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U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
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**Office of Detention Oversight
Unannounced Compliance Inspection
2024-004-241**

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

**Jackson Parish Correctional Center
Jonesboro, Louisiana**

December 5-7, 2023

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

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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 an unannounced compliance inspection of the Jackson Parish Correctional Center (JPCC) in Jonesboro, Louisiana, from December 5 to 7, 2023.¹ The facility opened in 2007 and is owned and operated by LaSalle Management. 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 (ERO New Orleans). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

[REDACTED] A facility warden handles daily operations and manages [REDACTED] support personnel. Performance provides food services, CorrectMed provides medical care, and Correct Commissary provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in December 2022. In January 2022, JPCC 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 December 5, 2023)	[REDACTED]
Adult Female Population (as of December 5, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 10 deficiencies in the following areas: Disciplinary System (3); Environmental Health and Safety (4); Medical Care (1); Recreation (1); and Visitation (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 Custody Management Division Authorized Facility List as of December 4, 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 *Unannounced 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	3
Sub-Total	3
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	3
Funds and Personal Property	0
Population Counts	0
Post Orders	2
Searches of Detainees	1
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	2
Use of Force and Restraints	0
Sub-Total	8
Part 4 - Care	
Food Service	1
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Personal Hygiene	2
Significant Self-harm and Suicide Prevention and Intervention	1
Sub-Total	4
Part 5 - Activities	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Religious Practices	0

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.

Telephone Access	1
Voluntary Work Program	0
Sub-Total	1
Part 6 - Justice	
Grievance System	0
Law Libraries and Legal Materials	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	0
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	16

DETAINEE RELATIONS

ODO interviewed 37 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All 37 detainees reported satisfaction with facility services.

UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO toured the facility, interviewed the facility fire safety officer (FSO), and noted the following findings: no ground fault circuit interrupter installed on an outlet within 6 feet of the barbershop sink; exposed wiring in three Winholt warming boxes in the food service department; and a floor fan with exposed wiring and missing plug located in housing unit O. Each finding violated three safety codes, resulting in the following deficiencies:

- The Occupational Safety and Health Administration standard 1910.304 and the mandatory American Correctional Association Expected Practice 4-ALDF-1C-07 (**Deficiency EHS-93⁸**);
- The local fire safety codes (**Deficiency EHS-94⁹**); and
- The federal fire safety codes in the National Fire Protection Association (NFPA)

⁸“Every facility shall comply with standards and regulations issued by: ...

a. OSHA;

b. The American Correctional Association “mandatory” Expected Practices.”

See ICE PBNDS 2011 (Revised 2016) Standard, Environmental Health and Safety, Section (V)(C)(1)(a-b).

⁹ “Mandatory ACA Expected Practice 4-ALDF-1C-07 requires that the facility conform to applicable federal, state and/or local fire safety codes.” See ICE PBNDS 2011, (Revised 2016) Standard, Environmental Health and Safety, Section (V)(C)(1)(b).

standards, NFPA 101 Life Safety Code (**Deficiency EHS-96¹⁰**).

SECURITY

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the facility general and legal visitor logbooks and found both logbooks did not list the person nor department visited (**Deficiency FSC-24¹¹**).

ODO reviewed the facility general and legal visitor logbooks and found JPCC did not require visitors to sign their name in the logbook (**Deficiency FSC-26¹²**).

ODO interviewed a facility captain, reviewed JPCC FSC policy, and found the facility did not hold the delivery driver's license upon entering the facility (**Deficiency FSC-58¹³**).

POST ORDERS (PO)

ODO reviewed 14 POs and found in 14 out of 14 orders, no stated duty hours for each post (**Deficiency PO-10¹⁴**).

ODO reviewed 14 POs and found in 14 out of 14 orders, the facility administrator did not initial nor date all other pages (**Deficiency PO-12¹⁵**).

¹⁰“Every facility shall comply with standards and regulations issued by: ...
c. Local and national fire safety codes”

See ICE PBNDS 2011 (Revised 2016) Standard, Environmental Health and Safety, Section (V)(C)(1)(c-d).

¹¹ “Every entry in the logbook shall identify the person or department visited, date and time of the visitor's arrival, purpose of visit, unusual requests and time of departure.” See ICE PBNDS 2011 (Revised 2016) Standard, Facility Security and Control, Section (V)(C)(1)(b)(2).

¹² “The post officer shall require the visitor to print and sign his/her name in the visitor logbook.” See ICE PBNDS 2011 (Revised 2016) Standard, Facility Security and Control, Section (V)(C)(1)(b)(3).

¹³ “While the driver is within the facility's secure perimeter, the officer shall hold the driver's license or identification of every person entering the facility, as specified under the “Visitor Passes” section in this standard.” See ICE PBNDS 2011, (Revised 2016) Standard, Facility Security and Control, Section (V)(C)(2)(a).

¹⁴ “The chief security officer shall supervise the preparation of all post orders, which shall: ...
2. Specifically state the duty hours for each post.”

