



**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  
Special Review  
2024-003-378**

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

**Hancock County Public Safety Complex  
Bay St. Louis, Mississippi**

**May 7-9, 2024**

**SPECIAL REVIEW  
of the  
HANCOCK COUNTY PUBLIC SAFETY COMPLEX  
Bay St. Louis, Mississippi**

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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 Hancock County Public Safety Complex (HCPSC) in Bay St. Louis, Mississippi, from May 7 to 9, 2024.<sup>1</sup> The facility opened in 2020 and is owned and operated by the Hancock County Sheriff’s Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at HCPSC in 2020 under the oversight of ERO’s Field Office Director in New Orleans (ERO New Orleans). The facility operates under the National Detention Standards (NDS) 2019.

[REDACTED] A warden handles daily facility operations and manages support personnel. The Hancock County Sheriff’s Office provides food services and medical care, and Tiger provides commissary services at the facility. The facility does not hold any accreditations from any outside entities. In December 2021, HCPSC 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 May 7, 2024)	[REDACTED]
Adult Female Population (as of May 7, 2024)	[REDACTED]

This was ODO’s first compliance inspection of Hancock County Public Safety Complex.

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

<sup>2</sup> Data Source: ERO Custody Management Division Authorized Facility List as of May 6, 2024.

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

## SPECIAL REVIEW PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) 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.<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.

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.

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

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>5,6</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Environmental Health and Safety	16
<b>Sub-Total</b>	<b>16</b>
<b>Part 2 - Security</b>	
Use of Force and Restraints	0
Special Management Units	0
Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
Food Service	11
Hunger Strikes	1
Medical Care	2
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	1
<b>Sub-Total</b>	<b>15</b>
<b>Part 5 - Activities</b>	
Recreation	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>31</b>

<sup>5</sup> For greater detail on ODO's findings, see the *Special Review Findings* section of this report.

<sup>6</sup> During a special review, ODO will review a facility's compliance with at least 10 individual standards.

## DETAINEE RELATIONS

The facility's ICE detainee population count was zero during the inspection; therefore, ODO did not conduct any detainee interviews. Despite the facility housing no detainees during the inspection, the facility maintains an active contract to house ICE detainees and had an ADP of 6 ICE detainees for FY 2023, meeting the ODO requirement for special reviews.

## SPECIAL REVIEW FINDINGS

### SAFETY

#### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the EHS policy, inspected the food and health service chemical storage areas, interviewed a facility lieutenant, and found the following deficiencies:

- No written hazardous communication program outlining proper chemical labeling, providing Safety Data Sheets (SDSs), and training for employees (**Deficiency EHS-1<sup>7</sup>**). **This is a priority component**;
- No system for storing, issuing, and maintaining inventories of, and accountability for, such hazardous materials as the following: Delimer Spar Cleaner Detergent; Pot & Pan Detergent; T-10 Sanitizer; Protech Citrus Disinfectant Spray; Hospital Surface Disinfectant Spray Citrace; Hospital Disinfectant & Deodorizer; and Isopropyl Alcohol (**Deficiency EHS-2<sup>8</sup>**);
- No perpetual inventory of the hazardous substances as listed in Deficiency EHS-2 (**Deficiency EHS-3<sup>9</sup>**);
- No inventory records for the hazardous substances as listed in Deficiency EHS-2 (**Deficiency EHS-4<sup>10</sup>**);
- No maintained file of corresponding SDSs for the following materials: Protech Citrus Disinfectant Spray; Hospital Surface Disinfectant Spray Citrace; Hospital Disinfectant & Deodorizer; Isopropyl Alcohol; PSQ II; and Clothesline Chlorine Bleach (**Deficiency EHS-5<sup>11</sup>**);
- No ready and continuous access by staff to SDSs for chemicals used in the food and

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<sup>7</sup> "In accordance with OSHA 29 CFR 1910.1200, Hazard Communication, each facility utilizing hazardous chemicals shall create a written hazardous communication program that outlines proper chemical labeling, providing Safety Data Sheets (SDS), and training for employees." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

<sup>8</sup> "The facility will establish a system for storing, issuing, and maintaining inventories of, and accountability for, hazardous materials." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

<sup>9</sup> "Every area will have a perpetual inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

<sup>10</sup> "Inventory records will be maintained for each substance." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

<sup>11</sup> "In accordance with OSHA requirements, every area using hazardous substances will maintain a file of the corresponding Safety Data Sheets (SDSs)." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(1).

