



**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  
Follow-Up Compliance Inspection  
2024-002-346**

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

**Jackson Parish Correctional Center  
Jonesboro, Louisiana**

**July 9-11, 2024**

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

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## FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Senior Inspections and Compliance Specialist	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 follow-up compliance inspection of the Jackson Parish Correctional Center (JPCC) in Jonesboro, Louisiana, from July 9 to 11, 2024.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of JPCC from December 5 to 7, 2023. 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 warden handles daily facility operations and manages 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 <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of July 9, 2024)	[REDACTED]
Adult Female Population (as of July 9, 2024)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2024, ODO found 16 deficiencies in the following areas: Environmental Health and Safety (3); Facility Security and Control (3); Food Service (1); Personal Hygiene (2); Post Orders (2); Searches of Detainees (1); Significant Self-harm and Suicide Prevention and Intervention (1); Staff-Detainee Communication (2); and Telephone Access (1).

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

<sup>2</sup> Data Source: ERO Custody Management Division Authorized Facility List as of July 1, 2024.

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

## FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts biannual oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for longer than 72-hours, to assess compliance with ICE National Detention Standards. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all over-72-hour ICE detention facilities with an ADP of 10 or more detainees that ODO conducted a full inspection of earlier in the FY. Follow-up inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, and other standards ODO found deficient during the previous rated inspection in order to assess the facility's corrective actions taken to address those previously cited deficiencies.<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.

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 uniform corrective action plan (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 the full and follow-up inspection are annotated as "Repeat Deficiencies" in this report.

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<sup>4</sup> 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 <sup>5,6</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	1
Custody Classification	0
Facility Security and Control	1
Funds and Personal Property	0
Post Orders	1
Searches of Detainees	0
Special Management Units	0
Staff Detainee Communication	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>3</b>
<b>Part 4 - Care</b>	
Food Service	3
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>3</b>
<b>Part 5 - Activities</b>	
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>6</b>

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

<sup>6</sup> 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.

## DETAINEE RELATIONS

ODO interviewed 27 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services except for the concern listed below.

*Medical Care:* One detainee stated medical staff did not provide them an X-ray for back pain.

- Action Taken: ODO interviewed the facility's health services administrator and confirmed a licensed practical nurse (LPN) completed an initial intake examination of the detainee upon arrival on June 4, 2024. The detainee reported back pain due to an assault at a previous facility. The LPN referred the detainee to a facility health provider. A nurse practitioner (NP) examined the detainee the following day after receiving the referral and noted the detainee made no complaints of back pain. On July 9, 2024, a registered nurse examined the detainee as per ODO's request and prescribed ibuprofen (400 mg), twice per day, as needed. On July 10, 2024, the NP examined the detainee, prescribed Robaxin (750 mg), twice per day, and scheduled a follow-up appointment for July 31, 2024. The NP instructed the detainee on submitting a sick call request and noted no need for an X-ray.

## FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### ADMISSION AND RELEASE (AR)

ODO reviewed █ detainee files and found in █ out of █ files, the appropriate ERO New Orleans authorizing official did not sign the Order to Detain form (Form I-203) (**Deficiency AR-54**<sup>7</sup>).

#### SEARCHES OF DETAINEES (SD)

ODO reviewed the kitchen search log and found in 4 out of 6 months, the facility did not conduct periodic team searches of the kitchen. ODO cites these lapses of searches as an **Area of Concern**.

#### FACILITY SECURITY AND CONTROL (FSC)

ODO observed 10 housing unit logs and found in 3 out of 10 logs for a total of 6 occasions, the shift supervisor did not visit each housing area nor initial the log on each shift at least once per tour area (**Deficiency FSC-75**<sup>8</sup>).

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<sup>7</sup> "An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee." See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(E).

<sup>8</sup> "The shift supervisor shall visit each housing area and initial the log on each shift at least once per tour." See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(D)(1).

## POST ORDERS (PO)

ODO reviewed 29 PO files and found in 29 out of 29 files, no ICE/ERO detention standards, policies, or facility practices relevant to the post (**Deficiency PO-18**<sup>9</sup>).

## CARE

### FOOD SERVICE (FS)

ODO reviewed the facility's FS policy, interviewed the food service manager (FSM), inspected the FS department, and found two out of two ovens and two out of two tilt skillets had accumulated food debris splatter and grime buildup (**Deficiency FS-159**<sup>10</sup>).

ODO interviewed the FSM, reviewed █████ FS personnel files and found in █████ out of █████ files, staff did not receive a documented pre-employment medical examination (**Deficiency FS-306**<sup>11</sup>).

ODO interviewed the FSM, inspected the FS department, and found grease build-up on the hood system because facility staff did not clean them after each use (**Deficiency FS-409**<sup>12</sup>).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 14 of those standards. ODO found six deficiencies in the remaining four standards. Since JPCC's last full inspection in December 2023, the facility's overall compliance has trended upward. JPCC went from 16 deficiencies in December 2023, to 6 deficiencies during this most recent inspection. JPCC completed its UCAP for its last inspection in December 2023, which likely resolved the previous deficiencies ODO cited. ODO recommends ERO New Orleans continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

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<sup>9</sup> "The post orders for each post shall be issued in a six-part classification folder and shall be organized as follows: ...  
Section 5: ICE/ERO detention standards and policies and facility practices relevant to the post"

*See* ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(D).

<sup>10</sup> "The surfaces of equipment, containers, cutting boards and utensils used for preparation and subsequent storage of potentially hazardous food shall be cleaned effectively after each use." *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(F)(7).

<sup>11</sup> "The facility administrator shall document that food service personnel have received a pre-employment medical examination to identify communicable diseases that may contraindicate food service work." *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(3).

<sup>12</sup> "g. Hood systems shall be cleaned after each use to prevent grease build-up, which constitutes a fire risk. All deep fryers and grills shall be equipped with automatic fuel or energy shut-off controls." *See* ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(12)(g).



<b>Compliance Inspection Results Compared</b>	<b>FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)</b>	<b>FY 2024 Follow-Up Inspection (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	29	18
Deficient Standards	9	4
Overall Number of Deficiencies	16	6
Priority Component Deficiencies	1	0
Repeat Deficiencies	1	0
Areas Of Concern	0	1
Corrective Actions	0	0
Facility Rating	Good	N/A