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U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
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**Office of Detention Oversight
Compliance Inspection**

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

**LaSalle Correctional Center
Olla, Louisiana**


June 22- 25, 2020

**COMPLIANCE INSPECTION
of the
LASALLE CORRECTIONAL CENTER
Olla, Louisiana**

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COMPLIANCE INSPECTION TEAM MEMBERS

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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 Correctional Center (LCC) in Olla, LA, from June 22- 25, 2020. This facility holds male detainees with low, medium-low, medium-high and high security classification levels for periods greater than 72 hours.

The facility opened in 1999 and is owned and operated by LaSalle Management Company. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at LCC in 2019 under the oversight of ERO's Field Office Director (FOD) in New Orleans. The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011.

The warden handles daily facility operations and is supported by [REDACTED] personnel. LaSalle Correctional Center provides food services, medical care, and commissary services at the facility.

The facility holds no accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ¹	700
Average ICE Detainee Population ²	398
Male Detainee Population (as of 6/22/2020)	250
Female Detainee Population (as of 6/22/2020)	N/A

This is ODO's first compliance inspection of LaSalle Correctional Center.

¹ Data Source: ERO Facility List Report as of June 22, 2020.

² *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.³

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components,” which are considered critical to facility security and the legal and civil rights of detainees. 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.

³ 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 ⁴	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	7
Sub-Total	7
Part 2 – Security	
Admission and Release	1
Custody Classification System	2
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	2
Sub-Total	6
Part 4 – Care	
Food Service	5
Medical Care	1
Personal Hygiene ⁵	1
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	1
Sub-Total	8
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	8
Law Libraries and Legal Material	0
Sub-Total	8
Total Deficiencies	29

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

⁵ The Personal Hygiene Standard was not reviewed in its entirety but is counted in the total number of standards reviewed in the report's conclusion and associated table.

DETAINEE RELATIONS

ODO interviewed 11 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 attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

Special Management Units: One detainee stated he has been housed in special housing unit for over 2 months and wants to return to general population.

- Action Taken: ODO reviewed the detainee's detention file and interviewed the sergeant assigned to the special housing unit. The detainee was placed in administrative detention on May 6, 2020, pending a disciplinary hearing. The detainee was sanctioned to 20 days disciplinary segregation for three code of conduct violations. On May 26, 2020, his disciplinary segregation ended, at which point he refused to re-enter general population and requested protective custody because he does not want to return to the [REDACTED]. [REDACTED] is the only high-level unit available to detainees. Facility staff have been in constant communications with ERO to facilitate a transfer but have not been successful because of COVID-19.

Telephone Access: Several detainees stated the telephone calls in the housing unit are very expensive.

- Action Taken: ODO reviewed the facilities telephone rates and determined the rates followed the Federal Communications Commission regulations. Detainees also receive 500 free minutes a month to make outgoing calls.

Funds and Personal Property: One detainee stated his property was never transferred from a different facility located in Alexandria, Louisiana.

- Action Taken: ODO interviewed ERO and determined the detainee did not have property at another facility. Instead, he wanted his family to send property, which is prohibited, unless the request is for release clothes.

Food Service: Several detainees stated the food was terrible and every meal contained rice.

- Action Taken: ODO was unable to verify the quality of food, due to the inspection not being conducted on-site; however, ODO reviewed the food menu for a five-week cycle and determined there are variations of carbohydrates served throughout the week. Variations included mashed potatoes, macaroni and cheese, potato salad, and beans.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed generator logs and found generators are inspected weekly and tested [REDACTED]. [REDACTED] Records indicated generator testing for a [REDACTED] was not initiated until October 23, 2019; however, ICE began housing detainees at LCC in August 2019 (**Deficiency EH&S-1**⁶).

Corrective Action: The facility initiated corrective action October 2019, by updating the facility policy and began running tests for [REDACTED] (**C-1**).

ODO reviewed fourth quarter 2019 fire drill logs and found emergency-key drills were not included in each fire drill and timed. (**Deficiency EH&S-2**⁷).

Corrective Action: ODO reviewed first and second quarter 2020 fire drills logs and found the emergency key drills were completed and timed on all fire drills (**C-2**).

