



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

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**Office of Detention Oversight  
Compliance Inspection  
2024-001-264**

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

**South Louisiana Detention Center  
Basile, Louisiana**

**March 5-7, 2024**

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

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## COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Team Lead	ODO
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[REDACTED]	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 compliance inspection of the South Louisiana Detention Center (SLDC) in Basile, Louisiana, from March 5 to 7, 2024.<sup>1</sup> 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 March 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 <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of March 5, 2024)	[REDACTED]
Adult Female Population (as of March 5, 2024)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 6 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).

<sup>1</sup> This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods greater than 72 hours.

<sup>2</sup> Data Source: ERO Custody Management Division Authorized Facility List as of March 4, 2024.

<sup>3</sup> *Ibid.*

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.<sup>4</sup>

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 their decision-making to better allocate resources across the agency’s entire detention inventory.

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<sup>4</sup> 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 <sup>5,6</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Emergency Plans	0
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Key and Lock Control	0
Population Counts	0
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Personal Hygiene	2
Significant Self-harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Religious Practices	0
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>

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

<sup>6</sup> Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

<b>Part 6 - Justice</b>	
Grievance System	0
Law Libraries and Legal Materials	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 7 - Administration and Management</b>	
Detention Files	0
Detainee Transfers	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>2</b>

## DETAINEE RELATIONS

ODO interviewed 40 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 dissatisfaction with the facility’s treatment of her tooth pain.

- Action Taken: ODO interviewed the health services administrator (HSA) and discussed the detainee’s medical file. On October 19, 2023, the detainee arrived at the facility and reported pain in a front tooth during her initial intake screening. The same day, the facility dental provider examined the detainee and observed distal decay in tooth #28, prescribed ibuprofen (800 mg), 3 times daily as needed, and noted the detainee declined the option to extract the tooth. On November 14, 2023, the detainee walked into the medical clinic, requested a root canal for the same tooth, and signed a refusal form to extract the tooth, which was the dentist’s recommendation for treatment. On December 22, 2024, the facility medical staff submitted a request to ICE Health Service Corps (IHSC) for approval of endodontic therapy, but IHSC denied the request. On January 4, 2024, the detainee again requested a root canal in tooth #28, declined tooth extraction, and continued her pain management with ibuprofen. On March 5, 2024, following the detainee interview, the facility medical staff examined the detainee and observed no additional mouth ulcers or systemic issues, educated her on good oral hygiene procedures, and reminded her of the standing option to pull tooth #28. ODO spoke with the detainee to ensure proper submission of a sick call requests for any future needs.

*Medical Care:* A transgender male detainee stated dissatisfaction with the dosage of his hormone treatment.

- Action Taken: ODO interviewed the HSA and discussed the detainee’s medical file. On October 25, 2022, the detainee arrived at the facility with a prescription for bi-monthly testosterone intramuscular injections (200 mg), and the facility medical director (MD) elected to continue the prescribed treatment in conjunction with ongoing, monthly face-to-face assessments. The detainee informed ODO that during his medical

appointments he verbally disagreed with the MD's decision not to periodically increase his hormone treatment dosage; however, the HSA stated the final decision concerning dosage is at the MD's discretion and expertise. Additionally, the detainee stated he submitted a written grievance to ERO New Orleans regarding his dissatisfaction with the hormone levels, but ODO found no record of such a grievance to either ERO New Orleans or facility medical staff. ODO conducted a follow-up meeting with the detainee to inform him of the facility's medical protocol and ensure proper submission of any future written or electronic communications, and he acknowledged understanding. Facility medical staff scheduled the detainee's next MD appointment for March 19, 2024.

## COMPLIANCE INSPECTION FINDINGS

### CARE

#### PERSONAL HYGIENE (PH)

ODO observed the washbasins in 16 housing units and found in 2 out of 16 housing units (units Bravo-C and Bravo-D) the faucet provided only warm running water instead of both hot and cold running water (**Deficiency PH-36**<sup>7</sup>).

ODO observed the detainee barbershop, interviewed facility staff, reviewed detainee request forms, and found no available hair care services due to the lack of qualified personnel (**Deficiency PH-50**<sup>8</sup>).

### CONCLUSION

During this inspection, ODO assessed the facility's compliance with 29 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 28 of those standards. ODO found two deficiencies in the remaining one standard. Since SLDC's last full inspection in March 2023, the facility's overall compliance has trended upward. SLDC went from 4 deficient standards and 6 deficiencies in March 2023 to 1 deficient standard and 2 deficiencies during the most recent full inspection. ODO did not review the PH standard during the March 2023 inspection as it was not an FY 2023 core standard, and this standard accounted for both deficiencies during this most recent inspection. ODO received completed uniform corrective action plans for ODO's last full inspection in March 2023 and the follow-up inspection in August 2023, which likely resolved all previous deficiencies cited. ODO recommends ERO New Orleans continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual

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<sup>7</sup> "Detainees shall be provided: ...

2. An adequate number of washbasins with temperature controlled hot and cold running water 24 hours per day."

See ICE PBNDS 2011 (Revised 2016), Standard, Personal Hygiene, Section (V)(E)(2).

<sup>8</sup> "Detainees shall be provided hair care services in a manner and environment that promotes sanitation and safety, in accordance with the requirements for 'Barber Operations' in standard '1.2 Environmental Health and Safety' and requirements in standard '5.5 Religious Practices.'" See ICE PBNDS 2011 (Revised 2016), Standard, Personal Hygiene, Section (V)(F).

obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)</b>	<b>FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	25	29
Deficient Standards	4	1
Overall Number of Deficiencies	6	2
Priority Component Deficiencies	1	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	2	0
Facility Rating	Superior	Superior