



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

Office of Detention Oversight
Follow-Up Compliance Inspection

Enforcement and Removal Operations
ERO Atlanta Field Office

Irwin County Detention Center
Ocilla, Georgia

April 26-30, 2021

FOLLOW-UP COMPLIANCE INSPECTION
of the
IRWIN COUNTY DETENTION CENTER
Ocilla, Georgia

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FOLLOW-UP 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 follow-up inspection of the Irwin County Detention Center (ICDC) in Ocilla, Georgia, from April 26 to 30, 2021.¹ This inspection focused on the standards found deficient during ODO’s last inspection of ICDC from December 15 to 17, 2020. 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 (FOD) in Atlanta (ERO Atlanta). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers and a detention services manager to the facility. An ICDC warden handles daily facility operations and manages █████ personnel. LaSalle Corrections provides food services and medical care, and Correct Commissary, LLC provides commissary services at the facility. The facility does not hold any accreditations from outside entities. In June 2019, ICDC was audited for the Department of Justice (DOJ) Prison Rape Elimination Act (PREA) and was DOJ PREA Certified.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	984
Average ICE Detainee Population ³	████
Male Detainee Population (as of April 26, 2021)	████
Female Detainee Population (as of April 26, 2021)	0

During its last inspection, in December 2021, ODO found 13 deficiencies in the following areas: Environmental Health and Safety (1); Disability Identification, Assessment, and Accommodation (1); Food Service (3); Funds and Personal Property (2); Medical Care (2); Special Management Units (1); Telephone Access (1); Use of Force and Restraints (1); and Personal Hygiene (1).

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 Facility List Report as of April 26, 2021.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's UCAP, and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

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.

**FINDINGS BY PERFORMANCE-BASED NATIONAL
DETENTION STANDARDS 2011 (REVISED 2016)
MAJOR CATEGORIES**

PBND 2011 (Revised 2016) Standards Inspected⁴	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
Funds and Personal Property	2
Special Management Units	1
Use of Force and Restraints	2
Sub-Total	6
Part 4 – Care	
Food Service	1
Hunger Strikes	0
Medical Care	1
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	1
Disability Identification, Assessment, and Accommodation	0
Sub-Total	3
Part 5 – Activities	
Telephone Access	0
Sub-Total	0
Total Deficiencies	9

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

DETAINEE RELATIONS

ODO interviewed eight detainees, who each voluntarily agreed to participate. ODO could not conduct any additional detainee interviews because all remaining detainees refused ODO's interview request and ODO could not identify any other volunteers. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees interviewed reported satisfaction with facility services. ODO conducted detainee interviews via video teleconference.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed the facility AR policy and a memorandum from the facility to the detainee population that listed community shelters. Additionally, ODO interviewed the intake and property supervisor and found no list for detainees of available legal, medical, and social services in the community for when the facility releases detainees into the community (**Deficiency AR-106⁵**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed 12 SMU records from 12 detainee detention files and found in 12 out of 12 records, the officer who conducted the activity did not print his/her name nor did they sign the records (**Deficiency SMU-99⁶**).

ODO found in 12 out of 12 SMU records, the facility medical officer did not sign the individual records when visiting the detainees in the SMU (**Deficiency SMU-100⁷**).

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed two audiovisual recordings of two immediate UOF incidents and found, in one out of two incidents, staff used derogatory/demeaning language toward the detainee and the after-action review (AAR) team did not address the use of this type of language in their AAR report (**Deficiency UOFR-172⁸**).

⁵ "Detainees will be provided with a list of legal, medical, and social services that are available in the release community." See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(I).

⁶ "The officer that conducts the activity shall print his/her name and sign the record." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(3)(a)(3).

⁷ "The facility medical officer shall sign each individual's record when he/she visits a detainee in the SMU." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(3)b).

⁸ "The after-action review team shall also review the audiovisual recording of any use-of-force incidents for compliance with all provisions of this standard, with particular attention paid to whether team member(s) addressed derogatory, demeaning, taunting, or otherwise inappropriate/inflammatory remarks made to detainee or person(s) outside the cell or area." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(4)(n).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed photographs of the detainees' non-securable storage containers in the housing units, interviewed the intake and property supervisor, and found no lockers or other securable space for storing a detainee's authorized personal property in each of the housing areas (**Deficiency FPP-40⁹**). **This is a repeat deficiency.**

ODO reviewed 12 detainee detention files and found in 12 out of 12 files the personal property inventory forms did not document the disposition of articles with an "S" for "safekeeping" (by the facility) or "R" for "retained" (by the detainee) (**Deficiency FPP-87¹⁰**).

CARE

FOOD SERVICE (FS)

ODO interviewed the food service director, reviewed the common fare menus, and found no special menus for the 10 federal holidays (**Deficiency FS-188¹¹**). **This is a repeat deficiency.**

MEDICAL CARE (MC)

ODO reviewed facility policies for infectious disease (tuberculosis, Human Immunodeficiency Virus and corona virus), interviewed the health services administrator, and found no written facility plan to address management of hepatitis A, B, and C (**Deficiency MC-48¹²**).

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

ODO reviewed the medical files of three detainees placed on suicide watch during the inspection period and found no reassessment for three out of three detainees upon their discharge from suicide watch (**Deficiency SSHSPi-56¹³**).

⁹ "Every housing area shall have lockers or other securable space for storing detainees' authorized personal property." *See* ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(E).

¹⁰ "The personal property inventory form must contain the following information at a minimum: ...

3. Description, quantity and disposition of articles; disposition may be indicated as either:

a. "S" for "safekeeping" (by the facility); or

b. R" for "retained" (by the detainee)."

See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(I)(3)(a and b).

¹¹ "The common fare menu is based on a 14-day cycle, with special menus for the ten federal holidays." *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(G)(2).

¹² "Each facility shall establish a written plan to address exposure to bloodborne pathogens; the management of hepatitis A, B, and C; and the management of HIV infection, including reporting." *See* ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(C)(4).

¹³ "All detainees discharged from suicide observation should be re-assessed within 72 hours and then periodically at intervals prescribed by the treatment plan and consistent with the level of acuity by an appropriately trained and qualified medical staff member." *See* ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F)(4).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 15 standards under PBNS 2011 (Revised 2016) and found the facility in compliance with 7 of those standards. ODO found nine deficiencies in the remaining seven standards. ODO commends facility staff for its responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	First FY 2021 (PBNS 2011) (Revised 2016)	Second FY 2021 (PBNS 2011) (Revised 2016)
Standards Reviewed	22	15
Deficient Standards	9	7
Overall Number of Deficiencies	13	9
Repeat Deficiencies	0	2
Areas of Concern	1	0
Corrective Actions	0	0