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Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations
New Orleans Field Office
South Louisiana Correctional Center
Basile, Louisiana

April 17 - 19, 2012

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**COMPLIANCE INSPECTION
SOUTH LOUISIANA CORRECTIONAL CENTER
NEW ORLEANS FIELD OFFICE**

TABLE OF CONTENTS

EXECUTIVE SUMMARY	1
INSPECTION PROCESS	
Report Organization.....	5
Inspection Team Members.....	5
OPERATIONAL ENVIRONMENT	
Internal Relations	6
Detainee Relations	6
ICE PERFORMANCE BASED NATIONAL DETENTION STANDARDS	
Detention Standards Reviewed	7
Staff-Detainee Communication	8
Telephone Access	9
Use of Force and Restraints	10

EXECUTIVE SUMMARY

The Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducted a Compliance Inspection (CI) of the South Louisiana Correctional Center (SLCC) in Basile, Louisiana from April 17-19, 2012. SLCC opened in 1993, and is owned and operated by LCS Corrections Services, Incorporated (LCS). U.S. Immigration and Customs Enforcement (ICE), Office of Enforcement and Removal Operations (ERO) began housing detainees at SLCC in 2008 under an Intergovernmental Service Agreement. Male detainees of all security classification levels are detained at SLCC for periods in excess of 72 hours. Female detainees are not housed at the facility. Total housing capacity at SLCC is 1,017, with an allowance for a maximum of 580 detainees; however, additional space can be made available if necessary. At the time of the CI, the facility housed 587 ICE detainees. The average length of stay is 30 days. The average daily detainee population is 318 detainees. SLCC also houses inmates from State and local law enforcement jurisdictions in Louisiana. SLCC provides medical care and food service at the facility. SLCC holds no accreditations.

The ICE Office of Enforcement and Removal Operations (ERO), Field Office Director in New Orleans, Louisiana (FOD/New Orleans) is responsible for ensuring facility compliance with ICE policies and the ICE Performance Based National Detention Standards (PBNDS). ERO has (b)(7)(e) permanently-assigned Deportation Officer (DO) physically located at SLCC. An Assistant Field Office Director (AFOD) and a Supervisory Detention and Deportation Officer (SDDO) at the ERO Office in Oakdale, Louisiana maintain supervisory oversight of ICE employees at SLCC. There is no Detention Service Manager (DSM) at SLCC. Previously, a DSM conducted oversight at both SLCC and the LaSalle Contract Detention Facility (CDF) in Jena, LA; however, in July 2011, the DSM was reassigned exclusively to the LaSalle CDF.

The SLCC Warden is the highest ranking official at SLCC and is responsible for oversight of daily operations. Supervisory staff at SLCC is comprised of (b)(7)(e) Deputy Wardens, (b)(7)(e) Captains, (b)(7)(e) Lieutenants, (b)(7)(e) Sergeants, and (b)(7)(e) Corporals. The total number of non-ICE staff at SLCC is (b)(7)(e). The medical staff consists of (b)(7)(e) employees, and includes a Medical Director, a Health Services Administrator (HSA), (b)(7)(e) Registered Nurses (RN), (b)(7)(e) Licensed Practical Nurses (LPN), a Medical Psychologist, a Mental Health Technician (MHT), a Physician Assistant – Certified (PA-C), a Dentist, (b)(7)(e) Certified Nursing Assistants (CNA), and a Medical Records Technician.

In December 2008, ODO predecessor, the Detention Facilities Inspection Group (DFIG), conducted a Quality Assurance Review (QAR) of 29 National Detention Standards at SLCC. Of the standards reviewed, seven were in full compliance. The remaining 22 standards accounted for 81 deficiencies. In August 2009, a follow-up inspection was conducted that identified 21 remaining uncorrected deficiencies in ten standards.

