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Office of Professional Responsibility
Inspections and Detention Oversight Division
Washington, DC 20536-5501

Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Atlanta Field Office

Irwin County Detention Center
Ocilla, Georgia

December 14-17, 2020

**COMPLIANCE INSPECTION
of the
IRWIN COUNTY DETENTION CENTER
Ocilla, Georgia**

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COMPLIANCE INSPECTION TEAM MEMBERS

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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 compliance inspection of the Irwin County Detention Center (ICDC) in Ocilla, Georgia, from December 14 to 17, 2020.¹ The facility opened in 1994 and is owned and operated by LaSalle Corrections. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at ICDC in October 2001 under the oversight of ERO’s Field Office Director in Atlanta (ERO Atlanta). The facility operates under the Performance Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has a supervisory detention and deportation officer, a detention service manager, and deportation officers assigned to the facility. An ICDC warden handles daily facility operations and is supported by ██████ personnel. LaSalle Corrections provides food services and medical care. Correct Commissary LLC provides commissary services at the facility. The facility was Department of Justice Prison Rape Elimination Act certified in June 2019.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	984
Average ICE Detainee Population ³	████
Male Detainee Population (as of 12/14/2020)	████
Female Detainee Population (as of 12/14/2020)	████

During its last inspection, in Fiscal Year (FY) 2020, ODO found 36 deficiencies in the following areas: Environmental Health and Safety (3); Admission and Release (5); Classification System (4); Funds and Personal Property (3); Special Management Units (1); Staff-Detainee Communication (3); Use of Force and Restraints (2); Food Service (2); Medical Care (3); Disability Identification, Assessment, and Accommodation (2); Telephone Access (2); Visitation (4); and Grievance System (2).

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

² Data Source: ERO Facility List Report as of November 23, 2020.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, 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 *Compliance Inspection Findings* section of this report.

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 their decision-making to better allocate resources across the agency’s entire detention inventory.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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

PBNDS 2011 (Revised 2016) Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Emergency Plans	0
Environmental Health and Safety	1
Sub-Total	1
Part 2 – Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	2
Population Counts	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	1
Staff-Detainee Communication	0
Use of Force and Restraints	1
Sub-Total	4
Part 4 – Care	
Food Service	3
Hunger Strikes	0
Medical Care	2
Medical Care – Women	0
Personal Hygiene ⁶	1
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	1
Sub-Total	7
Part 5 – Activities	
Religious Practices	0
Telephone Access	1
Sub-Total	1
Part 6 – Justice	
Grievance System	0
Law Libraries and Legal Materials	0
Sub-Total	0
Total Deficiencies	13

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

⁶ The deficiency cited under the Personal Hygiene standard was identified while reviewing the Environmental Health and Safety standard, the Personal Hygiene Standard was not reviewed in its entirety. The additional standard shall be counted in the total number of standards reviewed in the conclusion and associated table of the final report.

DETAINEE RELATIONS

ODO interviewed 20 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, nor abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

Medical Care: One detainee advised ODO she was referred to be examined by a sports medicine specialist concerning pain in her back; however, medical services has not advised her of the status of the appointment nor provided her with treatment.

- Action Taken: On December 15, 2020, ODO interviewed the health services administrator (HSA) and reviewed the detainee's medical record. On September 6, 2019, the detainee submitted a sick call request concerning pain in her back, which the detainee was immediately seen and examined by the registered nurse (RN). The RN submitted a bottom bunk, bottom floor, profile request to the housing unit and scheduled a referral to see the nurse practitioner (NP). On September 7, 2019, the NP examined the detainee, ordered lab work, and prescribed Ibuprofen as treatment. On January 16, 2020, the detainee was examined by the physician, prescribed anti-inflammatory medication, and pain and muscle relaxant medications as treatments. On January 23, 2020, the detainee was examined by the NP, prescribed pain reliever medications and referred to the orthopedic specialist. However, appointments were not being accepted for new patients and all outside appointments were postponed due to COVID-19 pandemic protocols.

