



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
Washington, DC 20536-5501

Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO New Orleans Field Office

South Louisiana Detention Center
Basile, Louisiana

August 17-20, 2020

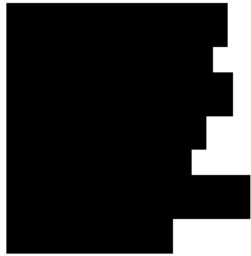
COMPLIANCE INSPECTION
of the
SOUTH LOUISIANA DETENTION CENTER
Basile, Louisiana

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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 South Louisiana Detention Center (SLDC) in Basile, Louisiana, from August 17 to 20, 2020.¹ The facility is owned by the Evangeline Parish Sheriff's Office and operated by The GEO Group, Inc. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at SLDC in 2008, 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 and a supervisory detention and deportation officer to the facility. An SLDC administrator handles daily facility operations and is supported by [REDACTED] personnel. The GEO Group, Inc. provides medical services, and Union Supply Group provides commissary services. The facility did not hold national accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	1000
Average ICE Detainee Population ³	464
Male Detainee Population (as of 8/8/2020)	N/A
Female Detainee Population (as of 8/8/2020)	109

ODO last inspected the SLDC in April of 2012. ODO found three deficiencies in the following three standards: Staff-Detainee Communication (1), Telephone Access (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 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 PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES

PBNDs 2011 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	0
Part 4 – Care	
Food Service	0
Medical Care	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	0
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	0

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

DETAINEE RELATIONS

ODO interviewed 12 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 conducted detainee interviews via video teleconference.

Medical Care: One detainee stated she informed the medical staff that she fell on her right shoulder while detained at another facility which staff have not evaluated her for her injury.

- Action Taken: ODO reviewed the detainee's medical record and spoke with facility medical staff. The detainee's intake screening form makes no mention of a prior injury. The detainee has submitted five sick call requests as of August 18, 2020, which medical staff evaluated her for each request. The sick call requests submitted by the detainee were for complaints of headaches and breast pain and requests for sleep medication and over the counter medication for the headaches. Medical staff stated they will notify the detainee to return to the clinic for a follow-up evaluation.

Medical Care: One detainee stated she requested eyeglasses, but medical staff told that her request did not cost enough to qualify for services. The detainee also stated medical staff diagnosed her with Scoliosis but refused to provide her a back brace.

- Action Taken: ODO reviewed the detainee's medical record and spoke with the facility medical staff. On January 20, 2020, the detainee submitted a request for eyeglasses and received an eye exam on January 21, 2020. Medical staff informed ODO the detainee's visual acuity is within normal limits and she has glasses for reading. On June 4, 2020, the detainee submitted a sick call request for back pain which medical staff evaluated her the same day, resulting in a referral to an MLP. On June 8, 2020, the MLP conducted a medical exam and obtained x-rays. On June 10, 2020, medical staff counseled the detainee on the results, which noted normal back function, the x-rays identified minimal levoscoliosis presence, and there were no fractures nor significant degenerative changes. The medical director stated a back brace was not necessary. The HSA stated he will conduct a follow-up evaluation with the detainee.

COMPLIANCE INSPECTION FINDINGS

There were no findings during this inspection.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under PBNDS 2011 and found the facility in compliance with all 19 standards. ODO commends facility staff for their responsiveness and professionalism during the inspection process.

Compliance Inspection Results Compared	FY 2012 (PBNDS 2011)	FY 2020 (PBNDS 2011)
Standards Reviewed	14	19
Deficient Standards	3	0
Overall Number of Deficiencies	3	0
Repeat Deficiencies	0	0
Corrective Actions	0	0