



U.S. Department of Homeland Security
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**

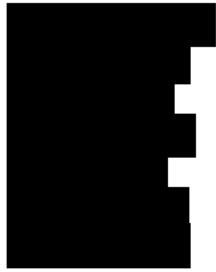
March 8-10, 2022

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

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COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead	ODO
Inspections and Compliance Specialist	ODO
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Contractor	Creative Corrections
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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 March 8 to 10, 2022.¹ The facility opened in 2019 and is owned and operated 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 (FOD) 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. An SLDC administrator handles daily facility operations and manages █████ support 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 March 8, 2022)	█████
Adult Female Population (as of March 8, 2022)	█████

During its last inspection, in Fiscal Year (FY) 2021, ODO found two deficiencies in the following areas: Food Service (1); and Medical Care (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 March 7, 2022.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 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 highlights instances when 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 its decision-making to better allocate resources across the agency’s entire detention inventory.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS (PBNDS) 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDS 2011 (Revised 2016) Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Post Orders	2
Searches of Detainees	1
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Use of Force and Restraints Post Orders	1
Sub-Total	4
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	1
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	1
Part 5 - Activities	
Correspondence and Other Mail	3
Trips for Non-Medical Emergencies	0
Marriage Request	1
Voluntary Work Program	0
Sub-Total	4
Part 6 - Justice	
Legal Rights Group Presentations	0
Sub-Total	0

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

⁶ 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 inspections.

Part 7 - Administration and Management	
Detention Files	1
Interview and Tours	1
Detainee Transfers	0
Sub-Total	2
Total Deficiencies	11

DETAINEE RELATIONS

ODO interviewed 25 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.

Funds and Personal Property: One detainee wanted updates on when the facility would transfer her funds to her commissary account and when she would have access to her luggage to retrieve some important telephone numbers.

- Action Taken: ODO reviewed the detainee's commissary account and confirmed she had available funds. On March 8, 2022, the facility intake lieutenant met with the detainee and determined she did not understand the steps to move funds from her commissary account to her phone credit account. The intake lieutenant instructed the detainee on the funds-transfer process.

Also, the intake lieutenant told the detainee that facility staff may not access phone numbers from a detainee's cell phone without the approval of the facility administrator. The intake lieutenant informed the detainee to submit a request to the facility administrator for access to her cell phone. On March 14, 2022, facility staff stated the detainee had not submitted a request to access her cell phone to recover her contact numbers.

Medical Care: One detainee stated the facility staff informed her she could speak with a mental health provider after submitting a request. However, the detainee never submitted a request.

- Action Taken: ODO interviewed the director of nursing (DON), reviewed the detainee's medical record, and found the detainee arrived at the facility on March 3, 2022. On the same day, a medical provider conducted the detainee's intake screening and asked Prison Rape Elimination Act (PREA)-related questions. The detainee mentioned someone had sexually assaulted her in the past. The medical provider offered the detainee an opportunity to talk to a mental health provider, but the detainee declined. Although the detainee requested an appointment with a mental health provider during the interview with ODO, the medical staff had followed PREA protocol and had referred her for a mental health evaluation during her intake screening. ODO's review of the detainee's mental health record confirmed the detainee's meeting with a mental health provider on March 9, 2022, no recommendation for a follow-up appointment, and the detainee's overall satisfaction with the results.

Medical Care: One detainee stated facility staff approved her medical diet but did not provide her with the approved meals.

- Action Taken: ODO interviewed the DON, reviewed the detainee's medical record, and found the detainee arrived at the facility on October 6, 2020. On the same day, the facility medical staff completed the detainee's intake screening and a full assessment on October 14, 2020. The staff prescribed medications and authorized a special diet to treat the detainee's asthma, anxiety, and heartburn. On January 6, 2022, the medical staff evaluated the detainee during a chronic care visit and extended her special diet for another 180 days. However, because of an administrative error, the staff did not transcribe and send the renewal order to facility food service until March 9, 2022. ODO found the facility did not directly or contractually provide a timely response to the medical complaint and cited this as a deficiency in the *Medical Care* of the report. On March 16, 2022, ODO confirmed facility food service received the special diet renewal order, but the detainee continued to choose a regular diet tray during mealtimes. Facility staff stated the detainee fully knew about her special diet authorization.

