



**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

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Office of Detention Oversight  
Compliance Inspection

Enforcement and Removal Operations  
ERO New Orleans Field Office

Jackson Parish Correctional Center  
Jonesboro, Louisiana

November 30-December 3, 2020

**COMPLIANCE INSPECTION**  
**of the**  
**JACKSON PARISH CORRECTIONAL CENTER**  
Jonesboro, Louisiana

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## COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Team Lead	ODO
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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 Jackson Parish Correctional Center (JPCC) in Jonesboro, Louisiana, from November 30 to December 4, 2020.<sup>1</sup> The facility opened in September 2007 and is owned by LaSalle Corrections and operated by Jackson Parish Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at JPCC in 2019 under the oversight of ERO's Field Office Director in New Orleans. The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers to the facility. A JPCC warden handles daily facility operations and is supported by █ personnel. LaSalle Corrections provides in house medical and food services, and Correct Commissary provides commissary services to the facility. The facility was accredited by the National Commission on Correctional Health Care in 2017 and was certified by the Department of Justice Prison Rape Elimination Act in 2017.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	█
Average ICE Detainee Population <sup>3</sup>	█
Male Detainee Population (as of 11/07/2020)	█
Female Detainee Population (as of 11/07/2020)	█

During its last inspection, in fiscal year 2020, ODO found 32 deficiencies in the following standards: Environmental Health and Safety (3); Admission and Release (2); Funds and Personal Property (2); Special Management Units (9); Use of Force and Restraints (3); Food Service (1); Medical Care (4); Personal Hygiene (1); Disability Identification, Assessment, and Accommodation (2); Telephone Access (2); and Visitation (3).

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

<sup>2</sup> Data Source: ERO Facility List Report as of November 9, 2020.

<sup>3</sup> *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.<sup>4</sup>

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. Therefore, 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.

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

## FINDINGS BY NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDS 2011 (Revised 2016) Standards Inspected <sup>5</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Emergency Plans	0
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 – Security</b>	
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	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 4 – Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	1
Medical Care (Women)	0
Significant Self-Harm and Suicide Prevention and Intervention	1
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 5 – Activities</b>	
Religious Practices	0
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Grievance System	0
Law Libraries and Legal Materials	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>4</b>

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

## DETAINEE RELATIONS

ODO interviewed 13 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 concerns listed below. ODO conducted detainee interviews via video teleconference.

*Admission and Release:* Several detainees stated they did not receive an ICE detainee handbook or a facility handbook.

- Action Taken: ODO spoke with facility staff, who stated each detainee receives a handbook upon intake, and the detainee signs intake documents confirming receipt of the handbook. ODO reviewed the intake documentation and confirmed the detainees signed they received a copy of the ICE detainee handbook and facility handbook.

*Environmental Health and Safety:* Multiple detainees complained of rusty tables and bunks in their different housing units.

- Action Taken: ODO spoke with facility staff, who stated they have submitted work orders to have the tables painted with a fresh coat of paint. The facility provided ODO with copy of the work order.

*Food Service:* Multiple detainees complained about the smell and taste of the food. They also stated meals lacked fruits.

- Action Taken: ODO spoke with facility staff, who stated the warden, food service administrator, and dietician would be consulted to add more fruit to the menu. ODO interviewed the food service administrator, who stated the facility is adding more seasonings and spices to the food to ensure it tastes better. She also stated the smell of the food the detainees are complaining about comes from the ground turkey that JPCC uses. She stated the detainees are more familiar with ground beef and prefer it over ground turkey, but the ground turkey is healthier and more cost efficient. At the request of the detainees, food items that did not taste good have been removed from the menu, such as the macaroni and cheese. The food service administrator stated herself and other staff at JPCC eat the food served, and they have not gotten sick from eating the food and they have not received any reports of any foodborne illnesses at JPCC.

*Grievance System:* A female detainee stated officers yell at the detainees; however, the yelling has not been directed at her.

- Action Taken: ODO spoke with the facility staff, who stated there has been one grievance related to staff yelling at detainees. The officer shouted and had a rude attitude through the flap of a control room into the dormitory when detainees asked for materials or asked her a question. The officer's behavior is a violation of the facility's malfeasance rule. The facility investigated the grievance and provided ODO with a copy of the disciplinary action taken on the officer.

*Law Libraries and Legal Materials:* Several detainees stated they were not able to access the law library after submitting a request.

- Action Taken: ODO spoke with the facility staff, who stated JPCC offers law library access to all detainees upon request and the facility has not denied any law library requests. ODO reviewed the detainees' detention files and did not find any submitted law library request forms.

*Medical Care:* A detainee stated he has submitted over 15 medical requests for various medical issues and medical staff have not evaluated him.

- Action Taken: ODO reviewed the detainee's medical record and determined that since the detainee's arrival, he has submitted nine sick call requests and medical staff evaluated the detainee on the same day for each sick call request and provided appropriate treatment.

## COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### FUNDS AND PERSONAL PROPERTY (FPP)

ODO found ■■■ out of ■■■ detainee detention files did not have G-589 Property Receipt forms signed by at least two officers (**Deficiency FPP-59<sup>6</sup>**).

ODO reviewed ■■■ inventory audits and found all ■■■ audits did not have documentation of the time the facility staff conducted the audit (**Deficiency FPP-124<sup>7</sup>**).

### CARE

#### MEDICAL CARE (MC)

ODO reviewed a detainee's medical record and found medical information pertaining to ■■■ other detainees in the medical record (**Deficiency MC-254<sup>8</sup>**).

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

ODO reviewed JPCC's suicide prevention and intervention program and found the clinical medical

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<sup>6</sup> "The two officers and the detainee shall sign all copies...." See ICE PBNDS 2011, Standard Funds and Personal Property, Section (V)(G)(1).

<sup>7</sup> "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, Standard Funds and Personal Property, Section (V)(J). **This is a repeat deficiency.**

<sup>8</sup> "All medical providers, as well as detention officers and staff shall protect the privacy of detainees' medical information in accordance with established." See PBNDS 2011, Standard Medical Care, Section (V)(BB)(2).



authority did not approve the program (**Deficiency SSHSPI-2<sup>9</sup>**).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 21 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 18 of those standards. ODO found four deficiencies in the remaining three standards. ODO commends facility staff for their responsiveness during this inspection. 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>FY 2020 PBNDS 2011 (Revised 2016)</b>	<b>FY 2021 PBNDS 2011 (Revised 2016)</b>
Standards Reviewed	20	21
Deficient Standards	10	3
Overall Number of Deficiencies	32	4
Repeat Deficiencies	0	1
Corrective Actions	6	0
Areas of Concern	0	0

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<sup>9</sup> “Each detention facility shall have a written suicide prevention and intervention program, including a multidisciplinary suicide prevention committee, that shall be reviewed and approved by the clinical medical authority (CMA), approved and signed by the health services administrator (HSA) and facility administrator, and reviewed annually.” See ICE PBNDS 2011, Standard Significant Self-Harm and Suicide Prevention and Intervention, Section (V).