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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 Atlanta Field Office**

**Robert A. Deyton Detention Facility
Lovejoy, Georgia**

July 12-15, 2021

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

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FOLLOW-UP 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 follow-up compliance inspection of the Robert A. Deyton Detention Facility (RADDF) in Lovejoy, Georgia, from July 12 to 15, 2021.¹ This inspection focused on the standards found deficient during ODO’s last inspection of RADDF from February 8 to 12, 2021. RADDF opened in 2007 and is owned by Clayton County and operated by The GEO Group, Inc. (GEO). 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). RADDF operates under the National Detention Standards (NDS) 2019.

ERO Atlanta has not assigned deportation officers nor a detention services manager to RADDF. An RADDF acting facility administrator handles daily facility operations and manages █████ support personnel. GEO provides food services and medical care, and Keefe Commissary Group provides commissary services at the facility. RADDF was accredited by the American Correctional Association in January 2019 and the National Commission on Correctional Health Care in June 2020. In June 2020, RADDF was audited by the Department of Justice (DOJ) Prison Rape Elimination Act (PREA) and was DOJ 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 (5); Custody Classification System (8); Funds and Personal Property (3); Grievance System (2); Medical Care (1); Sexual Abuse and Assault Prevention and Intervention (7); and Significant Self-Harm and Suicide Prevention and Intervention (3).

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 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 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, 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 noncompliant 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 NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{4,5}	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	0
Custody Classification System	4
Funds and Personal Property	0
Use of Force and Restraints	0
Special Management Units	0
Sexual Abuse and Assault Prevention and Intervention	4
Sub-Total	8
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	1
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	1
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	9

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

⁵ Beginning in FY 2021, ODO added Emergency Plans, Facility Security and Control, Population Counts, Hunger Strikes, and Staff Training as core standards. NDS 2019 does not include Emergency Plans, Population Counts, nor Staff Training as individual standards; however, those specific requirements are resident in other core standards.

DETAINEE RELATIONS

ODO interviewed three detainees, the facility's total detainee population during the inspection week, 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 (VTC); however, RADDf was using its VTC capabilities for court hearings during the inspection. As such, ODO conducted the detainee interviews via telephone.

Medical Care: One detainee stated he did not receive a response from the RADDf staff after submitting a request to be removed from his medical diet, nor did he receive a response after submitting a request for a sweater.

- Action Taken: ODO discussed the detainee's medical record with the RADDf health services administrator (HSA) and RADDf nurse. The detainee arrived at RADDf on June 11, 2021, from Stewart Detention Center in Lumpkin, Georgia, where he was pre-diagnosed with hypertension. The RADDf medical staff confirmed the diagnosis during the intake process and placed the detainee on a low-fat and low-cholesterol diet. Additionally, the RADDf medical staff prescribed the detainee hypertension and cholesterol medication. ODO confirmed the detainee complied with his medication intake but did not find evidence the detainee submitted a request pertaining to his medical diet. Following the ODO interview, the RADDf nurse informed the detainee on July 14, 2021, he could submit a request to be removed from his medical diet and sign an accompanying refusal form. On the same day, the detainee informed the RADDf nurse he no longer wanted to withdraw from his medical diet, and the RADDf nurse ensured the detainee knew the request procedure should he change his mind.

Regarding the detainee's request for a sweater, the detainee submitted a written request for a sweater on June 29, 2021, and the RADDf staff acknowledged the request and redirected it to the appropriate department on June 30, 2021. Following the ODO interview, an RADDf officer provided the detainee with a sweater on July 14, 2021.

Medical Care: One detainee stated he did not receive a response from the RADDf medical staff after submitting a written medical request for a genital rash.

- Action Taken: ODO reviewed the RADDf sick call requests and discussed the detainee's medical record with the RADDf HSA and RADDf nurse. On July 3, 2021, the detainee submitted a sick call request to RADDf medical staff complaining of a small fungus on his genitals. On July 4, 2021, the medical staff reviewed the request and determined the detainee's request was not urgent and informed him medical staff would contact him for an appointment. Medical staff did not schedule the detainee for an appointment due to COVID-19 pandemic challenges. Following the detainee interview, the medical staff examined the detainee on July 14, 2021, diagnosed him with a fungal rash in his genital area, and prescribed a fungal cream to apply twice daily for two weeks. The medical staff advised the detainee to submit another sick call request should his symptoms persist.