ODO reviewed evacuation route diagrams and found "Areas of Safe Refuge" were not identified or explained (**Deficiency EH&S-3**⁸).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by creating and installing new compliant evacuation route diagrams (**C-3**).

ODO reviewed generator logs and generator service invoices and found the generators have not been load tested (**Deficiency EH&S-4**⁹). One generator was repaired on February 20, 2020, but the report did not provide any load testing results (**Deficiency EH&S-5**¹⁰).

ODO reviewed the 2019 fourth quarter fire drill logs and found [REDACTED] fire drills were completed

⁶ "At least every [REDACTED], emergency power generators shall be tested for [REDACTED], and the oil, water, hoses, and belts of these generators shall be inspected for mechanical readiness to perform in an emergency situation." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Environmental Health and Safety, Section (V)(A)(6).

⁷ "Emergency-key drills shall be included in each fire drill, and timed. Emergency keys shall be drawn and used by the appropriate staff to unlock one set of emergency doors not in daily use. NFPA recommends a limit of [REDACTED] for drawing keys and unlocking emergency doors. However, when conducting fire drills, emphasis shall be placed on safe and orderly evacuation rather than speed." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Environmental Health and Safety, Section (V)(C)(4)(c).

⁸ "Areas of Safe Refuge" shall be identified and explained on diagrams." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Environmental Health and Safety, Section (V)(C)(5).

⁹ "Power generators are to be inspected [REDACTED] and load-tested [REDACTED] at a minimum, or in accordance with the manufacturer's recommendations and instruction manual." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Environmental Health and Safety, Section (V)(A)(6).

¹⁰ "Technicians shall check starting battery voltage, generator voltage and amperage output at a minimum, and shall perform all other necessary checks as well." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Environmental Health and Safety, Section (V)(A)(6).

from August 2019, until November 2019; however, only one dorm participated in the fire drill (**Deficiency EH&S-6¹¹**).

ODO reviewed fourth quarter fire drill 2019 logs and found the facility did not consistently include the drawing of the emergency keys and timing them to the fire emergency and the unlocking of the exit doors. (**Deficiency EH&S-7¹²**).

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed 15 detainee detention files and found seven out of 15 detention files did not contain an Order to Detain or Release (Form I-203) (**Deficiency A&R-1³**).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ERO provides LCC with a Record of Person and Property (Form I-216) for newly admitted detainees. Form I-216 provides the current offense and custody level; however, LCC classification staff is not provided with additional criminal history documentation to facilitate a more objective classification and reclassification assessment (**Deficiency CCS-1¹⁴**).

ERO does not consistently provide the facility with an Order to Detain or Release (Form I-203) or newly admitted detainees at LCC (**Deficiency CCS-2¹⁵**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the LCC detainee handbook and found the handbook does not notify detainees of the procedure for claiming property upon release, transfer, or removal (**Deficiency F&PP-1¹⁶**).

¹¹ "Fire drills shall be conducted and documented at [REDACTED] in all facility locations including administrative areas. Fire drills in housing units, medical clinics and other areas occupied or staffed during non-working hours shall be timed so that employees on each shift participate in an [REDACTED] drill. b. Detainees shall be evacuated during fire drills, except: [REDACTED]. Staff

shall simulate drills in areas where detainees are not evacuated." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Environmental Health and Safety, Section (V)(C)(4).

¹² "Emergency-key drills shall be included in each fire drill, and timed. Emergency keys shall be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use. See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Environmental Health and Safety, Section (V)(C)(4)(c).

¹³ "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, Standard, Admission & Release, Section (V)(E). **This is a Priority Component.**

¹⁴ "ICE/ERO staff shall provide facilities the data needed from each detainee's file to complete the classification process;" See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Custody Classification System, Section (V)(A)(1).

¹⁵ "ICE/ERO does not always provide an I-203, Order to Detain or Release, or additional criminal history information to facilitate the classification or reclassification assessment." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Custody Classification System, Section (V)(C)(1).

¹⁶ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures related to

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by incorporating the property information into the detainee handbook. ODO was provided a copy of the updated handbook (C-4).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed eight UOF files and found in five out of eight UOF incidents the facility administrator was not part of the After-Action-Review (AAR) team (**Deficiency UOF&R-1¹⁷**).