Medical Care: One detainee stated her concern about not completing her prescribed medication for the flu while at her previous detention center, Imperial Beach Station.

- Action Taken: ODO interviewed the DON, reviewed the detainee's medical record, and found the detainee arrived at the facility on March 3, 2022. On the same day, a facility nurse practitioner (NP) asked the detainee about any current prescribed medications during the intake screening, and the detainee stated SLDC staff told her the facility did not allow detainees to keep any medications. The NP consulted with a facility physician and prescribed the detainee Tamiflu, twice per day for 5 days. Additionally, the NP educated the detainee on the sick call request procedure in case the flu symptoms persisted.

Medical Care: One detainee stated her concerns over the six stents in her heart and access to her multiple medications. She also stated she was waiting for her American medication and the medical staff would not allow her to access her current medications secured in her personal property.

- Action Taken: ODO interviewed the DON, reviewed the detainee's medical record, and found the detainee arrived at the facility on March 1, 2022. On the same day, a medical provider completed her intake screening, and documented the detainee arrived with a medical history of a stroke, a surgical procedure to place six stents in her heart, and the removal of her appendix and gallbladder. The medical provider asked the detainee for any current medications, and the detainee showed the provider her prescribed Russian medications. On March 2, 2022, the facility medical provider referred the detainee for a health assessment with an off-site cardiologist. During the health assessment, the cardiologist followed the cardiac protocols, ordered the proper laboratory tests, and started the detainee on eight medications for her cardiovascular disease, hypertension, diabetes, and obesity. ODO reviewed the medication sheet and verified the detainee started taking the medication prescribed by the cardiologist on the

same day. The facility medical staff placed the detainee on the chronic care clinic list and scheduled her to see the cardiologist every 30 days.

COMPLIANCE INSPECTION FINDINGS

SECURITY

POST ORDERS (PO)

ODO interviewed the chief of security, reviewed 29 facility POs, and found 28 out of 29 posts did not have the current POs dated November 2021. Specifically, 28 posts had POs dated November 2020. Only the transportation officer's PO were current (**Deficiency PO-30**⁷).

ODO interviewed the chief of security, reviewed the facility's PO program, and found the facility did not always keep the POs and logbooks secure (under lock and key). Additionally, the facility staff left the laundry officer PO and logbooks in an area accessible to detainees (**Deficiency PO-33**⁸).

SEARCHES OF DETAINEES (SD)

ODO reviewed the facility's SD policy and Dry Cell Security PO and found the facility did not have written policy and procedures consistent with this standard for close observation in "dry cells" to detect contraband (**Deficiency SD-3**⁹).

USE OF FORCE AND RESTRAINTS (UOFR)

ODO interviewed the training administrator, reviewed the UOFR training curricula and ■ staff training records, and found the facility's UOFR training did not include forced cell move techniques (**Deficiency UOFR-25**¹⁰).

MEDICAL CARE (MC)

ODO interviewed the DON, reviewed one detainee's medical record pursuant to a detainee interview, and found the facility did not provide the detainee with a timely response to her medical complaint. Specifically, on January 6, 2022, medical staff met with the detainee for a chronic care visit, and the doctor extended her special diet for another 180 days. However, because of an administrative error, the medical records staff did not transcribe and send the renewal order to the

⁷ "Post Orders shall be kept current at all times." See ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(G).

⁸ "Post Orders and logbooks are confidential and must be kept secure (under lock and key) at all times and shall never be left in an area accessible to detainees." See ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(G)(1).

⁹ "All facilities shall have written policy and procedures consistent with this standard for the following: ...
3. close observation in "dry cells" to detect contraband"

See ICE PBNDS 2011 (Revised 2016), Standard, Searches of Detainees (V)(A)(3).

¹⁰ "At a minimum, training shall include: ...
h. forced cell move techniques;"

See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(D)(1)(h).

facility food service until March 9, 2022. On March 16, 2022, ODO confirmed the facility food service received the special diet renewal order and advised the detainee. (**Deficiency MC-7¹¹**).

