



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
Compliance Inspection

Enforcement and Removal Operations
ERO New Orleans Field Office

LaSalle ICE Processing Center
Jena, LA

August 3-6, 2020

**COMPLIANCE INSPECTION
of the
LaSalle ICE Processing Center
Jena. LA**

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES.....	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	8
SECURITY	8
Funds and Personal Property	8
CARE	8
Medical Care	8
Disability Identification, Assessment, and Accommodation	8
JUSTICE.....	8
Grievance System	8
CONCLUSION	9

COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead
Inspections and Compliance Specialist
Inspections and Compliance Specialist
Contractor
Contractor
Contractor
Contractor

ODO
ODO
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 compliance inspection of the LaSalle ICE Processing Center (LIPC) in Jena, LA, from August 3-6, 2020.¹ The facility opened in September 2007 and is owned and operated by the GEO Group, Inc. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at LIPC in October 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. An LIPC facility administrator handles daily facility operations and is supported by [REDACTED] personnel. The GEO Group provides food services, STG International provides medical care, and Keefe provides commissary services at the facility. The facility was accredited by the American Correctional Association in January 2018 and the National Commission on Correctional Health Care in November 2017. The facility was also Department of Homeland Security Prison Rape Elimination Act certified in November 2017.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	[REDACTED]
Average ICE Detainee Population ³	[REDACTED]
Male Detainee Population (as of 7/29/2020)	[REDACTED]
Female Detainee Population (as of 7/29/2020)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2017, ODO found 2 deficiencies in the following areas: Admission and Release (1) and Staff-Detainee Communication (1).

¹ This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods longer than 72 hours.

² Data Source: ERO Pre-Inspection Questionnaire dated July 24, 2020.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, 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.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which 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.

Upon completion of each 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 corrective action plans; 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.

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.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES

PBNDS 2011 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	1
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	1
Part 4 – Care	
Food Service	0
Medical Care	1
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	1
Sub-Total	2
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	1
Law Libraries and Legal Material	0
Sub-Total	1
Total Deficiencies	4

⁵ 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. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

Medical Care: One female detainee stated in addition to other health issues she has a chip implanted in her back, which is supposed to help her walk. However, the detainee stated the chip had not been working properly for some time and the chip needs to be adjusted by a neurosurgeon.

- Action Taken: ODO reviewed the detainee's medical file and discovered the detainee has spinal stenosis/degeneration and had a spinal neuro stimulator implanted in her back prior to her detention at the facility. An appointment with a neurosurgeon at Louisiana State University Hospital in Shreveport, LA, is pending for early 2021 with an earlier appointment, if there is a cancellation. Medical appointments have been forced to be delayed due to the COVID-19 pandemic. ODO reviewed the rest of the detainee's medical care history and found the facility was providing care in line with the standards and equivalent to the community's level of care. The detainee was brought to the facility's medical department and her plan of care was explained to her on August 6, 2020.

Visitation: One female detainee stated she was having difficulty contacting her minor daughter and would like to speak to her.

- Action Taken: ODO made ICE/ERO New Orleans aware of the detainee's situation. ICE/ERO New Orleans arranged for the detainee to talk with her daughter on the telephone on August 5, 2020. ICE/ERO New Orleans also worked with the detainee's family to ensure the detainee and her daughter could have video visits in the future to allow for better communication using the facility's tablet system.

COMPLIANCE INSPECTION FINDINGS

SECURITY

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed █ detainee files and found █ of the files contained evidence the facility's booking staff obtained a forwarding address when detainees were released from the facility (**Deficiency F&PP 1⁶**).

CARE

MEDICAL CARE (MC)

ODO reviewed █ medical records and found █ record did not have a comprehensive health assessment completed within 14-days of the detainee's arrival to the facility (**Deficiency MC-1⁷**).

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)

ODO reviewed the facility's orientation program and found it did not notify nor inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request for reasonable accommodations. Additionally, the facility did not post disability documents for detainee awareness in detainee living areas and in the medical unit (**Deficiency DIA&A-1⁸**).

Corrective Action: On August 6, 2020, the GEO compliance administrator provided ODO with English and Spanish slides that were added to the orientation videos that included information on the disability accommodation policy and reasonable accommodations (**C-1**).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility detainee handbook and found it failed to provide notice in the grievance policy prohibiting facility staff from harassing, disciplining, punishing, or retaliating against any detainee for filing a grievance or contacting the Office of the Inspector General (OIG) (**Deficiency**

⁶ "...Standard operating procedure shall include obtaining a forwarding address from every detainee for use in the event that personal property is lost or forgotten in the facility after the detainee's release, transfer, or removal." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(D).

⁷ "Each facility's health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival unless more immediate attention is required due to an acute or identifiable chronic condition." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(M).

⁸ "The facility orientation program...shall notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request. The facility will post other documents for detainee awareness in detainee living areas and in the medical unit..." See ICE PBNDS 2011, Standard, Disability Identification, Assessment and Accommodation, Section (V)(J).

GS-1⁹).

Corrective Action: On August 3, 2020, the GEO facility administrator provided ODO a memo in English and Spanish with an update to the facility’s grievance policy prohibiting facility staff from harassing, disciplining, punishing, or retaliating against a detainee for filing a grievance or contacting the OIG. The memo was disseminated to the facility and ERO New Orleans staff and the facility detainee handbook was updated in the grievance procedures section on page 33 (C-2).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 18 standards under PBNDS 2011 and found the facility in compliance with 14 of those standards. ODO found 4 deficiencies in the remaining 4 standards. ODO commends facility staff for their responsiveness during this inspection and notes there were two instances where staff initiated immediate corrective action during the inspection.

ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2017 (PBNDS 2011)	FY 2020 (PBNDS 2011)
Standards Reviewed	16	18
Deficient Standards	2	4
Overall Number of Deficiencies	2	4
Repeat Deficiencies	N/A	0
Corrective Actions	0	2

⁹ “The facility shall provide each detainee, upon admittance, a copy of the detainee handbook and local supplement...in which the grievance section provides notice of the following:...The policy prohibiting staff from harassing, disciplining, punishing or otherwise retaliating against any detainee for filing a grievance or contacting the Office of the Inspector General (OIG)...” See ICE PBNDS 2011, Standard, Grievance System, Section (V)(B)(7).