



U.S. Department of Homeland Security
U.S. 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**

**South Louisiana Detention Center
Basile, Louisiana**

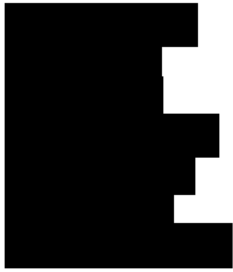
September 13-15, 2022

**FOLLOW-UP COMPLIANCE INSPECTION
of the
SOUTH LOUISIANA DETENTION CENTER
Basile, Louisiana**

TABLE OF CONTENTS

FACILITY OVERVIEW	4
FOLLOW-UP COMPLIANCE INSPECTION PROCESS.....	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES.....	6
DETAINEE RELATIONS	7
FOLLOW-UP COMPLIANCE INSPECTION FINDINGS.....	8
SECURITY	8
Admission and Release	8
Post Orders.....	8
CARE	9
Medical Care.....	9
ACTIVITIES	9
Correspondence and Other Mail	9
CONCLUSION	9

FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections

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 South Louisiana Detention Center (SLDC) in Basile, Louisiana, from September 13 to 15, 2022.¹ This inspection focused on the standards found deficient during ODO’s last inspection of SLDC from March 8 to 10, 2022. The facility opened in 2019 and is owned by The GEO Group, Inc. (GEO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at SLDC in 2019 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. The facility administrator handles daily operations and manages █████ personnel. GEO provides food services and medical care, and Union Supply Group provides commissary services at the facility. The facility was accredited by the American Correctional Association in July 2021 and the National Commission on Correctional Health Care in August 2021.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	█████
Average ICE Population ³	█████
Adult Male Population (as of September 12, 2022)	█████
Adult Female Population (as of September 12, 2022)	█████

During its last inspection, in Fiscal Year (FY) 2022, ODO found 11 deficiencies in the following areas: Correspondence and Other Mail (3); Detention Files (1); Interview and Tours (1); Marriage Requests (1); Medical Care (1); Post Orders (2); Searches of Detainees (1); and Use of Force and Restraints (1).

¹ This facility holds 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 August 15, 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/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**

PBND Standards 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	1
Custody Classification System	0
Funds and Personal Property	0
Post Orders	0
Searches of Detainees	0
Special Management Units	0
Use of Force and Restraints	1
Sub-Total	2
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	1
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	1
Part 5 - Activities	
Correspondence and Other Mail	1
Marriage Requests	0
Sub-Total	1
Part 7 - Administration and Management	
Detention Files	0
Interview and Tours	0
Sub-Total	0
Total Deficiencies	4

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 26 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.

Admission and Release: 10 detainees stated they did not receive the ICE Detainee Handbook nor the facility-specific handbook in their native languages.

- Action Taken: ODO interviewed facility staff, reviewed the detainees' detention files, and found the detainees signed acknowledgment forms for the receipt of both handbooks, but the forms did not specify the language of the handbooks that the facility issued to the detainees. At ODO's request, the facility issued the detainees both handbooks in the requested language, and the detainees signed for receipt forms on September 14, 2022.

Food Service: One detainee stated she has not received a response from the facility for the religious diet request she submitted 1 month ago.

- Action Taken: ODO interviewed the assistant facility administrator, reviewed the facility's request file, and found the detainee submitted a request on August 7, 2022, for a vegetarian diet because of her orthodox religion. The chaplain explained he denied the request on August 17, 2022, because the facility does not serve pork, and the facility notified the detainee on the same day.

Medical Care: One detainee stated the facility medical staff has not responded to her sick call request for gum pain submitted on September 9, 2022.

- Action Taken: ODO interviewed the medical staff, reviewed the detainee's medical record, and found a nurse practitioner (NP) examined the detainee's gums on September 14, 2022. The NP noted the detainee's symptom as emerging wisdom teeth and prescribed Tylenol for the pain. The NP wrote no referral for further treatment, and the detainee submitted no subsequent sick call requests for gum pain.

Medical Care: One detainee stated she has not received an update from the medical staff for a medical diet request.

