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U.S. Immigration and Customs Enforcement
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Inspections and Detention Oversight Division
Washington, DC 20536-5501

Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Atlanta Field Office

Robert A. Deyton Detention Facility
Lovejoy, Georgia

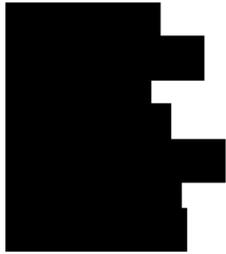
August 10-13, 2020

COMPLIANCE INSPECTION
of the
ROBERT A. DEYTON DETENTION FACILITY
Lovejoy, Georgia

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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 Robert A. Deyton Detention Facility (RADDF) in Lovejoy, Georgia, from August 10 to 13, 2020.¹ The facility opened in April 2007 and is owned by Clayton County and operated by Geo Group Inc. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at RADDF in August 2018 under the oversight of ERO's Field Office Director (FOD) in Atlanta (ERO Atlanta). The facility operates under the National Detention Standards (NDS) 2019.

A RADDF facility administrator handles daily facility operations and is supported by [REDACTED] personnel. Geo Group Inc. provides food services and medical care. Keefe provides commissary services at the facility. The facility received accreditations from the American Correctional Association in January 2019, the National Commission on Correctional Health Care in June 2020, and was Department of Justice Prison Rape Elimination Act certified in June 2020. This is ODO's first inspection of RADDF.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	768
Average ICE Detainee Population ³	16
Male Detainee Population (as of 8/10/2020)	14
Female Detainee Population (as of 8/10/2020)	N/A

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 Facility List Report as of August 10, 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 NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	4
Sub-Total	4
Part 2 – Security	
Admission and Release	5
Custody Classification System	5
Funds and Personal Property	5
Search of Detainees ⁶	1
Use of Force and Restraints	1
Special Management Units	2
Staff-Detainee Communication	1
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	20
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	1
Visitation	0
Sub-Total	1
Part 6 – Justice	
Grievance System	0
Law Libraries and Legal Materials	0
Sub-Total	0
Total Deficiencies	27

⁵ For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

⁶ The Search of Detainees standard was not reviewed in its entirety. The deficiencies found in the Searches of Detainees standard were found while reviewing the Admission and Release standard.

DETAINEE RELATIONS

ODO interviewed 7 out of 14 detainees at the facility, who each voluntarily agreed to participate. Additionally, ODO attempted to interview a total of 12 detainees during the Contingency Inspection; however due to the limited number of detainees at the facility, detainees being unavailable due to legal visits, and in process of leaving the facility, ODO was not able to meet the 12 detainee interview goal. 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 Atlanta and the facility were not able to accommodate this request due to technological issues. As such, the detainee interviews were conducted via telephone.

Telephone Access: Several detainees stated they were only allotted one-hour a day to use the telephone.

- Action Taken: ODO spoke with the compliance administrator and determined, upon arrival, the detainees were placed under a 14-day quarantine due to the COVID-19 pandemic and were allowed one-hour of free time during the day to utilize telephone services. The detainees who requested telephone access outside of the one-hour window were allowed to use the telephone services via the mobile phone cart.

Telephone Access: One detainee stated he was unable to make telephone calls, and his calling card did not work.

- Action Taken: The compliance administrator interviewed the detainee and determined he did not follow the proper telephone procedure. After the compliance administrator demonstrated the proper procedure, the detainee was able to make telephone calls and use his calling card accordingly.

Telephone Access: A detainee stated he could not contact the consulate in his country.

- Action Taken: The compliance administrator assisted the detainee in locating the consulate signage posted and how to make free telephone calls to his consulate.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO requested a [REDACTED] and found it was not provided for review during the inspection. ODO was unable to verify if the maintenance supervisor or facility designee compiled a [REDACTED] in the facility, [REDACTED], along with a [REDACTED] documentation of reviews, and a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.) (**Deficiency EH&S-1⁷**).

ODO requested photos of flammable and combustible liquids and aerosol storage and found they were not provided for review during the inspection. ODO was unable to verify if any liquid or aerosol labeled “Flammable” or “Combustible” was stored and used as prescribed on the label, in accordance with the Federal Hazardous Substances Labeling Act, to protect both life and property (**Deficiency EH&S-2⁸**).