Medical Care: One detainee stated he was dissatisfied with RADDf's treatment for his toothache

and stated he experienced pain when consuming specific food products. Additionally, the detainee stated he had problems with his contact lenses.

- Action Taken: ODO reviewed the RADDf sick call requests and discussed the detainee's medical record with the RADDf HSA and RADDf nurse. On July 1, 2021, the detainee received an initial dental exam during the intake process. The detainee complained of cavities but stated he was not in pain, and the medical staff placed the detainee on the provider's case list to be re-evaluated in accordance with non-priority cases. The detainee did not submit any other sick call requests pertaining to dental problems. Following the ODO interview, the RADDf nursing staff examined the detainee on July 14, 2021, prescribed 800 milligrams of Ibuprofen to take twice daily for 30 days, and referred the detainee to the RADDf dental provider. After the conclusion of the inspection, ODO confirmed the dental provider examined the detainee on July 18, 2021, prescribed an additional regiment of Augmentin and Tylenol to take twice daily, and placed the detainee on the provider's case list for the extraction of two teeth.

Regarding the detainee's contact lenses, ODO reviewed the RADDf sick call requests and discussed the detainee's medical record with the RADDf HSA and RADDf nurse. On July 3, 2021, the detainee submitted a written request stating he did not have contact lens solution and experienced drainage from his eyes. On July 5, 2021, the RADDf medical staff examined the detainee and informed him he could purchase contact lens solution through the commissary, which the detainee did on July 8, 2021. Following the ODO interview, the RADDf medical staff re-examined the detainee's vision with his contact lenses and found it had been approximately three years since his last eye exam and placed the detainee on the RADDf provider's consultation list. During a follow-up call on July 20, 2021, ODO confirmed the RADDf provider had not yet consulted with the detainee and most likely would submit a request to ERO Atlanta for a referral to an outside optometrist.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO interviewed the RADDf classification manager, reviewed [REDACTED] detainee detention files and the RADDf classification policy, and found [REDACTED] detainee detention files did not contain a supervisor's review of the detainees' initial classification (**Deficiency CCS-6⁶**). **This is a repeat deficiency.**

ODO interviewed the RADDf classification manager, reviewed the RADDf classification policy and detainee handbook, and found RADDf has not established a system to quickly identify a

⁶ "The classification shall ensure: ...

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

detainee’s classification level (**Deficiency CCS-8**⁷). **This is a repeat deficiency.**

ODO interviewed the RADDF classification manager, reviewed [REDACTED] detainee detention files and the RADDF classification policy, and found [REDACTED] detainee detention files did not contain a supervisor’s review of the intake/processing officer’s classification file for each detainee for accuracy and completeness. (**Deficiency CCS-10**⁸). **This is a repeat deficiency.**

ODO reviewed the RADDF detainee handbook and found it did not include an explanation of the facility’s classification levels with the conditions and restrictions applicable to each level (**Deficiency CCS-30**⁹). **This is a repeat deficiency.**

FUNDS AND PERSONAL PROPERTY (FPP)

ODO interviewed an ERO Atlanta supervisory detention and deportation officer (SDDO) and confirmed that ERO Atlanta secures detainee identity documents in the non-citizen file that does not accompany a detainee to RADDF. NDS 2019 FPP (II)(B)(2) presumes identity documents will accompany a detainee to the detention facility, at which time copies shall be made for a detainee’s detention file before the originals are forwarded to the respective ICE/ERO field office. In accordance with the standard, ERO Atlanta maintains the original documents and remains ready to provide an electronic copy of the identity documents to RADDF upon a detainee’s request. ODO found no evidence that detainees requested copies of their identity documents during this inspection period; however, ODO noted the conflicting standard requirement with ERO Atlanta’s technological advancements as an **Area of Concern**.

USE OF FORCE AND RESTRAINTS (UOFR)

ODO interviewed the RADDF lieutenant, reviewed the RADDF UOF policy, and found the policy requires the RADDF staff to maintain UOFR video and audio recordings for a period of two years. However, NDS 2019 UOFR (II)(J)(4) requires RADDF to maintain UOFR recordings for no less than [REDACTED] after their last documented use. RADDF did not have any UOFR incidents during this inspection period; however, ODO identified the discrepancy between RADDF policy and the NDS 2019 requirement as an **Area of Concern**.

