



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

**Office of Detention Oversight
Follow-Up Compliance Inspection
2023-002-142**

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

**Jackson Parish Correctional Center
Jonesboro, Louisiana**

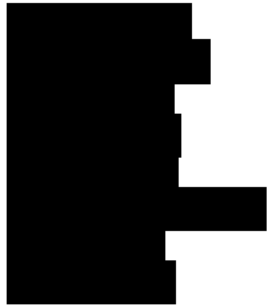
June 13-15, 2023

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

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Acting 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 follow-up compliance inspection of the Jackson Parish Correctional Center (JPCC) in Jonesboro, Louisiana, from June 13 to 15, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of JPCC from December 13 to 15, 2022. The facility opened in 2007 and is owned by Lasalle Management 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 (2013 Errata).

[REDACTED] A facility administrator handles daily facility operations and manages support personnel. Performance provides food services, Lasalle Corrections 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 June 13, 2023)	[REDACTED]
Adult Female Population (as of June 13, 2023)	[REDACTED]

During its last 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 security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List as of June 12, 2023.

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 may 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 inspections are annotated as "Repeat Deficiencies" in this report.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (2013 ERRATA) MAJOR CATEGORIES

PBNDs 2011 (2013 Errata) Standards Inspected ^{4,5}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	4
Sub-Total	4
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	1
Funds and Personal Property	4
Special Management Units	0
Staff Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	5
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	1
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	2
Terminal Illness, Advance Directives and Death	0
Sub-Total	3
Part 5 - Activities	
Recreation	0
Visitation	0
Sub-Total	0
Part 6 - Justice	
Grievance System	1
Law Libraries and Legal Materials	0
Sub-Total	1
Total Deficiencies	13

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

⁵ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

DETAINEE RELATIONS

ODO interviewed 18 detainees, who each voluntarily agreed to participate. One detainee made an allegation of repeated sexual advances by another detainee, which is detailed below. No other detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

Medical Care: One detainee stated the medical department was unable to provide him treatment due to lack of two medications needed for his condition.

- Action Taken: ODO interviewed facility medical staff, reviewed the detainee's medical record, and found the detainee self-reported he had herpes during his medical intake screening on May 25, 2023. Facility medical staff ordered bloodwork on May 26, 2023. On June 8, 2023, they met with the detainee and discussed the bloodwork results with him, which confirmed a diagnosis of inactive herpes. Since the detainee did not have an active case of herpes, they educated him on the disease and did not prescribe medication to the detainee. Facility medical staff advised the detainee to submit a sick call request should his condition or symptoms change.

Medical Care: One detainee stated the medical department did not provide treatment for the blurriness in both of his eyes.

- Action Taken: ODO interviewed the facility medical staff, reviewed the detainee's medical record, and found the detainee arrived at the facility on May 22, 2023. On May 26, 2023, during his physical examination, the detainee informed facility medical staff that doctors in his home country diagnosed him with eye floaters (spots in his vision). Facility medical staff informed the detainee there were no medications for this condition, and advised him to submit a sick call request if he experienced any discomfort. ODO noted the detainee had not submitted any sick call requests about his eyes. On June 15, 2023, at ODO's request, the facility followed up with the detainee, who at the time, denied having any issues with his eyes. During the follow up, the medical department conducted a vision test, and his visual acuity test concluded normal vision in both eyes. The detainee's vision test did not qualify him for an optometry visit.

Religious Practices: One detainee stated facility staff did not respond to his written request to get his bible and address book from his property.

- Action Taken: ODO interviewed the grievance and property coordinator, reviewed detainee request documentation and found the detainee submitted a property request to obtain his bible, address book, and barber clippers on May 26, 2023. On June 6, 2023, facility staff attempted to give the detainee his bible and address book; however, the detainee was on a credible fear call and could not be interrupted once the call began. The property request was not completed at that time. Following the ODO interview on June 13, 2023, facility staff visited the detainee and gave him his bible and some addresses he requested from his property. The facility stated the detainee was not

allowed to possess the barber clippers as it is a prohibited item; however, the grievance and law library coordinator offered the detainee an application to participate in the voluntary work program as a barber to use barber clippers. The detainee declined to participate. ODO visited the detainee on June 14, 2023, and confirmed the detainee was in possession of his bible and address book.

Sexual Abuse and Assault Prevention and Intervention: One detainee stated another detainee made repeated sexual advances and comments towards him within a week of his arrival; however, he did not report the allegation. The accused detainee was removed from the facility prior to this complaint.