In March 2012, ERO Detention Standards Compliance Unit contractor, Nakamoto Group, Inc., conducted an annual review of the ICE PBNDS at SLCC. The facility received an overall rating of "Meets Standards," and was found compliant with all 40 standards reviewed.

During this CI, ODO reviewed a total of 14 PBNDS. Eleven standards were fully compliant. Three deficiencies were found in the remaining three standards: Staff-Detainee Communication (1 deficiency), Telephone Access (1), and Use of Force and Restraints (1).

This report details all deficiencies and refers to specific, relevant sections of the PBNDS. ERO will be provided a copy of the report to assist in developing corrective actions to resolve the three identified deficiencies. These deficiencies were discussed with SLCC personnel on-site during the inspection, as well as during the close-out briefing conducted on April 19, 2012.

Overall, ODO found SLCC to be well-managed and in compliance with the standards inspected. ODO found SLCC policies and procedures were constructed using language found in the PBNDS to ensure compliance. The lack of deficiencies can be attributed to the use of a PBNDS compliance team at SLCC. ODO notes the establishment of this team as a best practice and a contributing factor to the exceptional level of compliance observed by ODO during this CI. The PBNDS compliance team consists of a Deportation Officer (DO) and the SLCC ICE Liaison Officer. The SLCC ICE Liaison Officer is involved with oversight of PBNDS issues at the facility, and provides guidance and training to SLCC employees regarding the PBNDS. The PBNDS Compliance Team provides oversight of SLCC adherence to the ICE PBNDS. The team conducts facility visits, attends to all detainee correspondence, maintains records and logs, and addresses issues affecting the health and welfare of detainees. Weekly meetings with facility management are held to discuss compliance issues or concerns observed by the team.

During the CI, ODO observed SLCC intake officers interviewing detainees and creating detention files during the admission process. The facility has a site-specific orientation program and an orientation video that informs detainees about facility operations, rules, programs, and services. Detainees undergo medical screenings by facility medical staff. SLCC does not routinely conduct strip-searches of detainees unless reasonable suspicion exists that a detainee is concealing contraband. All strip searches require supervisory approval. Every detainee receives a copy of the ICE National Detainee Handbook and the local facility handbook. Both are available in English and Spanish, which are the predominant languages spoken by detainees at SLCC. Detainees are issued uniforms, bed linens, a blanket, towels, shower shoes, undergarments, socks, and hygiene supplies. Detainees are required to sign a form acknowledging receipt of facility-issued items prior to their actual issuance. ODO recommends the facility require detainees to fill out the acknowledgement when receiving facility-issued property, after the items are actually issued to detainees as opposed to prior. This will ensure detainees have the facility-issued items in their possession prior to completing the acknowledgment form, and the items issued match the items on the form.

Food service operations are well-managed; no deficiencies were cited during a review of the Food Service PBNDS. All work associated with preparing meals is performed by employees of LCS and an inmate work crew. Staff consists of a Food Service Administrator, a Food Service Foreman, and three Security Officers. The facility serves meals in a central dining hall. ODO verified all menus are certified by a registered dietitian. Religious and medically-prescribed meals are provided and properly documented. Review of required inspections and temperature logs verified compliance with the standard. ODO interviewed seven detainees in the dining hall during a lunch meal; none voiced any complaints.

ODO determined detainees have the opportunity to file informal and formal grievances, and to appeal grievance decisions. Detainee grievances are tracked in an electronic log maintained by the Warden, and in a hardcopy logbook, which is maintained by the Deputy Warden. Both the electronic and hardcopy logs were current and organized. ODO reviewed a sample of four detainee grievances filed during the 12 months preceding the inspection, and determined all four had been properly addressed. Interviews with the four detainees who had filed the reviewed grievances confirmed all were aware of the grievance process; each detainee stated the grievance system functions as described in the detainee handbook. At the time of the CI, there were no unresolved grievances.