- health service areas (**Deficiency EHS-6**<sup>12</sup>);
- No SDS files for the maintenance supervisor to review (**Deficiency EHS-7**<sup>13</sup>);
  - No designee to compile a master index of all hazardous substances in the facility to include their locations and a master file of SDSs (**Deficiency EHS-8**<sup>14</sup>);
  - No SDS master file nor reviews conducted of the hazardous substances stored in the facility (**Deficiency EHS-9**<sup>15</sup>);
  - No master index nor up to date list of emergency phone numbers (fire department, poison control center, etc.) (**Deficiency EHS-10**<sup>16</sup>);
  - The facility did not provide hazardous materials training to staff and there were no SDSs in any of the areas where hazardous substances were stored (**Deficiency EHS-11**<sup>17</sup>);
  - No inventory records for hazardous substances in the food and health service chemical areas (**Deficiency EHS-16**<sup>18</sup>); and
  - The facility did not train staff on the classification code and safe handling procedures for each material (**Deficiency EHS-23**<sup>19</sup>).

ODO interviewed a facility lieutenant, reviewed the facility’s emergency plans (EP) policy, and found the facility staff had not reviewed nor updated the EP since ERO New Orleans began housing detainees in this facility in 2020 (**Deficiency EHS-27**<sup>20</sup>).

ODO interviewed the health services director (HSD), inspected the medication room, and found the HSD did not keep a perpetual/running inventory for the following items posing a security risk: 68 catheters, 306 needles, and 122 syringes (**Deficiency EHS-51**<sup>21</sup>).

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<sup>12</sup> “The SDSs provide vital information on individual hazardous substances, including instructions on safe handling, storage, and disposal, prohibited interactions, etc. Staff and detainees will have ready and continuous access to SDSs for the substances with which they are working while in the work area.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(1).

<sup>13</sup> “Staff must review SDS files, and the Maintenance Supervisor will review the records as necessary.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(1).

<sup>14</sup> “The Maintenance Supervisor or facility designee will compile a master index of all hazardous substances in the facility, including their locations, along with a master file of SDSs. Documentation of reviews will be maintained in the SDS master file.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

<sup>15</sup> “Documentation of reviews will be maintained in the SDS master file.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

<sup>16</sup> “The master index will also include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.)” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

<sup>17</sup> “Every individual using a hazardous substance in the facility must be familiar with and follow all prescribed precautions, wear personal protective equipment (PPE) when necessary, and report hazards or spills to the designated authority.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(3).

<sup>18</sup> “c. Inventory records for a hazardous substance must be kept current before, during, and after each use.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(4)(c).

<sup>19</sup> “b. Staff and detainees who work with hazardous materials will have appropriate training, including the classification code and safe handling procedures for each material.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(6)(b).

<sup>20</sup> “All staff will be trained in the emergency plans, which will be reviewed and updated as appropriate on an annual basis.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(B).

<sup>21</sup> “a. Inventory A perpetual/running inventory will be kept of those items that pose a security risk, such as sharp



ODO interviewed the HSD and found the HSD, or a designee did not reconcile medical sharps inventories weekly (**Deficiency EHS-52<sup>22</sup>**).

## **CARE**

### **FOOD SERVICE (FS)**

ODO interviewed the food service director (FSD) and found a registered dietitian had not conducted an annual and complete nutritional analysis of every master-cycle menu since ERO New Orleans started housing detainees at this facility in 2020 (**Deficiency FS-32<sup>23</sup>**). **This is a priority component.**

ODO interviewed the FSD and found a registered dietitian did not certify the menus before implementation (**Deficiency FS-33<sup>24</sup>**). **This is a priority component.**

ODO reviewed the FS program, interviewed the FSD, and found the following deficiencies:

- No “common fare” menu serving as a foundation for modifications to accommodate a variety of religious diets (**Deficiency FS-57<sup>25</sup>**);
- No common-fare menu with a no-flesh protein option offering vegetables, starches, and other foods not seasoned with flesh and providing a choice instead of an entrée containing flesh (**Deficiency FS-58<sup>26</sup>**);
- No common fare menu based on a 14-day cycle with special menus for the 10 Federal holidays (**Deficiency FS-60<sup>27</sup>**);
- No common fare menu certified as exceeding minimum daily nutritional requirements, nor meeting or exceeding US recommended daily allowances (**Deficiency FS-61<sup>28</sup>**);
- No disposable plates and utensils or reusable plates and utensils set aside for common-

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instruments, syringes, needles, and scissors. This inventory will be reconciled weekly by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(2)(a).

<sup>22</sup> “a. Inventory A perpetual/running inventory will be kept of those items that pose a security risk, such as sharp instruments, syringes, needles, and scissors. This inventory will be reconciled weekly by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(2)(a).

<sup>23</sup> “A registered dietitian shall conduct an annual complete nutritional analysis of every master-cycle menu planned by the FSA.” See ICE NDS 2019, Standard, Food Service, Section (II)(D)(2).

<sup>24</sup> “Menus must be certified by the dietitian before implementation.” See ICE NDS 2019, Standard, Food Service, Section (II)(D)(2).