- Action Taken: ODO interviewed the medical staff, reviewed the detainee's medical record, and found the detainee arrived at SLDC on September 12, 2022, and the facility's medical staff had yet to complete the detainee's comprehensive health assessment, which the facility has 14 days to complete. After the detainee submitted a sick call request on September 12, 2022, medical staff diagnosed her with constipation and prescribed medication to treat on the same day. The medical staff also scheduled the detainee for a medical diet assessment. ODO requested the medical staff inform the detainee of her next appointment on September 16, 2022, and how to submit a sick

call request.

Medical Care: One detainee stated medical staff provided only pain killers to treat her breast pain.

- Action Taken: ODO interviewed facility medical staff, reviewed the detainee's medical record, and found an NP assessed the detainee for breast pain on July 20, 2022. The detainee received a breast ultrasound on July 28, 2022, and medical staff informed her of no abnormalities found in the results on the following day. On August 15, 2022, an NP assessed the detainee for continued breast pain and scheduled an appointment with a medical doctor. On August 19, 2022, a medical doctor examined the detainee, reviewed previous imaging test results and informed the detainee there were no abnormalities, and prescribed her Voltaren and Tylenol as needed for pain.

Medical Care: One detainee stated medical staff did not provide medication to treat her stomach and lower back pain on September 8, 2022.

- Action Taken: ODO interviewed medical staff, reviewed the detainee's medical record, and found the detainee arrived at SLDC on September 12, 2022, the facility's medical staff had yet to complete the detainee's comprehensive health assessment, which the facility has 14 days to complete, and no subsequent sick call request for stomach and lower back issues. The medical staff promptly informed the detainee of a scheduled health and physical assessment for September 16, 2022. An NP evaluated the detainee on September 21, 2022, diagnosed chronic lower back pain, and prescribed a muscle rub to apply to the lower back as needed. The NP also gave the detainee a back-stretching exercise booklet, and the detainee acknowledged understanding all instructions.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed five released detainee files and found in one out of five files, no Order to Detain or Release, Form I-203 (**Deficiency AR-80**⁶).

POST ORDERS (PO)

ODO reviewed 30 PO and found in 1 out of 30 orders, no reviewer initials. Specifically, the facility administrator did not initial the transportation officer PO page (**Deficiency PO-12**⁷).

⁶ "A detainee's out-processing begins when release processing staff receive the Form I-203, 'Order to Detain or Release,' signed by an authorizing official." See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(H)(1).

⁷ "The facility administrator (or designee) shall: ...
2. initial and date all other pages."

Corrective Action: Prior to the completion of the inspection, the facility administrator initialed the PO page and included the revised copy in the PO binder (C-1).

CARE

MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found in █ out of █ records, the facility did not conduct and document comprehensive health assessments, including physical examinations and mental health screenings within 14 days of the detainees' arrival at the facility. Specifically, the facility completed health assessments 20 to 37 days after the detainees' arrival at the facility (Deficiency MC-137⁸).

ACTIVITIES

CORRESPONDENCE AND OTHER MAIL (COM)

ODO inspected 15 housing units and found in 1 out of 15 units, no COM rules posted in the common areas (Deficiency COM-27⁹).

Corrective Action: Prior to the completion of the inspection, the facility posted the COM rules in the housing unit (C-2).

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 14 of those standards. ODO found four deficiencies in the remaining four 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 SLDC on March 10, 2022.

See ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(C)(2).

⁸ "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 (Revised 2016), Standard, Medical Care, Section (V)(M).

⁹ "The rules notification shall be posted in each housing area." *See* ICE PBNDS 2011 (Revised 2016), Standard, Correspondence and Other Mail, Section (V)(C).

Compliance Inspection Results Compared	First FY 2022 (PBNDS 2011) (Revised 2016)	Second FY 2022 (PBNDS 2011) (Revised 2016)
Standards Reviewed	24	18
Deficient Standards	8	4
Overall Number of Deficiencies	11	4
Repeat Deficiencies	0	0
Areas of Concern	0	0
Corrective Actions	0	2
Facility Rating	Superior	N/A