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed the RADDF Restrictive Housing Units (RHU) policy, RHU post orders, and RHU training curriculum, and found the RADDF requirements call for staff to observe detainees in RHU [REDACTED] hourly, but not more than [REDACTED] minutes apart. However, NDS 2019 SMU (II)(K) requires staff to observe and log observations at least every [REDACTED] minutes on an irregular schedule. RADDF did not place any detainees in the SMU during this inspection period; however, ODO identified the discrepancy between the RADDF RHU policy and the NDS 2019 requirement as an **Area of**

⁷ “The classification 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).

⁸ “A supervisor will review the intake/processing officer’s classification file for each detainee for accuracy and completeness.” *See* ICE NDS 2019, Standard, Custody Classification System, Section (II)(B).

⁹ “The facility shall include a classification section in its detainee handbook which will include the following:

1. An explanation of the classification levels, with the conditions and restrictions applicable to each.” *See* ICE NDS 2019, Standard, Custody Classification System, Section (II)(H)(1).

Concern.

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO interviewed the RADDf acting PREA coordinator and ERO Atlanta SDDO, reviewed the RADDf SAAPI policy and procedures, and found ERO Atlanta did not review and approve the facility's SAAPI policy and procedures (SAAPI-14¹⁰). **This is a repeat deficiency.**

ODO reviewed the RADDf SAAPI policy and staff training records, interviewed the RADDf compliance coordinator, and determined RADDf did not conduct SAAPI refresher training biannually (SAAPI-26¹¹). **This is a repeat deficiency.**

ODO interviewed the RADDf acting PREA coordinator and found RADDf did not prepare a negative report stating there were no reports of sexual abuse and assault during its last annual reporting period (SAAPI-161¹²). **This is a repeat deficiency.**

ODO interviewed the RADDf acting PREA coordinator and found RADDf did not conduct an annual review or prepare a negative report; therefore, RADDf did not provide the results and findings to ERO Atlanta for further transmission to the ICE prevention of sexual assault coordinator (SAAPI-162¹³). **This is a repeat deficiency.**

CARE

MEDICAL CARE (MC)

ODO reviewed [REDACTED] detainee medical records and found the RADDf medical staff did not conduct comprehensive health assessments, including physical examinations and mental health screenings, within 14 days of arrival for [REDACTED] detainees. Specifically, the RADDf medical staff completed the 14-day health assessments between [REDACTED] days after the detainees arrived at RADDf (MC-27¹⁴). **This is a repeat deficiency.**

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

ODO interviewed the RADDf HSA, the RADDf director of nursing, and the GEO regional health services director, reviewed the RADDf Suicide Prevention and Intervention policy, and found the

¹⁰ "The facility's written policy and procedures must be reviewed and approved by ICE/ERO." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

¹¹ "Training on the facility's Sexual Abuse and Assault Prevention and Intervention Program shall be included in training for all employees and shall also be included in biannual refresher training thereafter." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E).

¹² "If the facility has not had any reports of sexual abuse and assault during the annual reporting period, then the facility shall prepare a negative report." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(5).

¹³ "The results and findings of the annual review shall be provided to the facility administrator and ICE/ERO for transmission to the ICE PSA Coordinator (this notification must be sent directly to the FOD)." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(5).

¹⁴ "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).

policy permitted the nursing staff to conduct welfare checks on detainees under constant monitoring and close observation suicide watch [REDACTED] a day or on [REDACTED]. However, NDS 2019 SSHSPI (II)(F) requires a mental health provider to conduct welfare checks every [REDACTED] hours. RADDf did not place any detainees on suicide watch during this inspection period; however, ODO identified this discrepancy between the RADDf policy and the NDS 2019 requirement as an **Area of Concern**.

CONCLUSION

During this inspection, ODO assessed RADDf’s compliance with 12 standards under NDS 2019 and found RADDf in compliance with 9 of those standards. ODO found nine deficiencies in the remaining three standards, all of which were repeat deficiencies. Furthermore, ODO cited four areas of concern in Funds and Personal Property, Use of Force and Restraints, Special Management Units, and Significant Self-Harm and Suicide Prevention and Intervention. ODO recommends ERO Atlanta work with RADDf to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the uniform corrective action plan for ODO’s last inspection of RADDf in February 2021.

Compliance Inspection Results Compared	First FY 2021 (NDS 2019)	Second FY 2021 (NDS 2019)
Standards Reviewed	18	12
Deficient Standards	7	3
Overall Number of Deficiencies	29	9
Repeat Deficiencies	11	9
Areas of Concern	0	4
Corrective Actions	0	0