<sup>25</sup> “Facilities must make available a “common fare” menu, which serves as the foundation to which modifications may be made to accommodate the religious diets of various faiths (e.g., for the inclusion of halal flesh-food options).” See ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

<sup>26</sup> “Common fare represents a no-flesh protein option, offering vegetables, starches, and other foods that are not seasoned with flesh, and must be provided whenever an entrée containing flesh is offered as part of a meal.” See ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

<sup>27</sup> “The common-fare menu is based on a 14-day cycle, with special menus for the 10 Federal holidays.” See ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

<sup>28</sup> “The menus must be certified as exceeding minimum daily nutritional requirements, meeting or exceeding U.S. recommended daily allowances (RDAs).” See ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

- fare (**Deficiency FS-65**<sup>29</sup>); and
- No common-fare program to accommodate detainees abstaining from foods or fasting for religious purposes at prescribed times of the year (**Deficiency FS-71**<sup>30</sup>).

ODO interviewed the FSD and found the facility did not implement written procedures for administrative or FS personnel to conduct weekly inspections of all FS areas, including dining, storage, equipment, and food-preparation areas nor an annual independent inspection to ensure compliance with all governmental health and safety codes (**Deficiency FS-116**<sup>31</sup>).

ODO inspected the FS department, interviewed the FSD, and found the facility staff did not conduct temperature checks for the dishwasher after every meal (**Deficiency FS-118**<sup>32</sup>).

ODO inspected the FS department, interviewed the FSD, and found the facility staff did not file all temperature-check documentation (**Deficiency FS-119**<sup>33</sup>).

## HUNGER STRIKES (HS)

ODO interviewed a facility lieutenant and the HSD, reviewed training records for ■ correctional staff and ■ medical staff, and found in ■ out of ■ records, the facility staff did not receive initial and annual training to recognize the signs of a hunger strike nor to implement procedures for referral for a medical assessment of detainees on a hunger strike (**Deficiency HS-1**<sup>34</sup>).

## MEDICAL CARE (MC)

ODO interviewed the HSD, reviewed the MC policy and ■ medical staff training records, and found in ■ out of ■ training records, non-dental clinicians did not receive annual training on how to conduct a dental exam by a dentist (**Deficiency MC-45**<sup>35</sup>).

ODO reviewed the MC policy and the facility-specific detainee handbook and found the handbook did not disclose to detainees and their representatives how to request and receive medical records

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<sup>29</sup> “Common-fare meals shall be served with disposable plates and utensils, except when a supply of reusable plates and utensils has been set aside for common-fare service only.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(6).

<sup>30</sup> “The common-fare program shall accommodate detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(7).

<sup>31</sup> “The facility shall implement written procedures for the administrative or food service, personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas and an annual independent inspection ensuring that all governmental health and safety codes are being met.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(I)(11)(a).

<sup>32</sup> “Daily checks of equipment temperatures shall follow this schedule:

1) “Dishwashers: every meal”

*See* ICE NDS 2019, Standard, Food Service, Section (II)(I)(11)(b)(1).

<sup>33</sup> “All temperature-check documentation shall be filed and accessible.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(I)(11)(b).

<sup>34</sup> “All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike.” *See* ICE NDS 2019, Standard, Hunger Strikes, Section (II)(A).

<sup>35</sup> “Such non-dental clinicians shall be trained annually on how to conduct the exam by a dentist.” *See* ICE NDS 2019, Standard, Medical Care, Section (II)(H).

pursuant to facility policy (**Deficiency MC-102**).<sup>36</sup>

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

ODO interviewed the HSD and FL, reviewed SSHSPI policy and [redacted] correctional staff and [redacted] medical staff training records, and found in [redacted] out of [redacted] training records, the facility staff who interact or had responsibility for detainees did not receive comprehensive suicide prevention training during orientation followed by annual refresher training (**Deficiency SSHSPI-2**).<sup>37</sup> **This is a priority component.**

**CONCLUSION**

During this special review, ODO assessed the facility’s compliance with 10 standards under NDS 2019 and found the facility in compliance with 5 of those standards. ODO found 31 deficiencies in the remaining 5 standards. ODO found most of the deficiencies to be administrative in nature including the lack of a hazardous material program, a common-fare menu, and inadequate training for facility staff. ODO also noted four priority component deficiencies for EHS, FS, and SSHSPI. This was ODO’s first inspection of HCPSC and therefore, no trend analysis is available. ODO recommends ERO New Orleans work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>No Previous ODO Inspection</b>	<b>FY 2024 Special Review (NDS 2019)</b>
Standards Reviewed	N/A	10
Deficient Standards	N/A	5
Overall Number of Deficiencies	N/A	31
Priority Component Deficiencies	N/A	4
Repeat Deficiencies	N/A	N/A
Areas Of Concern	N/A	0
Corrective Actions	N/A	0
Facility Rating	N/A	Failure

<sup>36</sup> “Detainees and their representatives shall be allowed to request and receive medical records pursuant to facility policy, which shall be communicated to the detainee in the facility handbook.” See ICE NDS 2019, Standard, Medical Care, Section (II)(P).

<sup>37</sup> “All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during orientation and refresher training at least annually thereafter.” See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(B).