On March 17, 2020, the detainee was examined by the orthopedic specialist and administered an MRI examination. The detainee was prescribed a pain reliever and issued a muscle relaxant medication as treatment. The HSA advised ODO that multiple appointments with the sports medicine specialist have been scheduled for the detainee with no avail due to the pandemic; however, the provider provides the detainee with chronic treatment as requested. ODO requested the HSA to advise the medical staff to follow-up and communicate with the detainee to discuss the status of her medical treatment.

Food Service: Eight detainees complained the facility's food was unappetizing, the menu did not include fruits, nor provided a variety in other foods.

- Action Taken: ODO interviewed the food service manager (FSM) and reviewed the facility's menus. The FSM indicated the facility's menus were approved by a registered dietician and provided the required nutritional value for adults. ODO reviewed the facility's posted menu for the week and found a variety of meals being provided for the detainees. Furthermore, the PBNDS 2011 (Revised 2016) standard only requires fruit in a detainee's meal under specialty diets and not those under regular meals. ODO confirmed the facility is meeting the minimum requirement of the PBNDS 2011 (Revised 2016) standard.

Funds and Personal Property: One detainee advised ODO he made a purchase error of \$21.00 while in the facility's commissary and requested a refund more than two weeks ago. The detainee stated he has not received a response for his request.

- Action Taken: On December 15, 2021, ODO interviewed the supervisory deportation and detention officer (SDDO) concerning the detainee's claim of his commissary refund request. The SDDO advised ODO he contacted the warden, who acknowledged the detainee initiated a refund request on November 30, 2020. On December 16, 2020, the warden confirmed to ODO the detainee received his full refund as requested.

Funds and Personal Property: One detainee advised ODO she transferred from a criminal state facility into ICE custody and the sending facility did not give her a refund check for money in her personal account.

- Action Taken: On December 15, 2020, ODO interviewed the acting SDDO concerning the detainee's claim of her missing funds. ODO found the detainee was transferred into ICE custody from the Pamunkey Regional Jail, Hanover, Virginia, (PRJ) and arrived at the ICDC on November 23, 2020. The SDDO contacted PRJ to find the location of the detainee's funds and learned the PRJ finance department was waiting for ICE to provide the detainee's forwarding mailing address. The SDDO advised ODO that PRJ is mailing the detainee's total funds of \$122.91 to the ICDC within the next 2 to 3 days. ODO advised the ICE staff members to notify the detainee of the status of her missing funds.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the facility's EH&S program and found the facility stores chemicals without a proper secondary containment system (**Deficiency EH&S-32⁷**).

ODO interviewed the facility staff and notes as an **Area of Concern**, the facility was previously approved for waivers regarding toilets, washbasins, and showers; however, ODO found the facility has not received updated waivers to reflect the institution's detention standards change from PBNDS 2008 to PBNDS 2011 (Revised 2016).

SECURITY

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the facility's F&PP program and found the facility does not provide detainees with lockers nor other securable space for storing authorized personal property (**Deficiency F&PP-**

⁷ "Every facility shall establish a system for storing, issuing, using and maintaining inventories of and accountability for hazardous materials." See ICE PBNDS 2011, Standard, Environmental Health & Safety, Section (V)(B).

40⁸).

ODO reviewed the facility's F&PP program, the process for securing small valuables envelopes, and found the facility does not deposit the envelope in a drop safe nor in a similarly secured depository (**Deficiency F&PP-63⁹**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed the facility's SMU Program, 12 special housing unit record (I-888) forms, and found the facility failed to personally observe the detainees every [REDACTED] on an irregular schedule on ten out of 12 (I-888) forms (**Deficiency SMU-126¹⁰**).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed the facility's UOF&R program, reviewed three immediate UOF videos, and found one out of three videos, which the facility's staff members removed a detainee's restraints while the detainee remained a threat to himself and others (**Deficiency UOF&R-13¹¹**).

CARE

FOOD SERVICE (FS)

ODO reviewed the facility's FS program and found the facility stores food underneath the freezer's condensing units (**Deficiency FS-441¹²**).

ODO reviewed the facility's FS program and found five out of five of the facility's master common fare menus did not include special menus for the 10 federal holidays (**Deficient FS-188¹³**).

ODO reviewed the facility's FS program and found the facility's food items and bread used for kosher trays, did not bare the symbol of a recognized kosher-certification agency (**Deficiency FS-197¹⁴**).