- Action Taken: ODO immediately notified the facility leadership and ERO New Orleans of the detainee’s statements, and the facility initiated their PREA protocols. On June 13, 2023, ODO interviewed the PREA coordinator, reviewed PREA logs and the detainee detention file, and confirmed the detainee did not file a PREA complaint. On the same day, a licensed professional counselor (LPC) met with detainee about his allegations. The LPC noted the detainee was satisfied following their conversation and did not want a follow-up appointment. The LPC informed the detainee how to get in contact with the LPC if needed. ODO confirmed with ERO New Orleans that they had removed the accused detainee from the facility prior to the ODO interview. ODO reported the allegation to the Joint Intake Center on June 13, 2023.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the fire safety officer, reviewed the facility’s EHS policies, and found the facility stored Lice All, Lice B Gone, and Sani-Cloth Bleach in building number 2’s medical storage room without hazardous substance inventory records (**Deficiency EHS-39⁶**). **This is a repeat deficiency.**

ODO interviewed the fire safety officer, reviewed EHS policies, toured the facility, and found Lice All, Lice B Gone, and Sani-Cloth Bleach in building number 2’s medical storage room without inventory records. ODO also found one inventory record with 13 chemicals on the same inventory card in the maintenance building flammable cabinet (**Deficiency EHS-40⁷**). **This is a repeat deficiency.**

ODO interviewed the fire safety officer, reviewed EHS policies, toured the facility, and found facility staff did not log on a separate card, entry logs for each hazardous substance (or equivalent)

⁶ “Every area shall maintain a current inventory of the hazardous substances (e.g., flammable, toxic or caustic) used and stored there.” See ICE PBNDS 2011 (2013 Errata), Standard, Environmental Health and Safety, Section (V)(B)(3).

⁷ “Inventory records shall be maintained separately for each substance.” See ICE PBNDS 2011 (2013 Errata), Standard, Environmental Health and Safety, Section (V)(B)(3).

and did not file each hazardous substance alphabetically. Specifically, ODO observed Lice All, Lice B Gone, and Sani-Cloth Bleach in building number two's medical storage room without inventory records. ODO also found one inventory record with 13 chemicals on the same inventory card, not filed alphabetically, in the maintenance building flammable cabinet (**Deficiency EHS-41⁸**). **This is a repeat deficiency.**

ODO interviewed the fire safety officer, reviewed the facility's EHS policies, and found the facility stored Lice All, Lice B Gone, and Sani-Cloth Bleach in building number 2's medical storage room without hazardous substance inventory records (**Deficiency EHS-53⁹**). **This is a repeat deficiency.**

SECURITY

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the facility's visitor logbook and found the logbook contained a section for the visitor to print their name but contained no section for a signature and no visitor signatures (**Deficiency FSC-23¹⁰**).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the facility's FPP policy, █ detainee detention files, interviewed the intake lieutenant, and found in █ out of █ files, only 1 officer conducted removal and inventory of detainee funds in the presence of the detainee. Specifically, the facility uses an automated funds system where one officer is needed to operate the system (**Deficiency FPP-50¹¹**).

ODO reviewed █ detainee detention files and found in █ out of █ files, the facility's automated funds system documented "foreign bills" or "foreign coins" in the description column, but did not list the type of foreign currency nor the currency amount (**Deficiency FPP-61¹²**).

ODO reviewed the facility's FPP policy, █ detainee detention files, interviewed the intake lieutenant, and found in █ out of █ files, 2 officers and the detainee did not sign the G-589 or equivalent and the facility did not distribute signed copies as required to the detainee, the detention

⁸ "Entries for each shall be logged on a separate card (or equivalent) and filed alphabetically by substance." See ICE PBNDS 2011 (2013 Errata), Standard, Environmental Health and Safety, Section (V)(B)(3).

⁹ "Inventory records for a hazardous substance must be kept current before, during and after each use." See ICE PBNDS 2011 (2013 Errata), Standard, Environmental Health and Safety, Section (V)(B)(6)(d).

¹⁰ "The post officer shall require the visitor to print and sign his/her name in the visitor logbook." See ICE PBNDS 2011 (2013 Errata), Standard, Facility Security and Control, Section (V)(C)(1)(b)(3).

¹¹ "Removal and inventory of detainee funds shall be conducted by at least two officers and in the presence of the detainee." See ICE PBNDS 2011 (2013 Errata), Standard, Funds and Personal Property, Section (V)(G)(1).

"The G-589 shall include: ...

f. in the "Description" column: ...

