



U.S. Department of Homeland Security
Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
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**

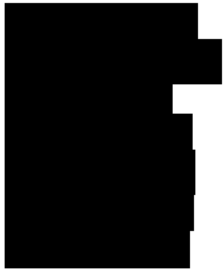
July 26-28, 2022

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

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead	ODO
Inspections and Compliance Specialist	ODO
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Contractor	Creative Corrections
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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 LaSalle ICE Processing Center (LIPC) in Jena, Louisiana, from July 26 to 28, 2022.¹ This inspection focused on the standards found deficient during ODO’s last inspection of LIPC from January 11 to 13, 2022. 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 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 was accredited by the American Correctional Association in January 2018. In November 2017, LIPC 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	██████
Average ICE Population ³	██████
Adult Male Population (as of July 26, 2022)	██████
Adult Female Population (as of July 26, 2022)	██████

During its last inspection, in Fiscal Year (FY) 2022, ODO found 14 deficiencies in the following areas: Correspondence and Other Mail (2); Custody Classification System (1); Medical Care (2); Post Orders (2); Searches of Detainees (3); Special Management Units (2); and Use of Force and Restraints (2).

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 as of July 5, 2022.

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 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 (REVISED 2016) MAJOR CATEGORIES

PBNDs 2011 (Revised 2016) Standards Inspected ^{4,5}	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
Post Orders	0
Searches of Detainees	0
Special Management Units	2
Staff-Detainee Communication	1
Use of Force and Restraints	0
Sub-Total	4
Part 4 - Care	
Food Service	0
Hunger Strikes	1
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	1
Sub-Total	2
Part 5 - Activities	
Correspondence and Other Mail	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	6

⁴ For greater detail on ODO's findings, see the *Follow-up Compliance 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 28 detainees, who each voluntarily agreed to participate. Most detainees reported satisfaction with facility services except for the concerns listed below. None of the detainees made allegations of discrimination, mistreatment, or abuse.

Law Libraries and Legal Materials: Two detainees stated the facility denied them access to the law library.

- Action Taken: ODO interviewed the facility law librarian, reviewed the request file, and found one detainee submitted a law library request on July 21, 2022. The facility law librarian stated the request remained incomplete because the detainee did not respond during a housing unit visit on July 25, 2022. ODO found no request or related form from the other detainee. ODO requested the facility librarian inform the detainees on law library hours and how to access the law library. The detainees acknowledged understanding.

Medical Care: One detainee stated the medical staff provides him only a pill to treat his leg and feet swelling issues.

- Action Taken: ODO spoke with the medical staff, reviewed the detainee's medical record, and found the staff examined the detainee on July 25, 2022, prescribed Lasix (40 mg), a diuretic, and requested lab tests. The medical staff scheduled the detainee for a follow-up appointment with a specialist for August 13, 2022, and informed the detainee. The detainee acknowledged understanding of the treatment.

Medical Care: One detainee stated he has not received an update from the medical staff for an eye appointment.

- Action Taken: ODO interviewed the medical staff, reviewed the detainee's medical record, and found the medical staff completed the admission evaluation of the detainee with no recorded complaints of eye pain on July 21, 2022. The medical staff assessed the detainee's vision at 20/50 and submitted an optometrist referral. The detainee has submitted no subsequent sick call requests for his eyes. ODO requested the medical staff inform the detainee of his optometrist appointment, which is scheduled for October 26, 2022, and how to submit a sick call request.

Medical Care: One detainee stated the medical staff will not cover the cost of recommended surgery for his herniated disc and provided him with only Ibuprofen.

- Action Taken: ODO interviewed medical staff, reviewed the detainee's medical record, and confirmed his herniated disc diagnosis along with imaging test results from the previous facility. On July 22, 2022, the medical staff examined the detainee for a possible hernia and related pain, prescribed antibiotics and Ibuprofen 800 mg, and scheduled a urologist appointment. A urologist examined the detainee, reviewed the previous imaging test results, and recommended him for surgery. The medical staff

scheduled the detainee for surgery to occur on September 23, 2022, and informed the detainee of his scheduled procedure.

Medical Care: One detainee stated the medical staff told him to buy medication at the commissary to treat his lower back pain.