ODO inspected the SLCC law library and found it to be adequately stocked with writing materials and mailing supplies. The computers available for use were equipped with the most recent version of Lexis-Nexis software. One area of concern noted by ODO was the size of the law library and the number of computers available for use by ICE detainees. ODO found the law library was equipped to hold a total of three people at any time, and had two computers available for use. Although the size of the law library appears to be inadequate for the population size, ODO found no grievances had been filed regarding access to the law library or legal materials.

ODO noted no deficiencies during the review of the Medical Care PBNDS. The medical clinic was found to be well-managed. ODO review of 25 detainee medical records confirmed that intake screening, testing for tuberculosis, dispensing of medication, special care, chronic care, follow-up care, and consent for treatment occur in all applicable cases. Detainees access care by submitting written medical requests, available in English and Spanish, into a locked box in the cafeteria. Medical requests are collected and triaged twice daily by medical staff. All detainees submitting medical requests are examined within 24 hours. ODO determined staffing is sufficient to meet detainee health needs. Physical examinations (PE) are conducted by an RN. ODO reviewed proficiency statements signed by the Medical Director attesting that each RN had been trained and approved to perform a PE. In all 25 cases reviewed, ODO verified the PE was hands-on, performed within the 14-day timeframe, and reviewed by a Physician. The training records of the entire medical staff and §(7) Correctional Officers confirmed they had been trained to respond to health-related emergencies within a four-minute response time. All reviewed personnel had current certifications in cardiopulmonary resuscitation (CPR) and first aid. Medical transfer summaries were included in the medical records of all detainees released or transferred from SLCC.

ODO verified written procedures govern placement of detainees in administrative segregation. ICE detainees requiring segregation are housed in three of four SMUs at SLCC. Inspection of the SMUs verified the units are well ventilated, adequately lit, appropriately heated, and maintained in a sanitary condition. All cells are equipped with beds that are securely fastened to the floor. Interviews with staff confirmed detainees are most commonly placed on administrative segregation pending a disciplinary hearing for rules violations. Other reasons include protective custody or known gang affiliations where continued presence in the general population would pose a security threat to the detainee, other detainees, or staff. At the time of the CI, there was one detainee in administrative segregation and no detainees in disciplinary segregation. The detainee in administrative segregation stated he was placed there pending a

hearing for violation of institutional rules. The detainee provided ODO with a copy of his placement order, which confirmed the placement was properly documented.

ICE staff conducts daily scheduled and unannounced visits each week at SLCC to address detainee concerns. These visits are logged in housing unit logbooks. Interviews with SLCC staff confirmed supervisory ICE staff does not conduct unannounced and unscheduled visits to activity areas and housing units. ICE request forms are available to detainees in each housing unit, and a copy of the ICE visitation schedule is posted in each housing unit. A review of ICE requests and the request logbook confirmed all detainees received a response within 72 hours, as required by the PBNDS.

There have been no suicide attempts or detainee deaths at SLCC since the August 2009 ODO inspection. From April 6-10, 2012, one detainee was placed on suicide watch. Review of the medical record in that case confirmed compliance with facility policy and the PBNDS. ODO verified screening for suicide potential occurs at intake, and detainees diagnosed as "at risk for suicide" are referred to medical staff, then appropriately housed and monitored. ODO review of the SLCC Suicide Prevention Awareness training curriculum verified it covers required elements, including recognizing signs of suicidal thinking, facility referral procedures, suicide-prevention techniques, responding to an in-progress suicide attempt, identification of suicide risk factors, and the psychological profile of a suicidal detainee. An inspection of training records for (b)(7) custody staff and the entire medical staff confirmed all had received training during orientation and on an annual basis.

Prior to the CI, SLCC management did not provide accommodations for detainees requiring privacy for telephone calls involving legal matters. At the time of the CI, legal calls were completed in the ICE Support Services Office where there was no allowance for privacy. For security reasons, officers were required to stand guard inside the office, creating the potential for the telephone calls to be overheard. Prior to completion of the CI, SLCC management updated the telephone access policy, and detainee legal calls are now made with officer supervision through an observation window. This allows calls to be made in private. Detainees have reasonable and equitable access to telephones at SLCC, and all telephones were in working order at the time of the CI.