ODO reviewed eight immediate UOF files and found the AAR team did not convene on the workday, after the incident in three out of the eight UOF incidents. (**Deficiency UOF&R-2¹⁸**).

CARE

FOOD SERVICE (FS)

ODO reviewed medical records of LCC food service workers and found no documentation the assistant food service administrator underwent a pre-employment health screening (**Deficiency FS-1¹⁹**). The facility administrator was unable to provide verification the assistant food service administrator received a pre-employment medical examination (**Deficiency FS-2²⁰**).

ODO interviewed the food service administrator and found the facility does not purchase [REDACTED] [REDACTED]. The facility does purchase [REDACTED] that is delivered on a pallet with other food items and therefore, not handled with special requirements (**Deficiency FS-3²¹**).

ODO found the food service administrator does not determine the cost of the common fare meals

personal property, including: 4. the procedure for claiming property upon release, transfer, or removal;" *See* ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Funds and Personal Property, Section (V)(C)(4).

¹⁷ "The facility administrator, the assistant facility administrator, the Field Office Director's designee and the health services administrator (HSA) shall conduct the after-action review. This four-member after-action review team shall convene on the workday after the incident. The after-action review team shall gather relevant information, determine whether policy and procedures were followed, make recommendations for improvement, if any, and complete an after-action report to record the nature of its review and findings. The after-action report is due within two workdays of the detainee's release from restraints." *See* ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Use of Force and Restraints, Section (V)(P)(3).

¹⁸ "This [REDACTED]-member after-action review team shall convene on the workday after the incident." *See* ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Use of Force and Restraints, Section (V)(P)(3).

¹⁹ "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 Performance-Based National Detention Standards (PBNDS) 2011, Standard, Food Service, Section (V)(J)(3).

²⁰ 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 Performance-Based National Detention Standards (PBNDS) 2011, Standard, Food Service, Section (V)(J)(3).

²¹ [REDACTED] requires special handling and storage. 1) The purchase order, or invoice, for any of these items shall specify the special-handling requirements for delivery." *See* ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Food Service, Section (V)(B)(4)(b)(1).

and include the figure in the quarterly budget (**Deficiency FS-4²²**).

ODO reviewed the common fare menu and found it does not provide special menus for the ten federal holidays (**Deficiency FS-5²³**).

MEDICAL CARE (MC)

ODO found the Registered Nurses (RN) provided initial dental screening to detainees. The RN's dental training record was dated June 16, 2020; however, the review of five medical records found three out of five dental screenings were conducted by the RN, prior to her documented date of training (**Deficiency MC-1²⁴**).

PERSONAL HYGIENE (PH)

The ratio of detainee to showers, detainee to toilets (including urinals) and detainee to wash basins is below industry and ICE PBNDS standards (**Deficiency PH-1²⁵**).

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

LCC has not designated a disabilities compliance manager (**Deficiency DIA&A-1²⁶**).

JUSTICE

GRIEVANCE SYSTEM (GS)

LCC grievance log did not indicate the date when appeals are returned to detainees nor does a category exist on the log (**Deficiency GS-1²⁷**).

²²“The FSA shall estimate quarterly costs for the common fare program and include is figure in the quarterly budget. The FSA shall maintain a record of the actual costs of both edible and non-edible items.” *See* ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Food Service, Section (V)(G)(14).

²³ “Common fare is intended to accommodate detainees whose religious dietary needs cannot be met on the mainline. The common fare menu is based on 14 day cycle, with special menus for the ten federal holidays.” *See* ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Food Service, Section (V)(G)(2).

²⁴ “The initial dental screening may be performed by a dentist or a properly trained qualified health provider. *See* ICE PBNDS 2011, Standard, Medical Care, Section (V)(R)” *See* ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Medical Care, Section (V)(R)

²⁵ “Detainees shall be provided: ...