ODO reviewed the fire marshal’s inspection report and found there was no annual inspection for the current calendar year; the Office of Insurance and Safety Fire Commission completed the last annual inspection on June 6, 2019. Additionally, ODO found there was no current quarterly fire sprinkler inspection; the last quarterly inspection was completed on February 10, 2020. ODO was not provided a fire alarm inspection, nor quarterly fire drills, for review. As such, ODO was unable to verify compliance with standards and regulations issued by the National Fire Protection Association (NFPA), Environmental Protection Agency (EPA) and Occupational Safety and Health Administration (OSHA), national, state, and local fire safety codes, and the applicable standards of the American Society for Testing and Materials, American National Standards Institute and Underwriters’ Laboratories or Factory Mutual Engineering Corporation (**Deficiency EH&S-3⁹**).

⁷ “2. [REDACTED] The Maintenance Supervisor or facility designee will compile a [REDACTED] Documentation of reviews will be maintained in the [REDACTED]. The [REDACTED] will also include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.)” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

⁸ “...d. Any liquid or aerosol labeled “Flammable” or “Combustible” must be stored and used as prescribed on the label, in accordance with the Federal Hazardous Substances Labeling Act, to protect both life and property.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(4)(d).

⁹ “**D. Fire Prevention and Control:** The facility will comply with standards and regulations issued by the National Fire Protection Association (NFPA), Environmental Protection Agency (EPA) and OSHA, national, state, and local fire safety codes, and the applicable standards of the American Society for Testing and Materials, American National Standards Institute and Underwriters’ Laboratories or Factory Mutual Engineering Corporation. Such topics will include but not limited to, fire safety codes; regular fire and safety inspections; a fire prevention, control and evacuation plan, and fire drills...” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(D).

ODO requested a copy of the posted housekeeping plan and photos of housing units to determine sanitation levels and found neither was provided by the facility for review. As such, ODO was unable to verify the facility's level of sanitation (**Deficiency EH&S-4¹⁰**).

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed RADDf's policy, interviewed the intake supervisor, and found original detainee documents were not released to ERO (**Deficiency A&R-1¹¹**).

ODO reviewed 12 detainee files and found six out of 12 files did not contain an Order to Detain or Release Form (Form I-203, or I-203a) as required (**Deficiency A&R-2¹²**).

ODO interviewed the intake supervisor and confirmed ERO was not notified when a detainee claimed missing property upon intake (**Deficiency A&R-3¹³**).

ODO reviewed RADDf's orientation documents and policy and found the facility did not instruct detainees how to contact ERO regarding their case (**Deficiency A&R-4¹⁴**).

ODO reviewed RADDf's policy, interviewed facility staff, and confirmed upon release, detainees are not offered a free telephone call (**Deficiency A&R-5¹⁵**).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed 12 detainee files and found the facility placed two detainees in general population without having a Record of Deportable/Inadmissible Alien Form (Form I-213) or any criminal background check conducted. ODO interviewed the classification manager and found when a detainee arrived [REDACTED] from ERO, the detainee was [REDACTED] per this security level until the information was received, which is contrary to the CCS standard

¹⁰ "...The facility, in consultation with the HSA and the Environmental Health and Safety officer or equivalent, shall establish a housekeeping plan to ensure a high level of environmental sanitation, and shall consult with the HSA or equivalent in designing this program." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I).
AND

"2. Housekeeping: General: Facility cleanliness and sanitation shall be maintained. All surfaces, fixtures, and equipment shall be kept clean and in good repair..." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(2).

¹¹ "...Identity documents, such as passports, birth certificates, etc., will be copied for the detention file, and the original forwarded to ICE/ERO..." See ICE NDS 2019, Standard, Admission and Release, Section (II)(C).

¹² "Official documentation from ICE/ERO (e.g. Form I-203, I-203a, or I-216) shall accompany each newly arriving detainee..." See ICE NDS 2019, Standard, Admission and Release, Section (II)(F).

¹³ "The facility shall complete a Form I-387, 'Report of Detainee's missing Property,' or the equivalent, when any newly arrived detainee claims his or her property has been lost or left behind at a previous location. Facilities shall forward the completed forms to ICE/ERO." See ICE NDS 2019, Standard, Admission and Release, Section (II)(G).