There were three calculated use-of-force incidents and one immediate use-of-force incident at SLCC between August 2011 and March 2012. Review of video recordings and written documentation on the three calculated use-of-force incidents confirmed compliance with the standard, including completion of after-action reviews. ODO determined that reports documenting and describing the one immediate force incident were also in compliance with the standard; however, no after-action review was conducted. Review of documentation revealed the immediate use-of-force incident involved the deployment of a chemical agent (Oleoresin Capsicum) and the application of restraints.

All detainees had access to daily recreation, visitation, and religious services, and were able to send and receive mail.

INSPECTION PROCESS

ODO inspections evaluate the welfare, safety, and living conditions of detainees. ODO primarily focuses on areas of noncompliance with the ICE National Detention Standards (NDS) or the ICE PBNDS, as applicable. The PBNDS apply to SLCC. In addition, ODO may focus its inspection based on detention management information provided by ERO Headquarters (HQ) and ERO field offices, and on issues of high priority or interest to ICE executive management.

ODO reviewed the processes employed at SLCC to determine compliance with current policies and detention standards. Prior to the inspection, ODO collected and analyzed relevant allegations and detainee information from multiple ICE databases, including the Joint Integrity Case Management System (JICMS), the ENFORCE Alien Booking Module (EABM), and the ENFORCE Alien Removal Module (EARM). ODO also gathered facility facts and inspection-related information from ERO HQ staff to prepare for the site visit at SLCC.

REPORT ORGANIZATION

This report documents inspection results, serves as an official record, and is intended to provide ICE and detention facility management with a comprehensive evaluation of compliance with policies and detention standards. It summarizes those PBNDS that ODO found deficient in at least one aspect of the standard. ODO reports convey information to best enable prompt corrective actions and to assist in the on-going process of incorporating best practices in nationwide detention facility operations.

OPR classifies program issues into one of two categories: deficiencies and areas of concern. OPR defines a deficiency as a violation of written policy that can be specifically linked to the PBNDS, ICE policy, or operational procedure. OPR defines an area of concern as something that may lead to or risk a violation of the PBNDS, ICE policy, or operational procedure. When possible, the report includes contextual and quantitative information relevant to the cited standard. Deficiencies are highlighted in bold throughout the report and are encoded sequentially according to a detention standard designator.

Comments and questions regarding the report findings should be forwarded to the Deputy Division Director, OPR Office of Detention Oversight.

INSPECTION TEAM MEMBERS

(b)(6), (b)(7)c

Special Agent (Team Leader)
Special Agent
Special Agent
Contract Inspector
Contract Inspector
Contract Inspector

ODO, Houston
ODO, Houston
ODO, Houston
Creative Corrections
Creative Corrections
Creative Corrections

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed the SLCC Warden, the SLCC Deputy Warden, the SLCC Correction Officer assigned as the ICE Support Service Officer, an ICE SDDO, and an ICE DO. During the interviews, management stated they have the necessary resources and equipment to carry out their duties and responsibilities. SLCC and ERO personnel stated their working relationship is excellent, and morale among SLCC and ERO staff is high.

The Warden stated SLCC personnel levels are sufficient to handle the current ICE detainee population. A DO visits housing units daily to address questions and concerns of detainees. Any areas of concern or issues are reported to management located at the ERO Office in Oakdale, LA. ODO confirmed ICE management does not conduct weekly unannounced visits to the housing units. ICE management stated visits conducted by the DO assigned to SLCC are sufficient, because the DO reports issues or concerns to ICE management on a daily basis. There is no DSM at SLCC. Previously, a DSM conducted oversight at both SLCC and the LaSalle CDF; however, in July 2011, the DSM was reassigned exclusively to the LaSalle CDF.