4) for foreign currency, the currency amount followed by the type (e.g., 140 Japanese Yen, 300

Euros, 4,000 Mexican Pesos)."

See ICE PBNDS 2011 (2013 Errata), Standard, Funds and Personal Property, Section (V)(G)(1)(f)(4).

file, nor the funds envelope (**Deficiency FPP-64**¹³).

ODO reviewed [REDACTED] detainee detention files and found in [REDACTED] out of [REDACTED] files, 2 officers and the detainee did not sign the G-589 or equivalent and the facility did not distribute signed copies as required to the detainee, the detention file, nor the funds envelope **Deficiency FPP- 70**¹⁴).

CARE

FOOD SERVICE (FS)

ODO interviewed the food service manager, reviewed 350 cooler and freezer temperature logs, and identified 65 out of 350 cooler log entries where cooler temperatures ranged from 41 to 48 degrees Fahrenheit (F) and 40 out of 350 freezer log entries where temperatures ranged from 1 to 22 degrees F (**Deficiency FS-432**¹⁵).

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

ODO reviewed the medical files of detainees placed on suicide watch during the inspection period and found in [REDACTED] out of [REDACTED] files, 137 instances where facility staff documented continuous monitoring log entries between 16 and 54 minutes (**Deficiency SSHSPI-29**¹⁶).

ODO reviewed the medical files of [REDACTED] detainees on suicide precautions during the inspection period and found in [REDACTED] out of [REDACTED] precaution placements 127 staggered interval log entries where facility staff documented close observation between 16 and 60 minutes (**Deficiency SSHSPI-36**¹⁷).

¹³ “The two officers and the detainee shall sign all copies, after which the copies shall be distributed as follows:

- a. white original/first copy to the detainee (property receipt);
- b. blue/second copy to detainee’s I-385 booking card or detention file (attachment), and
- c. pink/third copy to funds envelope (insert).”

See ICE PBNDS 2011 (2013 Errata), Standard, Funds and Personal Property, Section (V)(G)(1)(a-c).

¹⁴ “The detainee and two processing officers shall sign the G-589 or equivalent with copies distributed as noted above in this standard.” *See* ICE PBNDS 2011 (2013 Errata), Standard, Funds and Personal Property, Section (V)(G)(2).

¹⁵ “Store perishables at 35-40 F degrees to prevent spoilage and other bacterial action and maintain frozen foods at or below zero degrees.” *See* ICE PBNDS 2011 (2013 Errata), Standard, Food Service, Section (V)(K)(3)(e).

¹⁶ “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 (2013 Errata), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

¹⁷ “Detainees on suicide precautions who have not been placed in an isolated confinement setting by the qualified mental health professional will receive documented close observation at staggered intervals not to exceed 15 minutes (e.g. 5, 10, 7 minutes), checks at least every 8 hours by clinical staff, and daily mental health treatment by a qualified clinician.” *See* ICE PBNDS 2011 (2013 Errata), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed [REDACTED] detention files of detainees with grievances logged in the facility's grievance log and found in [REDACTED] out of [REDACTED] files the facility staff did not place a copy of the completed grievance disposition in the detainee's detention file (**Deficiency GS-82**¹⁸).

CONCLUSION

During this follow-up compliance inspection, ODO assessed the facility's compliance with 19 standards under PBNDS 2011 (2013 Errata) and found the facility in compliance with 13 of those standards. ODO found 13 deficiencies in the remaining 6 standards. Since JPCC's last full inspection in December 2022, the facility's overall compliance with ICE PBNDS 2011 (2013 Errata) has trended down. JCPP went from 5 deficient standards and 10 deficiencies in December 2022 to 6 deficient standards and 14 deficiencies during this most recent follow-up inspection, which includes 4 repeat deficiencies for EHS records and log guidelines. ERO provided ODO with the UCAP for ODO's last inspection of JPCC on February 16, 2023; however, the corrective actions the facility took in EHS appear to be insufficient to prevent recurrence of those deficiencies. ODO recommends ERO New Orleans continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNDS 2011) (2013 Errata)	FY 2023 Follow-up Inspection (PBNDS 2011) (2013 Errata)
Standards Reviewed	24	19
Deficient Standards	5	6
Overall Number of Deficiencies	10	13
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	4
Areas Of Concern	0	0
Corrective Actions	2	0
Facility Rating	Superior	N/A

¹⁸ "A copy of the grievance disposition shall be placed in the detainee's detention file and provided to the detainee within five days." See ICE PBNDS 2011 (2013 Errata), Standard, Grievance System, Section (V)(D).