¹⁴ "The facility orientation shall also include the following information:

1. Procedures for the detainee to contact the ERO deportation officer handling his/her case..."

See ICE NDS 2019, Standard, Admission and Release, Section (II)(H).

¹⁵ "...Prior to release, the detainee shall be provided an opportunity to make a free phone call to facilitate release arrangements." See ICE PND 2019, Standard, Admission and Release, Section (II)(J).

(Deficiency CCS-1¹⁶).

ODO reviewed 12 detainee files and found 2 out of 12 files did not have any evidence of a supervisory review or approval. ODO confirmed with the classification manager there was no supervisory review of each detainee's classification at RADDf (**Deficiency CCS-2¹⁷**).

ODO reviewed 12 detainee files and found two out of 12 detainees were misclassified and inappropriately housed as low security level at RADDf. Specifically, one detainee was classified as high security level by ERO and low security level by RADDf. Another detainee was classified as medium-high security level by ERO and low security level by RADDf. ODO confirmed the classification manager corrected each misclassified detainee's classification and subsequently each detainee was housed appropriate to their correct custody level (**Deficiency CCS-3¹⁸**).

ODO interviewed the classification manager and confirmed RADDf had no system in place, which readily identified a detainee's classification level (**Deficiency CCS-4¹⁹**).

ODO reviewed 12 detainee files and found two out of 12 files did not contain any of the required ERO classification documentation forms, Form I-213, nor a Record of Persons and Property Transferred Form (Form I-216), used by the facility to classify the detainee. In addition, an interview with the classification manager found the facility received ERO documentation up to a week delayed once determined it was missing (**Deficiency CCS-5²⁰**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO interviewed the business manager and intake supervisor and was informed original detainee identity documents were not forwarded to ERO as required (**Deficiency F&PP-1²¹**).

ODO reviewed RADDf's policy and found internal audits of funds, valuables and personal property was not addressed (**Deficiency F&PP-2²²**).

¹⁶ "The facility shall develop and implement a system for classifying detainees in accordance with the guidelines set forth in this Standard. The classification system shall ensure:

1. All detainees are classified upon arrival, before being admitted into general population...
3. If a detainee cannot be classified without certain information that is missing at the time of processing (e.g., results of criminal-record check), the detainee will be kept apart from the general population pending arrival of the information."

See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(1),(3).

¹⁷ "...The classification system shall ensure: ...4. A supervisor will review each detainee's classification." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(4).

¹⁸ "...The classification system shall ensure: ...5. A detainee's classification level will determine his or her housing assignment, voluntary work assignment and his or her recreational activities, meals, and religious services are managed." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(5).

¹⁹ "...The classification system shall ensure: ...

6. Each facility shall establish a system that readily identifies a detainee's classification level, for example, color-coded uniforms." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(6).

²⁰ "...ICE/ERO offices will provide the facility with any information available to ICE to assist the facility classifying detainees." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(C).

²¹ "Identity documents, such as passports, birth certificates, etc., shall be copied for the detention file, and the original forwarded to ICE/ERO..." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(B)(2).

²² "Each facility shall have a written procedure for inventory and audit of detainee funds, valuables and personal property." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(D).

ODO reviewed RADDf's policy and interviewed the business manager and found the facility did not have procedures for a detainee's property reported missing or damaged, nor notification to ERO of a detainee's property claims or related outcomes (**Deficiency F&PP-3**²³).

ODO reviewed RADDf's policy, interviewed the business manager, and found the facility did not report and surrender all abandoned property to ERO, nor have a procedure to do so (**Deficiency F&PP-4**²⁴).

ODO reviewed RADDf's detainee handbook and found it did not include the following required notice to detainees: the detainee handbook did not advise detainees that upon request, they will be provided a copy of any identity documents held in their A-file; the procedures for claiming property upon release, transfer, or removal; and the procedures for filing a claim for lost or damaged property (**Deficiency F&PP-5**²⁵).

SEARCHES OF DETAINEES (SOD)

ODO reviewed 12 detainee files and found three out of 12 files did not contain documentation of a strip search (**Deficiency SOD-1**²⁶).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed RADDf's policy and found the UOF video, audio, and other recordings were catalogued and preserved for 24-months after the last documented use, contrary to the required 30-months dictated by the standard (**Deficiency UOF&R-1**²⁷).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed RADDf's SMU policy and found the facility staff did not observe and log detainee observations [REDACTED] on an [REDACTED] as required (**Deficiency SMU-1**²⁸).

