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Office of Professional Responsibility
ICE Inspections
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**Office of Detention Oversight
Unannounced Follow-Up
Compliance Inspection
2023-004-092**

**Enforcement and Removal Operations
ERO New Orleans Field Office**

**South Louisiana Detention Center
Basile, Louisiana**

August 29-31, 2023

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

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UNANNOUNCED 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 an unannounced follow-up compliance inspection of the South Louisiana Detention Center (SLDC) in Basile, Louisiana, from August 29 to 31, 2023.¹ This inspection focused on the standards found deficient during ODO's last inspection of SLDC from March 7 to 9, 2023. The facility opened in 1997 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 in New Orleans (ERO New Orleans). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

[REDACTED] A facility administrator handles daily operations and manages [REDACTED] 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. In September 2022, SLDC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of August 29, 2023)	[REDACTED]
Adult Female Population (as of August 29, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found six deficiencies in the following areas: Environmental Health and Safety (1); Key and Lock Control (1); Significant Self-harm and Suicide Prevention and Intervention (1); and Transportation (by Land) (3).

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 28, 2023.

³ *Ibid.*

UNANNOUNCED 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.⁴

While unannounced follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which may include but are not limited to Medical Care, 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 noncompliant during both inspections are annotated as "Repeat Deficiencies" in this report.

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

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 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
Transportation (By Land)	0
Sub-Total	0
Part 2 – Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	2
Funds and Personal Property	0
Key and Lock Control	0
Special Management Units	10
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	12
Part 4 – Care	
Food Service	1
Medical Care	2
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	1
Terminal Illness, Advance Directives and Death	0
Sub-Total	4
Part 5 – Activities	
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	16

⁵ For greater detail on ODO's findings, see the *Unannounced Follow-Up 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 standards.

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.

Medical Care: One detainee stated she has arthritis and pain in her back, both arms, and legs, and the facility has not provided treatment.

- Action Taken: ODO interviewed facility medical staff, reviewed the detainee's medical file, and found on July 20, 2023, medical staff noted on the detainee's initial health assessment, arthritis pain and a medical history from a motor vehicle accident 2 years prior to ICE custody. On August 16, 2023, the detainee submitted a sick call request for pain, and on August 18, 2023, the nurse practitioner examined the detainee for intermittent back, leg, and arm pain and prescribed Naproxen (500 mg), two times a day and Voltaren gel, three times a day, as needed. The medical staff educated the detainee on her arthritis medical treatment plan and advised her to submit a sick call request if the pain returns.

Medical Care: One detainee stated she has a toothache and has not received any dental care.

- Action Taken: ODO interviewed facility medical staff, reviewed the detainee's medical file, and found the detainee submitted a sick call request for tooth pain on August 24, 2023. On August 26, 2023, medical staff examined the detainee and found a broken tooth causing pain on the right upper and lower molars. Medical staff scheduled a dental appointment for August 29, 2023, and advised the detainee to return to medical for pain medication in addition to her current prescription of Naproxen for a different medical issue. On August 29, 2023, the dentist extracted the molar and advised the detainee to return to medical for additional pain medication as needed.

Medical Care: One detainee stated the facility takes too long to respond to her sick call requests and her attorney had to call the facility to request medical care.

- Action Taken: ODO interviewed the facility's director of nursing, reviewed the detainee's medical record, and found the detainee submitted a sick call request for stomach pain on August 6, 2023. On August 7, 2023, medical staff examined the detainee, and the facility transported the detainee to the local emergency room (ER) for treatment. An ER doctor examined the detainee, diagnosed acid reflux, and prescribed Pepcid AC for 5 days. The detainee returned to the facility and medical staff returned her to her unit. On August 8, 2023, a facility nurse practitioner conducted a follow-up evaluation with the detainee, ordered lab work, and prescribed Pepto Bismol. The detainee refused subsequent follow-up visits and lab work on August 10, 11, and 17, 2023, and the facility documented the detainee's refusals. On August 24, 2023, the detainee did not report any further acid reflux issues during her annual physical exam.

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the facility visitor log and found the facility did not require visitors to sign the log upon entry (**Deficiency FSC-26**⁷).

ODO interviewed the chief of security, observed the front lobby entrance, and found the facility did not maintain a separate file for contract employees' G-74 forms or equivalent (**Deficiency FSC-31**⁸).

SPECIAL MANAGEMENT UNITS (SMU)

ODO toured the facility's SMU, reviewed the SMU policy, interviewed the chief of security, reviewed 18 SMU detainee files, and found in 2 out of 18 files:

- No permanent log in the SMU to record all activities concerning SMU detainees (e.g., meals served, recreation time, visitors, etc.) (**Deficiency SMU-92**⁹);
- No SMU record or comparable form upon the detainees' placement in the SMU (**Deficiency SMU-97**¹⁰);
- No record of detainees' dietary intake, hygiene, recreation, medication intake, and any other relevant details (**Deficiency SMU-98**¹¹);
- No printed name and signature of housing officer included in the record (**Deficiency SMU-99**¹²);
- No signature of the visiting medical officer included in each detainee record

⁷ "The post officer shall require the visitor to print and sign his/her name in the visitor logbook." See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(C)(1)(b)(3).

