



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 New Orleans Field Office**

**LaSalle ICE Processing Center
Jena, Louisiana**

July 12-16, 2021

FOLLOW-UP COMPLIANCE INSPECTION
of the
LASALLE ICE PROCESSING CENTER
Jena, Louisiana

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead
Contractor
Contractor
Contractor
Contractor

ODO
Creative Corrections
Creative Corrections
Creative Corrections
Creative Corrections

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 LaSalle ICE Processing Center (LIPC) in Jena, Louisiana, from July 12 to 16, 2021.¹ This inspection focused on the standards found deficient during ODO’s last inspection of LIPC from February 22 to 26, 2021. The facility opened in 2007 and is owned and operated by The GEO Group, Inc. (GEO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at LIPC in 2007 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).

ERO has assigned deportation officers and a detention services manager to the facility. A facility administrator handles daily facility operations and manages ██████ personnel. GEO provides food services, STG International provides medical care, and Keefe Commissary provides commissary services at the facility. The facility does not hold any accreditations from any outside entities. In August 2017, LIPC was audited by the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA Certified.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	██████
Average ICE Detainee Population ³	██████
Male Detainee Population (as of July 12, 2021)	██████
Female Detainee Population (as of July 12, 2021)	██████

During its last inspection, in Fiscal Year (FY) 2021, ODO found 29 deficiencies in the following areas: Admission and Release (4); Custody Classification System (1); Facility Security and Control (2); Funds and Personal Property (6); Special Management Units (2); Staff-Detainee Communication (4); Food Service (4); Disability Identification, Assessment, and Accommodation (1); Religious Practices (1); Telephone Access (3); and Grievance System (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 July 12, 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**

PBNDS 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	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	1
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	0
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	0
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	1

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

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. One detainee informed ODO of a self-harm allegation made by her bunkmate. This allegation was immediately reported to facility staff and ERO New Orleans. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

Food Service: Five detainees interviewed stated the facility's food menu lacked variety and did not contain enough fruits and vegetables. Additionally, the detainees stated the portion sizes were too small.

- Action Taken: ODO interviewed the food service manager (FSM), reviewed the 5-week cycle food menu, and found the food menu consisted of healthy food items such as fruits, vegetables, and legumes. ODO verified a registered dietician had certified the facility food menus as nutritionally adequate. ODO reviewed photos of food service operations and confirmed with the FSM, serving utensils were of the proper measurements and cook supervisors oversaw the serving lines to ensure portions sizes were the required measurements. Prior to the completion of the inspection, the facility's respective housing unit managers advised the detainees the facility complied with the federal standards for food service meals.

Significant Self-harm and Suicide Prevention and Intervention: One detainee stated her bunkmate exhibited signs of mental health issues and talked about self-harm.

- Action Taken: ODO immediately referred the detainee to medical staff for follow-up. Additionally, ODO notified the facility administrator and ERO New Orleans. Approximately 40 minutes later, the facility administrator informed ODO the detainee was in the medical unit under review. ODO followed-up with the facility administrator, who informed ODO an ICE Health Service Corps (IHSC) psychologist evaluated the detainee, determined the detainee was not a threat to herself nor others, and she returned to her dorm. On July 12, 2021, ODO followed-up with the facility nurse who informed ODO the detainee denied any desires to commit self-harm.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the facility's FPP procedures, interviewed the intake lieutenant, found physical custody and access to detainee funds, property envelopes, and large valuables change with each shift; however, both the on-coming and off-going supervisors do not conduct a simultaneous audit of those items at shift change. Additionally, ODO reviewed the Supervisor Signature Verification log and noted multiple dates where facility staff had not documented the completion of audits (Deficiency FPP-100⁵).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNS 2011 (Revised 2016) and found the facility in compliance with 17 of those standards. ODO found one deficiency in the remaining standard. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO New Orleans work with the facility to resolve any outstanding deficiencies in accordance with contractual obligations. ERO provided ODO with the uniform corrective action plan for ODO's last inspection of LIPC on July 30, 2021.

Compliance Inspection Results Compared	FY 2020 (PBNS 2011) (Revised 2016)	FY 2021 (PBNS 2011) (Revised 2016)
Standards Reviewed	21	18
Deficient Standards	11	1
Overall Number of Deficiencies	29	1
Repeat Deficiencies	1	0
Areas of Concern	0	0
Corrective Actions	4	0

⁵ "Both on-coming and off-going supervisors shall simultaneously conduct an audit of detainee funds, property envelopes and large valuables where physical custody of, or access to such items changes with facility shift changes." See ICE PBNS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(J).