



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

**Office of Detention Oversight
Unannounced Compliance Inspection
2024-004-258**

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

**Central Louisiana ICE Processing Center
Jena, Louisiana**

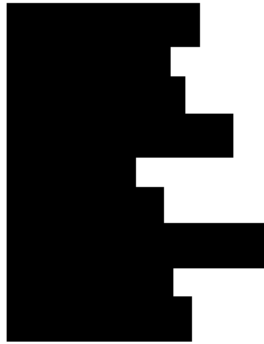
January 9-11, 2024

**UNANNOUNCED COMPLIANCE INSPECTION
of the
CENTRAL LOUISIANA ICE PROCESSING CENTER
Jena, Louisiana**

TABLE OF CONTENTS

FACILITY OVERVIEW	4
UNANNOUNCED COMPLIANCE INSPECTION PROCESS.....	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES.....	6
DETAINEE RELATIONS	7
UNANNOUNCED COMPLIANCE INSPECTION FINDINGS.....	7
SECURITY	7
ADMISSION AND RELEASE	7
FUNDS AND PERSONAL PROPERTY.....	7
STAFF-DETAINEE COMMUNICATION.....	8
CARE	8
PERSONAL HYGIENE	8
SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION	9
ACTIVITIES	9
TELEPHONE ACCESS	9
VOLUNTARY WORK PROGRAM.....	10
JUSTICE.....	10
GRIEVANCE SYSTEM.....	10
ADMINISTRATION AND MANAGEMENT	11
DETENTION FILES	11
CONCLUSION	11

COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead	ODO
Senior Inspections and Compliance Specialist	ODO
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

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted an unannounced compliance inspection of the Central Louisiana ICE Processing Center (CLIPC) in Jena, Louisiana, from January 9 to 11, 2024.¹ The facility opened in 2007 and is owned by and operated by The GEO Group, Inc. (GEO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CLIPC in 2007 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] A facility administrator handles daily operations and manages [REDACTED] support personnel. GEO provides food services, STG International provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in January 2018. In November 2017, CLIPC 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 January 9, 2024)	[REDACTED]
Adult Female Population (as of January 9, 2024)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 2 deficiencies in the following area: Food Service (2).

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 December 18, 2023.

³ *Ibid.*

UNANNOUNCED 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.

In 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 began conducting 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; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO’s informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility’s contractually required ICE NDS or in accordance with the ICE NDS listed in the current ERO Custody Management Division Authorized Facility List for facilities that are not contractually obligated to an ICE NDS, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Significant Self-harm and Suicide Prevention and Intervention, Hunger Strikes, Food Service, Environmental Health and Safety, Special Management Units (SMU) or Hold Rooms (if the facility does not have an SMU), Use of Force and Restraints/Use of Physical Control Measures, and Sexual Abuse and Assault Prevention and Intervention.

Upon completion of each special review or unannounced 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 uniform corrective action plans (UCAPs); 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

PBND Standards 2011 (Revised 2016) Standards Inspected ^{5,6,7}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	1
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	2
Population Counts	0
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	2
Use of Force and Restraints	0
Sub-Total	5
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Personal Hygiene	3
Significant Self-harm and Suicide Prevention and Intervention	1
Sub-Total	4
Part 5 - Activities	
Marriage Requests	0
Religious Practices	0
Telephone Access	2
Trips for Non-Medical Emergencies	0
Voluntary Work Program	1

⁵ For greater detail on ODO's findings, see the *Unannounced 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.

⁷ During an unannounced inspection, ODO will review a facility's compliance with at least 10 individual standards; however, unannounced full inspections will include a review of the same standards as announced full inspections.

Sub-Total	3
Part 6 - Justice	
Grievance System	4
Law Libraries and Legal Materials	0
Sub-Total	4
Part 7 - Administration and Management	
Detention Files	1
Detainee Transfers	0
Sub-Total	1
Total Deficiencies	17

DETAINEE RELATIONS

ODO interviewed 30 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concern listed below.

Personal Hygiene: Five detainees stated female staff did not announce themselves upon entering male housing units.

- Action Taken: ODO informed facility leadership that multiple detainees reported female staff did not routinely announce themselves upon entering the male housing units. On January 10, 2024, the facility administrator sent a memo to all staff reminding them of the requirement to announce their presence upon entering opposite-gender detainee housing units. On the same day, ODO received a copy of the memo.

UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO interviewed a facility intake lieutenant, requested training documentation on the facility's admissions process, and the facility did not provide any documentation demonstrating facility staff received adequate training on the facility's admissions process (**Deficiency AR-10⁸**).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO interviewed the intake lieutenant, observed the facilities property room, reviewed the quarterly property inventory document, dated September 25, 2023, and found a facility-administrator designee did not conduct the inventory of detainee baggage and other non-valuable

⁸ "Staff members shall be provided with adequate training on the admissions process at the facility." See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(B)(1).

property (**Deficiency FPP-123⁹**).

ODO interviewed the intake lieutenant, observed the facility's property room, reviewed a quarterly property inventory, dated September 25, 2023, and found the facility staff did not provide the property inventory audit documentation for the 4th quarter of calendar year 2023 (**Deficiency FPP-124¹⁰**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO toured 14 detainee housing units and found in 2 out of 14 units, no labeled and secure drop boxes for detainees to correspond directly with ERO New Orleans (**Deficiency SDC-14¹¹**).

ODO reviewed four facility detainee request logs and found in two out of four logs, staff did not log the dates of response nor the actions taken on the requests before returning them to the detainees (**Deficiency SDC-20¹²**). **This is a repeat deficiency.**

CARE

PERSONAL HYGIENE (PH)

ODO toured 16 housing units, reviewed the housing unit rosters for each housing unit, and found in 4 out of 16 units, the detainee to toilet ratio exceeded requirements. Specifically, ODO found an insufficient number of toilets in the following male housing units:

- Eagle Delta: [REDACTED] detainees housed with 5 toilets for a 1:15.2 detainee to toilet ratio;
- Hawk Alpha: [REDACTED] detainees housed with 6 toilets for a 1:15 detainee to toilet ratio;
- Hawk Bravo: [REDACTED] detainees housed with 6 toilets for a 1:14.3 detainee to toilet ratio; and
- Hawk Charlie: [REDACTED] detainees housed with 6 toilets for a 1:14 detainee to toilet ratio (**Deficiency PH-33¹³**).

⁹ "An inventory of detainee baggage and other nonvaluable property shall be conducted by the facility administrator's designee at least once each quarter." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(J).

¹⁰ "The facility's inventory audit shall indicate the inventory's date and time, and the name of the officer(s) conducting the inventory." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(J).

¹¹ "Each facility administrator shall:

- The facility shall provide a secure drop-box for ICE detainees to correspond directly with ICE management. Only ICE personnel shall have access to the drop-box."

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

¹² "At a minimum, the log shall record: ...

- f. Date that the request, with staff response and action, was returned to the detainee."

See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B)(2)(f).

¹³ "ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees." See ICE PBNDS 2011, Standard, Personal Hygiene, Section (V)(E)(1).

ODO observed the washbasins in housing unit Eagle Delta, reviewed the housing roster for housing unit Eagle Delta, and found the housing unit housed 76 detainees; however, housing unit Eagle Delta only has 5 washbasins for a ratio of 1:15.2 (**Deficiency PH-37¹⁴**).

ODO interviewed the facility compliance manager, reviewed weekly housing unit water temperature logs, and found the facility recorded water temperatures only after submitting a work order instead recording them in a daily log during housing unit inspections. Specifically, the facility only provided ODO with weekly housing unit inspection logs for December 4, 8, 15, and 21, 2023, and January 3 and 19, 2024, with no specific entries for water temperatures (**Deficiency PH-40¹⁵**).

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

ODO reviewed the suicide watch logs for 4 detainees placed in special isolation room for continuous monitoring and found from June 2023 to January 2024, 4 out of 6 suicide watch logs contained a total of 6 documented observations by facility staff that occurred between 18 and 29 minutes from the previous logged observations (**Deficiency SSHSPI-34¹⁶**). **This is a priority component.**

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO reviewed the facility's telephone testing procedures, the daily housing unit inspection logs, and found although facility staff tested each telephone to ensure a dial tone, they did not test each phone's operability by using the free call platform test the phone's ability to connect to the number called (**Deficiency TA-14¹⁷**).

ODO toured 14 detainee housing units and found the facility did not place a notice at each monitored telephone, stating the procedure for obtaining an unmonitored call to a court, legal representative or for the purposes of obtaining legal representation (**Deficiency TA-20¹⁸**).

¹⁴ "ACA Expected Practice 4-ALDF-4B-08 requires one washbasin for every 12 detainees." See ICE PBNDS 2011, Standard, Personal Hygiene, Section (V)(E)(2).