ACTIVITIES

CORRESPONDENCE AND OTHER MAIL (COM)

ODO interviewed the mail clerk, reviewed the facility's COM policy and detainee handbook, and found the facility's detainee handbook did not have written procedures for indigent detainees to request postage at the government's expense (**Deficiency COM-7¹²**).

ODO interviewed the mail clerk, reviewed the facility's COM policy and detainee handbook, observed the common area, and found the facility did not have procedures for indigent detainees to request postage at government expense posted in a common area (**Deficiency COM-8¹³**).

ODO interviewed the mail clerk, reviewed the facility's COM policy and detainee handbook, and found the facility's detainee handbook did not specify procedures for purchasing postage (if any) and the rules for providing indigent and certain other detainees free postage (**Deficiency COM-26¹⁴**).

MARRIAGE REQUEST (MR)

ODO interviewed the classification manager, reviewed the facility's MR policy, and found the facility did not require the MR request to state a detainee's legal eligibility for marriage in the state of her detention facility (**Deficiency MR-4¹⁵**).

ADMINISTRATION AND MANAGEMENT

DETENTION FILES (DF)

ODO interviewed the classification manager, observed the archived files, and found the facility staff members placed the archived files in storage boxes; however, they did not mark the boxes accurately. Specifically, the facility staff marked the archived boxes with only the month and year

¹¹ "Every facility shall directly or contractually provide its detainee population with the following: ...

6. timely response to medical complaints." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(A)(6).

¹² "Each facility shall have written procedures that explain how indigent detainees can request postage at government expense." See ICE PBNDS 2011 (Revised 2016), Standard, Correspondence and Other Mail, Section (V)(B).

¹³ "Such procedures shall also be posted in a common area where all detainees can view them." See ICE PBNDS 2011 (Revised 2016), Standard, Correspondence and Other Mail, Section (V)(B).

¹⁴ "At a minimum, the notification shall specify: ...

10. The procedure for purchasing postage (if any), and the rules for providing indigent and certain other detainees free postage." See ICE PBNDS 2011 (Revised 2016), Standard, Correspondence and Other Mail, Section (V)(C)(10).

¹⁵ "The request must:

1. specifically express that the detainee is legally eligible to be married in the state where the detainee is being held." See ICE PBNDS 2011 (Revised 2016), Standard, Marriage Request (V)(C)(1).

and not with the month, day, and year, as required by the standard (**Deficiency DF-14**¹⁶).

INTERVIEW AND TOURS (IT)

ODO interviewed the facility administrator, reviewed the facility's IT policy, and found the facility administrator, instead of the FOD, would notify all media representatives with pending or requested interviews, tours, or visits, that they must comply with the FOD press pool guidelines effective immediately or until further notice (**Deficiency IT-46**¹⁷).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 24 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 16 of those standards. ODO found 11 deficiencies in the remaining 8 standards. ODO commends facility staff members 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. ERO provided ODO with the uniform corrective action plan for ODO's last inspection of SLDC on December 3, 2021.

Compliance Inspection Results Compared	FY 2021 PBNDS 2011 (Revised 2016)	FY 2022 PBNDS 2011 (Revised 2016)
Standards Reviewed	13	24
Deficient Standards	2	7
Overall Number of Deficiencies	2	11
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	N/A	Superior

¹⁶ "Archived files shall be placed in storage boxes, with the dates covered clearly marked (e.g., from [mm/dd/yy] to [mm/dd/yy]). The facility administrator shall designate a restricted access storage space." See ICE PBNDS 2011 (Revised 2016), Standard, Detention Files (V)(D)(4).

¹⁷ "A press pool may be established when the PAO, Field Office Director and facility administrator determine that the volume of interview requests warrants such action. In such an event, the Field Office Director shall notify all media representatives with pending or requested interviews, tours or visits that, effective immediately and until further notice, all media representatives must comply with the press pool guidelines established by the Field Office Director." See ICE PBNDS 2011 (Revised 2016), Standard, Interviews and Tours (V)(A)(5).