²³ "Each facility shall have a written policy and procedure for detainee property reported missing or damaged...4. The facility will immediately notify ICE/ERO of all claims and outcomes." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(F)(4).

²⁴ "Facilities shall report and surrender to ICE/ERO all detainee property that is abandoned or unclaimed." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(G).

²⁵ "The facility handbook shall notify detainees of facility policies and procedures concerning personal property, including: 2. That upon request, they will be provided a copy of any identity document (passport, birth certificate, etc.) placed in their A-files or detention files...; 4. The procedures for claiming property upon release, transfer, or removal; 5. The procedures for filing a claim for lost or damaged property." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(H)(2)(4)(5).

²⁶ "All strip searches will be documented." See ICE NDS 2019, Standard, Searches of Detainees, Section (II)(C)(2)(c).

²⁷ "...Video, audio, and other recordings shall be catalogued and preserved until no longer needed, but for no less than 30 months after their last documented use..." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(J)(4).

²⁸ "SMU staff shall observe and log observations at least [REDACTED] on an [REDACTED]..." See ICE NDS 2019, Standard, Special Management Units, Section (II)(K).

ODO reviewed RADDf's SMU policy and found the facility's maximum sanction of 60-days for detainees in disciplinary segregation (DS), exceeded the standard's maximum sanction of 30-days (**Deficiency SMU-2²⁹**).

STAFF-DETAINEE COMMUNICATION (SDC)

Although ERO provided a secure drop-box for detainees to correspond directly with ERO management, drop-box access was available to RADDf staff and not restricted to only ERO staff as required (**Deficiency SDC-1³⁰**).

CARE

MEDICAL CARE (MC)

ODO reviewed 12 detainee medical files and found three out of 12 initial physical examinations for detainees were not completed within 14 days of the detainees' arrival (**Deficiency MC-1³¹**).

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

ODO interviewed the compliance administrator and found the orientation program did not inform the detainees about the facility's disability accommodations, their right to request reasonable accommodations, nor how to make such a request (**Deficiency DIA&A-1³²**).

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO reviewed RADDf's telephone serviceability worksheets and found the facility staff did not inspect telephones daily (**Deficiency TA-1³³**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under NDS 2019 and found the facility in compliance with eight of those standards. ODO found 27 deficiencies in the remaining 11 standards. ODO did not inspect the Search of Detainees standard in its entirety

²⁹ "The maximum sanction is 30 days in disciplinary segregation per incident, except in extraordinary circumstances..." See ICE NDS 2019, Standard, Special Management Units, Section (II)(B)(1).

³⁰ "Only ICE/ERO personnel shall have access to the drop-box." See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C)(4).

³¹ "The facility will conduct and document a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival at the facility..." See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

³² "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, in a language and/or manner they can understand. The facility will post other documents for detainee awareness in detainee living areas and in the medical unit, as requested by ICE/ERO." See ICE NDS 2019, Standard, Disability Identification, Assessment, and Accommodation, Section (II)(I).

³³ "The facility shall maintain detainee telephones in proper working order. Appropriate facility staff shall inspect the telephones daily, promptly report out-of-order telephones to the repair service, and ensure required repairs are completed quickly." See ICE NDS 2019, Standard, Telephone Access, Section (II)(D).

because it is not an ODO core standard. The deficiencies found in the Searches of Detainees standard were found while reviewing the Admission and Release standard.

ODO observed several deferred maintenance issues throughout the facility: some walls in the housing unit bathrooms, mop rinsing areas, and showers needed painting; several sinks in the housing unit dayroom areas were found leaking and some of the water faucets were not working at all; several of the housing unit bathrooms needed floor repairs; and the vinyl floor in the detainee dining room near the food tray pick-up window needed repair. ODO reviewed the maintenance request orders and noted the facility had a backlog of repairs needed.

ODO commends facility staff for their responsiveness during this 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 (NDS 2019)
Standards Reviewed	19
Deficient Standards	11
Overall Number of Deficiencies	27
Repeat Deficiencies	N/A
Corrective Actions	0