⁸ "The facility administrator shall establish procedures for tracking the arrivals and departures of contract employees. However, the main gate/front entrance officer shall maintain a separate file of contract employee Forms G-74, or equivalent, laminated, with photograph, issue date, expiration date (if applicable), and the facility administrator's signature." See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(C)(1)(b)(5).

⁹ "A permanent log shall be maintained in the SMU to record all activities concerning SMU detainees (e.g., meals served, recreational time, visitors, etc.)." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(1).

¹⁰ "The Special Management Housing Unit Record or comparable form shall be prepared immediately upon the detainee's placement in the SMU." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(3).

¹¹ "The special housing unit officer shall immediately record:

- 1) Whether the detainee ate, showered, recreated and took any medication; and
- 2) Any additional information, such as whether the detainee has a medical condition, or has exhibited suicidal/assaultive behavior."

See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(3)(a)(1-2).

¹² "The officer that conducts the activity shall print his/her name and sign the record." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(3)(a)(3).

- **(Deficiency SMU-100¹³);**
- No housing officer initials in the record after completed medical visits **(Deficiency SMU-101¹⁴);**
- No new form generated for each week of a detainee in the SMU **(Deficiency SMU-102¹⁵);**
- No retention of weekly forms in the SMU until a detainees' release from the SMU **(Deficiency SMU-103¹⁶);**
- No attachment of the detainee's housing unit record to either the administrative or disciplinary segregation order and forwarding it to the Chief of Security or equivalent for inclusion into a detainee's detention file **(Deficiency SMU-104¹⁷);** and
- No record of medical visits by staff on the SMU housing record **(Deficiency SMU-134¹⁸).**

CARE

FOOD SERVICE (FS)

ODO interviewed the food service manager, observed the FS kitchen, and found the facility did not identify separate cutting boards, knives, food scoops, food inserts and other such tools, appliances, and utensils to prepare common fare foods **(Deficiency FS-210¹⁹).**

MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found in █ out of █ records, no written record of all prescribed medications given to the detainee **(Deficiency MC-205²⁰).**

¹³ “The facility medical officer shall sign each individual’s record when he/she visits a detainee in the SMU.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(3)b).

¹⁴ “The housing officer shall initial the record after the medical visits are completed, but no later than the end of the shift.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(3)(b).

¹⁵ “A new form must be created for each week the detainee is in the SMU.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(3)(c).

¹⁶ “The completed weekly forms shall be retained at the SMU until the detainee is released from the SMU.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(3)(c).

¹⁷ “Upon a detainee’s release from the SMU, the releasing officer shall attach that detainee’s entire housing unit record to either the administrative segregation order or disciplinary segregation order and forward it to the Chief of Security or equivalent for inclusion into the detainee’s detention file.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(3)(d).

¹⁸ “Medical visits shall be recorded on the SMU housing record or comparable form, and any action taken shall be documented in a separate logbook.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(P).

¹⁹ “Separate cutting boards, knives, food scoops, food inserts and other such tools, appliances and utensils shall be used to prepare common fare foods and shall be identified accordingly.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(G)(10).

²⁰ “Written records of all prescribed medication given to or refused by detainees shall be maintained.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(U).

ODO reviewed [REDACTED] detainee medical records for detainees the facility prescribed psychotropic medications and found in [REDACTED] out of [REDACTED] records, no documented consent prior to the administration of psychotropic medication (**Deficiency MC-241²¹**).

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

ODO reviewed [REDACTED] medical records of detainees on suicide watch and found in [REDACTED] out of [REDACTED] records, clinical staff did not conduct welfare checks every 8 hours. Specifically, 2 detainees received 1 check in a 24-hour period and 2 detainees received 2 checks in a 48-hour period (**Deficiency SSHSPI-35²²**).

CONCLUSION

During this unannounced follow-up inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 13 of those standards. ODO found 16 deficiencies in the remaining 5 standards. Since SLDC's last full inspection in March 2023, the facility's overall compliance has trended down. SLDC went from 4 deficient standards and 6 deficiencies in March 2023 to 5 deficient standards and 16 deficiencies during this most recent inspection. The facility's decline in performance is largely due to missing records from 2 SMU files, which resulted in 10 deficiencies. SLDC did not have any deficiencies in SMU during their last inspection. ODO did not review the Facility Security and Control standard during the March 2023 inspection as it was not an FY 2023 core standard, and this standard accounted for 2 out of 16 deficiencies found during this most recent inspection. ODO received the UCAP for ODO's last full inspection of SLDC in March 2023, which likely contributed to the facility having no repeat deficiencies. ODO recommends ERO New Orleans work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

²¹ "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication's side effects, shall be obtained." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(AA)(4).

²² "All suicidal detainees placed in an isolated confinement setting will receive continuous one-to-one monitoring, welfare checks at least every 8 hours conducted by clinical staff." See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2023 Follow-Up Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	25	18
Deficient Standards	4	5
Overall Number of Deficiencies	6	16
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	2	0
Facility Rating	Superior	N/A