¹⁵ "Inspections of housing units shall periodically measure and document water temperature in the daily log." See ICE PBNDS 2011, Standard, Personal Hygiene, Section (V)(E).

¹⁶ "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, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

¹⁷ "After ensuring that each phone has a dial tone, when testing equipment, the officers must be able to demonstrate that an individual has the ability to make calls using the free call platform." See ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(A)(4)(a).

¹⁸ "If telephone calls are monitored, the facility shall, at each monitored telephone, place a notice that states the following: ...

b. The procedure for obtaining an unmonitored call to a court, a legal representative or for the purposes of

VOLUNTARY WORK PROGRAM (VWP)

ODO toured the Hawk housing unit and found in units Hawk Bravo, Hawk Charlie, and Hawk Delta units, more than 10 bunks throughout each unit, separated by with clotheslines tied to the lower bunks and draped with torn t-shirts, towels, and **(Deficiency VWP-13¹⁹)**.

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility's GS policy and found the written policy did not address medical staff's need to respond to medical grievances within 5 working days **(Deficiency GS-4²⁰)**.

ODO reviewed the facility detainee handbook and found the handbook did not contain a notice stating detainees have the right to file a formal grievance and pursue the formal grievance process at any time **(Deficiency GS-10²¹)**.

ODO reviewed the facility detainee handbook and found the handbook did not contain the procedures for filing and resolving a grievance, including the availability of assistance for detainees with impairments, disabilities, or limited literacy **(Deficiency GS-14²²)**.

ODO reviewed the facility's grievance log, and found the grievance appeal board did not annotate the name of the grievance officer who conducted the initial adjudication **(Deficiency GS-63²³)**.

obtaining legal representation.”

See ICE PBNDS 2011(Revised 2016), Standard, Telephone Access, Section (V)(B)(3)(b).

¹⁹ Detainees are required to maintain their immediate living areas in a neat and orderly manner by: ...

4. Refraining from hanging/draping clothing, pictures, keepsakes, or other objects from beds, overhead lighting fixtures or other furniture.”

See ICE PBNDS 2011 (Revised 2016), Standard, Voluntary Work Program, Section (V)(C)(4).

²⁰ “Each facility shall have written policy and procedures for a detainee grievance system that: ...

4. Ensure a procedure in which all medical grievances are received by the administrative health authority within 24 hours or the next business day, with a response from medical staff within five working days, where practicable.”

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

²¹ “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:

1. The expectation that, to the greatest extent possible, complaints and grievances shall be handled orally and informally by staff in their daily interaction with detainees (at all times, the detainee shall be granted the right to file a formal grievance and pursue the formal grievance process).”

See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(B)(1).

²² “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).

²³ “The GAB shall note the grievance log with the following information: ...

ADMINISTRATION AND MANAGEMENT

DETENTION FILES (DF)

ODO interviewed the facility records/classifications manager, observed archived file storage boxes, and confirmed the storage boxes had no dates clearly marked on the boxes (**Deficiency DF-14²⁴**).

CONCLUSION

During this unannounced compliance inspection, ODO assessed the facility's compliance with 28 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 19 of those standards. ODO found 17 deficiencies in the remaining 9 standards. Since CLIPC's last full inspection in June 2023, the facility has trended downward. CLIPC went from 1 deficient standard and 2 deficiencies in June 2023 to 9 deficient standards and 17 deficiencies during this most recent full inspection, which includes 1 priority component and 1 repeat deficiency. The priority component was Significant Self-harm and Suicide Prevention and Intervention for continuous monitoring of detainees in special isolation rooms exceeding 15 minutes. The repeat deficiency was in Staff-Detainee Communication for facility request logs not containing dates of staff responses and actions taken for detainee requests. ODO received a UCAP for its last inspection of CLIPC in June 2023, but the facility's corrective action for SDC was insufficient in preventing the recurrence of the deficiency. ODO recommends ERO New Orleans continue working with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	25	28
Deficient Standards	1	9
Overall Number of Deficiencies	2	17
Priority Component Deficiencies	0	1
Repeat Deficiencies	0	1
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Acceptable/Adequate

• Name of the GO that conducted the initial adjudication;"

See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(C)(3)(b)(2)(d).

²⁴ "ODO observed archived files are not being placed in storage boxes, with the dates covered clearly marked (e.g., from [mm/dd/yy] to [mm/dd/yy])." See ICE PBNDS 2011 (Revised 2016), Standard, Detention Files, Section (V)(D)(4).