1. an adequate number of toilets, 24 hours per day, which can be used without staff assistance when detainees are confined to their cells or sleeping areas.
2. an adequate number of washbasins with temperature controlled hot and cold running water 24 hours per day.
3. operable showers that are thermostatically controlled to temperatures between 100 and 120 F degrees, to ensure safety and promote hygienic practices.” *See* ICE PBNDS 2011, Standard, Personal Hygiene, Section (V)(E)(1-3).

²⁶ “The facility shall designate a Disability Compliance Manager to assist facility personnel in ensuring compliance with this standard and all applicable federal, state, and local laws related to accommodation of detainees with disabilities. The Disability Compliance Manager may be the Health Services Administrator, a member of the medical staff, or anyone with relevant knowledge, education, and/or experience..” *See* ICE PBDNS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section, (V)(B)(2).

²⁷ “The appellate reviewer shall note the grievance log with the following information: date decision provided to

ODO found grievances are not consistently logged or given an entry number (**Deficiency GS-2**²⁸).

ODO found all grievances alleging staff misconduct are not forwarded to ERO (**Deficiency GS-3**²⁹).

ODO found detainees did not consistently receive a response to their grievance in the allotted time frame (**Deficiency GS-4**)³⁰.

ODO found detainee grievances are not consistently maintained in the detainee's detention file (**Deficiency GS-5**)³¹.

ODO found the medical log numbers and detainee medical grievance numbers did not consistently match (**Deficiency GS-6**)³².

ODO found the LCC grievance log did not always capture the nature of the grievance (**Deficiency GS-7**)³³.

The LCC grievance log, did not contain the name of the grievance officer conducting the initial adjudication (**Deficiency GS-8**)³⁴.

detainee" *See* ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Grievance System, Section (V)(C)(3)(b)(3)(c).

²⁸ "Facility staff shall assign each grievance a log number, enter it in the space provided on the detainee grievance form, and record it in the detainee grievance log in chronological order, according to the following stipulations: 1. the log entry number and the detainee grievance number must match; 2. the log shall include the receipt date and the disposition date; and 3. nuisance or petty grievances and grievances rejected or denied must also be logged with the appropriate notation and justification (for example, "petty")." *See* ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Grievance System, Section (V)(D).

²⁹ "Upon receipt, facility staff must forward all detainee grievances containing allegations of staff misconduct to a supervisor or higher-level official in the chain of command. While such grievances are to be processed through the facility's established grievance system, CDFs and IGSA facilities must also forward a copy of any grievances alleging staff misconduct to ICE/ERO in a timely manner with a copy going to ICE's Office of Professional Responsibility (OPR) Joint Intake Center and/or local OPR office for appropriate action. Facilities shall send all grievances related to sexual abuse and assault and the facility's decisions with respect to such grievances to the appropriate Field Office Director at the end of the grievance process." *See* ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Grievance System, Section (V)(F).

³⁰ "Detainee shall be provided with a written or oral response within five days of receipt of the grievance" *See* ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Grievance System, Section (V)(C)(3)(b)(1)(b).

³¹ "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 Performance-Based National Detention Standards (PBNDS) 2011, Standard, Grievance System, Section (V)(D).

³² "Facility staff shall assign each grievance a log number, enter it in the space provided on the detainee grievance form, and record it in the detainee grievance log in chronological order, according to the following stipulations:
1. the log entry number and the detainee grievance number must match;" *See* ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Grievance System, Section (V)(D)(1).

³³ "GO or designee shall note the grievance log with the following information: nature of the grievance." *See* ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Grievance System, Section (V)(C)(3)(b)(1)(c).

³⁴ "The GAB shall note the grievance log with the following information: name of the GO that conducted the initial adjudication," *See* ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Grievance System, Section (V)(C)(3)(b)(2)(d).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under PBNDS 2011 and found the facility in compliance with 9 of those standards. ODO found 29 deficiencies in the remaining 10 standards. ODO did not inspect the Personal Hygiene standard in its entirety; however, one deficiency was identified regarding the ratio of detainees to toilets, showers and wash basins.

ODO commends facility staff for their responsiveness during this inspection and notes there were four 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 2020 (PBNDS 2011)
Standards Reviewed	9
Deficient Standards	10
Overall Number of Deficiencies	29
Deficient Priority Components	1
Repeat Deficiencies	NA
Corrective Actions	4