DETAINEE RELATIONS

ODO interviewed 29 randomly-selected detainees to assess the overall living and detention conditions at SLCC. ODO received no complaints regarding food service, recreation, the law library, visitation, or the ability to send and receive mail.

Of the 29 detainees interviewed, eight (28%) could not identify who was their assigned DO, and 15 (52%) did not know how to contact a DO. ODO reviewed the ERO Daily Logbook maintained at SLCC, and confirmed a DO visits detainee housing and activity areas on a daily basis to address detainee concerns and to monitor living conditions. ODO confirmed schedules for ERO visits were posted in detainee housing areas. The DO maintains a logbook that documents visits to the housing units, with Alien File numbers listed to identify detainees encountered during those visits.

Four detainees complained about medical care and responsiveness to medical requests. ODO determined all four detainees had been provided adequate medical care within 24 hours of their requests for medical attention.

Three detainees complained SLCC staff members had referred to them with culturally insensitive slurs, and had used profanity when directing detainees; however, ODO found that no grievances had been filed with either ERO or SLCC regarding these allegations. ODO brought this issue to the attention of the SLCC Warden during the CI. The Warden stated he was unaware of any incidents, and asserted that type of conduct is not permitted or tolerated at SLCC.

ICE PERFORMANCE BASED NATIONAL DETENTION STANDARDS

ODO reviewed a total of 14 PBNDS and found SLCC fully compliant with the following 11 standards:

- Admission and Release
- Classification System
- Detainee Handbook
- Food Service
- Funds and Personal Property
- Grievance System
- Law Libraries and Legal Material
- Medical Care
- Special Management Units
- Suicide Prevention and Intervention
- Transfer of Detainees

As these standards were compliant at the time of the review, synopses for these areas were not prepared for this report.

ODO found deficiencies in the following three standards:

- Staff-Detainee Communication
- Telephone Access
- Use of Force and Restraints

Findings for these standards are presented in the remainder of this report.

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the Staff-Detainee Communication PBNDS at SLCC to determine if enhances security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees, as well as informal supervisory observation of living and working conditions. ODO toured the facility, reviewed local policies and housing unit and request logbooks, and interviewed staff and detainees.

The DO assigned to the facility makes daily scheduled and unscheduled visits to housing units, logs detainee questions, and provides timely responses. A review of the logbooks verified all requests reviewed received a response within 72 hours as required by the PBNDS. ICE visitation schedules are posted in each housing area. DOs located at the ERO Office in Oakdale, Louisiana make scheduled visits to the housing units, but ICE management does not conduct unannounced, unscheduled visits to detainee living and activity areas. This was confirmed via logbooks and interviews with ICE and SLCC staff (**Deficiency SDC-1**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SDC-1

In accordance with the ICE PBNDS, Staff-Detainee Communication, section (V)(A)(1), the FOD must ensure each field office shall have policy and procedures to ensure and document that the ICE/[ERO] assigned supervisory staff conduct frequent unannounced, unscheduled visits to the SPC, CDF, and IGSA facility's living and activity areas to informally observe living and working conditions and encourage informal communication among staff and detainees. Such unannounced visits shall include but not be limited to:

- Housing Units;
- Food Service preferably during the lunch meal;
- Recreation Area;
- Special Management Units (Administrative and Disciplinary); and
- Infirmary rooms.

Staff visiting Special Management Units shall talk with detainees, observe living conditions, and review detainee housing records.

These unannounced visits shall be conducted at least weekly.

Each facility shall develop a method to document the unannounced visits and ICE/[ERO] staff shall document their visits to IGSA's.

TELEPHONE ACCESS (TA)

ODO reviewed the Telephone Access PBNDS at SLCC to determine if the facility ensures detainees may maintain ties with their families and others in the community, legal representatives, consulates, courts, and government agencies by providing them reasonable and equitable access to telephone services. ODO toured the facility, interviewed detainees, verified telephone operability, and reviewed work requests for telephone maintenance.