See ICE PBNDS 2011 (Revised 2016) Standard, Post Orders, Section (V)(C)(2).

¹⁵ “The facility administrator (or designee) shall: ...
2. Initial and date all other pages.”

See ICE PBNDS 2011 (Revised 2016) Standard, Post Orders, Section (V)(C)(2).

SEARCHES OF DETAINEES (SD)

ODO reviewed the facility SD policy, interviewed a security captain, reviewed the facility staff training records, and found the facility policy did not include procedures for leaving a searched housing or work area and property in its original order (**Deficiency SD-6**¹⁶).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed 237 detainee requests to ERO New Orleans and found in 72 out of 237 requests, no response within 3 business days (**Deficiency SDC-16**¹⁷).

ODO observed six detainee housing units and found in six out of six housing units, no posting of the current revision of the DHS Office of Inspector General Hotline placard (**Deficiency SDC-27**¹⁸).

CARE

FOOD SERVICE (FS)

ODO observed seven garbage containers in the FS department and found the facility did not cover nor otherwise safeguard all seven garbage containers against insects and rodents (**Deficiency FS-323**¹⁹).

PERSONAL HYGIENE (PH)

ODO reviewed the facility detainee housing unit inspection logs from June 13, 2023, to November 17, 2023, and found the facility did not document measurements of the water temperatures for the housing unit showers in the daily log (**Deficiency PH-40**²⁰).

ODO interviewed an FS lieutenant and found the facility did not permit volunteer FS workers to exchange outer garments daily (**Deficiency PH-60**²¹).

¹⁶ “All facilities shall have written policy and procedures consistent with this standard for the following: ...

6. Leaving a searched housing or work area and detainee’s property in its original order, to the extent practicable.”

See ICE PBNDS 2011 (Revised 2016) Standard, Searches of Detainees, Section (V)(A)(6).

¹⁷ “In Facilities with ICE/ERO Onsite Presence: The ICE/ERO staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no later than within three (3) business days of receipt.” *See* ICE PBNDS 2011, (Revised 2016) Standard, Staff-Detainee Communication, Section (V)(B)(1)(a).

¹⁸ “DHS/OIG periodically revises a “DHS OIG Hotline” poster which is to be posted in facilities that house ICE/ERO detainees.” *See* ICE PBNDS 2011 (Revised 2016) Standard, Staff-Detainee Communication, Section (V)(D).

¹⁹ “Garbage/refuse containers shall have sufficient capacity for the volume and shall be kept covered, insect- and rodent-proof and frequently cleaned.” *See* ICE PBNDS 2011 (Revised 2016) Standard, Food Service, Section (V)(J)(5)(j).

²⁰ “Inspections of housing units shall periodically measure and document water temperature in the daily log.” *See* ICE PBNDS 2011, (Revised 2016) Standard, Personal Hygiene, Section (V)(E).

²¹ “Volunteer food service workers shall exchange outer garments daily.” *See* ICE PBNDS 2011 (Revised 2016) Standard, Personal Hygiene, Section (V)(H).

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

ODO reviewed [REDACTED] medical files of detainees placed on suicide watch during the inspection period and found in [REDACTED] out of [REDACTED] files, 51 instances where facility staff documented continuous monitoring log entries between 16 and 33 minutes (**Deficiency SSHSPI-34²²**). **This is a priority component and a repeat deficiency.**

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO toured JPCC detainee housing units, reviewed the facility detainee handbook, and found the facility did not post telephone access hours in the housing units (**Deficiency TA-25²³**).

CONCLUSION

During this unannounced compliance inspection, ODO assessed the facility's compliance with 29 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 20 of those standards. ODO found 16 deficiencies in the remaining 9 standards. Since JPCC's last full inspection in December 2022, the facility has trended downward. JPCC went from 5 deficient standards and 10 deficiencies in December 2022 to 9 deficient standards and 16 deficiencies during this most recent full inspection, which includes a priority component and repeat deficiency for SSHSPI log entries. ERO provided ODO with the UCAP for ODO's last inspection of JPCC in December 2022 which likely resolved deficiencies found during the last full inspection; however, the corrective actions the facility took in SSHSPI deficiency in the June 2023 follow-up inspection appeared insufficient to prevent recurrence of the deficiency. ODO recommends ERO New Orleans continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

²² "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, (Revised 2016) Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

²³ "Telephone access hours shall also be posted." *See* ICE PBNDS 2011 (Revised 2016) Standard, Telephone Access, Section (V)(C).

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNDS 2011) (2013 Errata)	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	24	29
Deficient Standards	5	9
Overall Number of Deficiencies	10	16
Priority Component Deficiencies	0	1
Repeat Deficiencies	0	1
Areas Of Concern	0	0
Corrective Actions	2	0
Facility Rating	Superior	Good ²⁴

²⁴ ODO revised its rating system at the end of FY 2023, and beginning in FY 2024, facilities rated as “Superior” will have no or very minimal deficiencies and will have no repeat or priority component deficiencies.