- Action Taken: ODO interviewed the medical staff, reviewed the detainee’s medical record, and found the medical staff treated the detainee for his lower back pain on three separate occasions. The medical staff issued the detainee heating packs and Tylenol. The medical staff stated facility policy allows nursing staff to distribute only single dose medications and forbids requesting a detainee to purchase his/her medication. The facility’s medical staff re-evaluated the detainee and completed an X-ray of his lower back and found no acute conditions or issues. The medical staff educated the detainee on proper stretching and lifting techniques and how to submit a sick call request.

Religious Practices: Two detainees stated facility staff did not allow them to practice their religion and told them to remove Santeria religious statues they had placed on their beds.

- Action Taken: ODO interviewed the facility religious coordinator, reviewed the detainee request file, and found no requests from the detainees. The religious coordinator stated the facility allows detainees to practice their religion and has a chapel available for them to visit. The coordinator explained detainees generally submit a religious request to allow religious items in the housing units, and facility staff usually approve those requests. ODO requested the religious coordinator speak with the detainees and inform them of chapel hours and how to submit a religious request.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the facility visitor logbook and found 11 entries did not identify the time of departure (**Deficiency FSC-24⁶**).

ODO reviewed the facility visitor logbook and found the visitor logbook does not have a section for visitors to sign his/her name (**Deficiency FSC-26⁷**).

Corrective Action: Prior to the completion of the inspection, the Facility administrator updated the visitor logbook to include a section for a visitor to sign his/her name and implemented a procedure requiring facility staff to ensure visitors signed their names in the

⁶ “Every entry in the logbook shall identify the time of departure.” See ICE PBNDS 2011, Standard, Facility Security and Control, Section (V)(C)(1)(b)(2).

⁷ “The post officer shall require the visitor to print and sign his/her name in the visitor logbook.” See ICE PBNDS 2011, Standard, Facility Security and Control, Section (V)(C)(1)(b)(3).

logbook (C-1).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO inspected the facility baggage storage area, reviewed the electronic log, and found the security tie-strap numbers did not correspond to the electronic property log. Specifically, 4 out of 25 property bags had an incorrect tie-strap number (**Deficiency FPP-98⁸**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO observed all facility housing units and found no scheduled hours for ERO New Orleans staff posted in the living areas of the facility (**Deficiency SDC-4⁹**).

Corrective Action: Prior to the completion of the inspection, ERO New Orleans revised the contact information to include the scheduled hours and posted the revised schedule in the housing units (C-2).

CARE

HUNGER STRIKES (HS)

ODO reviewed training records of [REDACTED] medical staff and found in [REDACTED] out of [REDACTED] records, no annual training to recognize hunger strike signs, to implement procedures for referral for medical assessment, nor to manage a detainee on a hunger strike. Specifically, annual hunger strike training for FY 2022 remained incomplete for the [REDACTED] medical staff members (**Deficiency HS-1¹⁰**).

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

ODO reviewed training records of [REDACTED] medical staff and found in [REDACTED] out of [REDACTED] records, no annual and comprehensive suicide prevention training. Specifically, the annual comprehensive suicide training for FY 2022 remained incomplete for [REDACTED] medical staff members (**Deficiency SSHSPI-8¹¹**).

⁸ “A logbook shall be maintained listing detainee name, A-number or facility detainee number, I-77 number, security tie-strap number, property description, date issued, and date returned.” See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(I).

⁹ “The local supplement to the detainee handbook shall include contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility. The same information shall be posted in the living areas (or “pods”) of the facilities.” See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(A).

¹⁰ “All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike.” See ICE PBNDS 2011, Standard, Hunger Strikes, Section (V)(A).

¹¹ “All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training, during orientation and at least annually.” See ICE PBNDS 2011, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(A).

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 13 of those standards. ODO found six deficiencies in the remaining five standards. ODO commends facility staff members 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. ERO provided ODO with the UCAP for ODO's last inspection of LIPC which occurred on January 11, 2022.

Compliance Inspection Results Compared	First FY 2022 (PBNDS 2011) (Revised 2016)	Second FY 2022 (PBNDS 2011) (Revised 2016)
Standards Reviewed	24	18
Deficient Standards	7	5
Overall Number of Deficiencies	14	6
Repeat Deficiencies	0	0
Areas Of Concern	1	0
Corrective Actions	5	2
Facility Rating	Superior	N/A