ODO inspected telephones in each of the 20 housing units. The ratio of available telephones ranges from 19 to 22 detainees per telephone, which is adequate. Detainees are given emergency messages and are allowed to return emergency telephone calls without delay. Notification that calls are subject to monitoring, and procedures for obtaining unmonitored legal calls are provided in the detainee handbook and posted near telephones in housing units.

ODO successfully placed calls to a random sample of speed dial locations. ODO verified telephones are checked daily by SLCC staff to ensure all are in working order. ODO also verified ICE staff inspects telephones weekly and documents the performance of speed dial checks. ODO reviewed the service request log maintained on the facility database, and verified all repair work had been completed in a timely manner. Detainees have reasonable and equitable access to telephones at SLCC, and all telephones were in working order at the time of the CI.

Prior to the CI, SLCC was not providing an accommodation for detainees conducting private telephone calls for legal matters (**Deficiency TA-1**). At the time of the review, detainee calls of a legal nature were completed in the ICE Support Services Office with no allowance for privacy. For security reasons, officers were required to stand guard within the office, creating the potential that these sensitive calls could be overheard. Prior to completion of the CI, SLCC management updated the telephone access policy, and detainee legal calls are now made with officer supervision through an observation window. This allows calls to be made in private.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY TA-1

In accordance with the ICE PBNDS, Telephone Access, section (V)(F)(2), the FOD must ensure, for detainee telephone calls regarding legal matters, each facility shall ensure privacy by providing a reasonable number of telephones on which detainees can make such calls without being overheard by staff or other detainees. Absent a court order, staff may not electronically monitor those calls.

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed the Use of Force and Restraints PBNDS at SLCC to determine if necessary use of force is utilized only after all reasonable efforts have been exhausted to gain control of a subject, while protecting and ensuring the safety of detainees, staff and others, preventing serious property damage, and ensuring the security and orderly operation of the facility. ODO toured the facility, inspected security equipment, and reviewed the local policy, use of force documentation, and training records.

SLCC has written policies governing the use of force, mechanical restraints, use of video equipment, use of chemical agents, and after-action review procedures. Review of training records confirmed all staff receives annual training in the use of force. Use of force teams wear protective gear consisting of helmets with face shields, full body suits with flack-vests, gloves, and forearm protectors.

The SLCC Use of Force Incident Log for ICE detainees documented one immediate and three calculated use of force incidents between August 2011 and March 2012. By definition, an immediate use of force situation is created when detainee behavior constitutes a serious and immediate threat to self, staff, another detainee, property, or the security and orderly operation of the facility. It may be necessary for staff to respond to these situations without a supervisor's direction or presence. A calculated use of force occurs when there is no immediate threat to the detainee or others, and time is available for officers to formulate strategy and assess the possibility of resolution in the least confrontational manner. Review of video recordings and written documentation on the three calculated use of force incidents supported compliance with the standard, including completion of after-action reviews. ODO determined reports documenting and describing the immediate force incident were also in compliance with the standard; however, no after-action review was conducted (**Deficiency UOF&R-1**). Review of documentation verified the immediate use of force incident involved deployment of a chemical agent (Oleoresin Capsicum) and the application of restraints. After-action reviews provide critical analysis to determine if the force used was necessary, appropriate, and in compliance with policy and the standard.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY UOF&R-1

In accordance with the ICE PBNDS, Use of Force, section (V)(P)(1), the FOD must ensure all facilities shall have ICE/[ERO]-approved written procedures for After-Action Review of use-of-force incidents (immediate or calculated) and applications of restraints. The primary purpose of an After-Action Review is to assess the reasonableness of the actions taken to determine whether the force used was proportional to the detainee's actions.

IGSAs shall model their incident review process after ICE/[ERO]'s process and submit it to ICE/[ERO] for [ERO] review and approval. The process must meet or exceed the requirements of ICE/[ERO]'s process.