBNDS 2011 (2013 Errata) and found the facility in compliance with 6 of those standards. ODO found seven deficiencies in the remaining four standards. Since ASF's last special review in August 2022, the facility has trended slightly downward. ASF went from two deficient standards and four deficiencies to four deficient standards and seven deficiencies. A deficiency was found in the DH standard, which was not reviewed during the previous inspection and three deficiencies were found in the UOFR standard due to a UOF incident during this review period. ERO New Orleans provided ODO with the uniform corrective actions plan for ODO's last inspection of ASF in August 2022, which likely contributed to the facility's sustained compliance with the PBNDS 2011 (2013 Errata) and no repeat deficiencies. ODO recommends ERO New Orleans continues to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

¹¹ "After regaining control of the situation, staff shall follow the procedures applicable to calculated use-of-force incidents." See ICE PBNDS 2011 (Errata 2013), Standard, Use of Force and Restraints, Section (V)(O)(2).

¹² "Within two workdays of the after-action review team's submission of its determination, the facility administrator shall report with the details and findings of appropriate or inappropriate use of force, by memorandum, to the Field Office Director and whether he/she concurs with the finding." See ICE PBNDS 2011 (Errata 2013), Standard, Use of Force and Restraints, Section (V)(P)(5).

¹³ "The facility administrator shall appoint a committee to review the local supplement annually and recommend changes." See ICE PBNDS 2011 (Errata 2013), Standard, Detainee Handbook, Section (V)(E).

Compliance Inspection Results Compared	FY 2022 Special Review PBNS 2011 (2013 Errata)	FY 2023 Special Review PBNS 2011 (2013 Errata)
Standards Reviewed	10	10
Deficient Standards	2	4
Overall Number of Deficiencies	4	7
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	1
Facility Rating	Superior	Superior