⁸ "Every housing area shall have lockers or other securable space for storing detainees authorized personal property." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(E).

⁹ "The officers should then record the issuance of this Form G-589 in the facility's Property Receipt Logbook or equivalent, place the valuables in a secured envelope, and deposit the envelope in the drop safe or similarly secured depository." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(G)(2).

¹⁰ "Detainees in SMU shall be personally observed and logged at least every [REDACTED] on an irregular schedule." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(M).

¹¹ "Staff may not remove restraints until the detainee is no longer a danger to himself or others." See ICEPBNDS 2011, Standard, Use of Force and Restraints, Section (V)(B)(10).

¹² "The following procedures apply when receiving or storing food: h. Do not store food in locker rooms, toilet rooms, dressing rooms, garbage rooms or mechanical rooms, or under sewer lines, potentially leaking water lines, open stairwells or other sources of contamination." See ICE PBNDS 2011, Standard, Food Service, Section (V)(K)(3)(h).

¹³ "The common fare menu is based on a 14-day cycle, with special menus for the ten federal holidays." See ICE PBNDS 2011, Standard, Food Service, Section (V)(G)(2).

¹⁴ "Other kosher-food purchases shall be fully prepared, ready-to-use and bearing the symbol of a recognized kosher-certification agency." See ICE PBNDS 2011, Standard, Food Service, Section (V)(G)(5).

MEDICAL CARE (MC)

ODO reviewed two medical records and found two out of two detainees enrolled in the mental health chronic care clinic with prescribed psychotropic medications did not have a consent form for psychotropic medication, which included the description of the medications' side effects (**Deficiency MC-241¹⁵**).

ODO reviewed 12 detainee medical records and found one out of 12 detainee medical records regarding the detainee's initial physical examination was not reviewed nor signed by the physician within 14-days of the detainee's arrival to assess the detainee's priority for treatment (**Deficiency MC-140¹⁶**).

PERSONAL HYGIENE (PH)

ODO found the facility currently has six showers, with a ratio of 17 detainees to one shower; which does not meet the PBNDS 2011 (Revised 2016) standard minimum ratio requirement of one shower for every 12 detainees (**Deficiency PH-1¹⁷**).

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)

ODO reviewed the facility's DIA&A program, the facility's detainee handbook and found the detainee handbook does not notify nor inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations nor how to make such a request (**Deficiency DIA&A-71¹⁸**).

ACTIVITIES

TELEPHONES ACCESS (TA)

ODO reviewed the facility's TA program and found the facility does not place a monitored telephone notification at each monitored telephone, which states the procedure for obtaining an unmonitored call to a court, legal representative or for the purposes of obtaining legal

¹⁵ "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication's side effects, shall be obtained." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(AA)(4).

¹⁶ "The CMA shall be responsible for review of all comprehensive health assessments to assess the priority for treatment." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(M).

¹⁷ "Detainees shall be provided: ...

3. operable showers that are thermostatically controlled to temperatures between 100 and 120 F degrees, to ensure safety and promote hygienic practices.

ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees." See ICE PBNDS 2011, Standard, Personal Hygiene, Section (V)(E)(3).

¹⁸ "The facility orientation program required by standard 2.1, "Admission and Release," and the detainee handbook required by standard 6.1, "Detainee Handbook," shall notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request." See ICE PBNDS 2011, Standard, Disability Identification, Assessment, and Accommodation, Standard, Section (V)(J).

representation (**Deficiency TA-20¹⁹**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 22 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 13 of those standards. ODO found 13 deficiencies in the remaining nine standards. ODO noted one **Area of Concern** involving a waiver for toilet and washbasin to detainee ratios which was only applicable to a different detention standard. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO work with facility personnel to remedy any deficiencies that remain outstanding, as applicable and in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 (NDS 2008)	FY 2021 (PBNDS 2011 Revised 2016)
Standards Reviewed	18	22
Deficient Standards	13	9
Overall Number of Deficiencies	36	13
Repeat Deficiencies	7	N/A
Areas of Concern	0	1
Corrective Actions	5	0

¹⁹ "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 obtaining legal representation." See ICE PBNDS, Standard, Telephone Access, Section (V)(B)(3)(b).