



**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**  
**Unannounced Compliance Inspection**  
**2023-004-083**

**Enforcement and Removal Operations**  
**ERO Atlanta Field Office**

**Stewart Detention Center**  
**Lumpkin, Georgia**

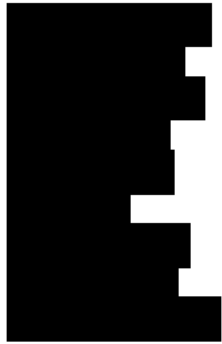
**February 28-March 2, 2023**

**UNANNOUNCED COMPLIANCE INSPECTION**  
**of the**  
**STEWART DETENTION CENTER**  
Lumpkin, Georgia

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## COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
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Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections

## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted an unannounced compliance inspection of the Stewart Detention Center (SDC) in Lumpkin, Georgia, from February 28 to March 2, 2023.<sup>1</sup> The facility opened in 2006 and is owned and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at SDC in 2006 under the oversight of ERO’s Field Office Director in Atlanta (ERO Atlanta). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers and a detention services manager to the facility. An SDC warden handles daily facility operations and manages [REDACTED] support personnel. Trinity Services provides food services, CoreCivic provides medical care, and Keefe Supply Company provides commissary services at the facility. The facility was accredited by the American Correctional Association in August 2018 and the National Commission on Correctional Health Care in November 2020. In October 2021, SDC 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 February 28, 2023)	[REDACTED]
Adult Female Population (as of February 28, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2022, ODO found nine deficiencies in the following areas: Environmental Health and Safety (1); Custody Classification System (1); Post Orders (3); Staff-Detainee Communication (1); Personal Hygiene (1); and Correspondence and Other Mail (1).

<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 Facility List as of February 27, 2023.

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

## UNANNOUNCED COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more, 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.<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.

Beginning fiscal year (FY) 2022, ODO will conduct special reviews of under 72-hour ICE detention facilities with an ADP of one or more detainees and over 72-hour ICE detention facilities with an ADP of one-to-nine detainees. Additionally, ODO will conduct unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating. ODO will conduct a complete review of several core standards, in accordance with the facility’s new contractually required ICE National Detention Standards, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (Family Residential Standard (FRS) only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

Upon completion of each unannounced compliance 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.

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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>5,6,7</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Emergency Plans	0
Environmental Health and Safety	0
Transportation (by Land)	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Contraband	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	1
Key and Lock Control	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Tool Control	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 3 - Order</b>	
Disciplinary System	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
Food Service	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	1

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

<sup>6</sup> 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.

<sup>7</sup> During special reviews and unannounced inspections ODO will review a facility's compliance with at least 10 individual standards during each special review or unannounced inspection.

Recreation	0
Visitation	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 6 - Justice</b>	
Detainee Handbook	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 7 - Administration and Management</b>	
Staff Training	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>3</b>

## DETAINEE RELATION

ODO interviewed 29 detainees, who each voluntarily agreed to participate. Two additional detainees declined ODO's request to interview. One detainee reported he was sexually assaulted, but the facility staff's investigation found it unsubstantiated. One detainee indicated thoughts of self-harm and ODO referred him to facility medical staff for evaluation. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Food Service:* One detainee stated the facility had approved him to receive a vegetarian diet but had not provided it to date.

- **Action Taken:** On March 1, 2023, ODO spoke with facility staff, requested the current list of detainees approved to receive vegetarian meals, and found the detainee never submitted a vegetarian diet request. ODO spoke with the detainee and informed him of the need to submit a written request before the facility can act. On March 1, 2023, the detainee submitted his request, received approval from the facility, and started receiving his vegetarian meals.

*Hunger Strikes:* One detainee stated he had thoughts of self-harm by not eating.

- **Action Taken:** Following the detainee's comments, ODO immediately concluded the interview and referred the detainee to facility medical staff for evaluation. ODO confirmed the facility identified the detainee on hunger strike as a suicide risk. The facility placed the detainee onto continuous monitoring as a suicide precaution and notified an ERO Atlanta supervisory detention and deportation officer. On March 1, 2023, facility staff downgraded the detainee to observation-and-meal monitoring and ERO Atlanta released him from ICE custody on March 2, 2023.

*Medical Care:* One detainee stated his prescribed pain medication for an injury to his knee and spine is ineffective and medical staff has yet to submit a hospital referral for him.

- **Action Taken:** ODO interviewed the health services administrator (HSA), reviewed the detainee's medical record, and confirmed the facility medical staff examined the

detainee and prescribed Motrin for an injury to his right knee on January 22, 2023. On January 23, 2023, the facility's medical staff evaluated the detainee for a follow-up visit, continued the Motrin prescription, and recommended warm compresses on the knee. On February 1, 2023, facility medical staff examined the detainee, but the detainee refused to take Motrin. On February 2, 2023, facility medical staff evaluated the detainee for difficulty walking, recommended taking Motrin, and issued him a wheelchair. On February 13, 2023, medical staff evaluated the detainee, prescribed a muscle relaxer, and ordered an X-ray of his knee. The X-ray request remains pending approval from the ICE Health Service Corps. On February 28, 2023, facility medical staff evaluated the detainee and advised him to continue with warm compresses and his prescribed muscle relaxers.

*Medical Care:* One detainee stated he needed a medical diet due to hemorrhoids.

- Action Taken: On February 28, 2023, ODO referred the detainee to a facility nurse practitioner (NP) for evaluation. On March 3, 2023, the NP prescribed the detainee Preparation H rectal ointment, four times a day, placed the detainee on a spicy food restriction, and informed the detainee to submit a sick call request if symptoms persisted. In a follow-up call, ODO confirmed facility staff released the detainee on March 13, 2023.

*Medical Care:* One detainee stated he still experienced tooth pain after a dental exam found no indication of cavities.

- Action Taken: ODO reviewed the electronic detainee request system and found medical staff received the detainee's sick call request for tooth pain on January 3, 2023, and scheduled him for a dental exam on March 29, 2023. On January 13, 2023, the detainee submitted a sick call request for sensitivity in his tooth. On January 18, 2023, a facility dentist examined the detainee's teeth and took X-rays. On January 30, 2023, the detainee stated he no longer felt any tooth pain during a follow-up dental appointment. The facility scheduled the detainee for two more follow-up dental appointments on March 8 and 26, 2023.

*Religious Practices:* One detainee stated he believed his Halal diet did not meet Muslim standards.

- Action Taken: ODO reviewed food service records and confirmed facility staff approved the detainee's request for a Halal diet on January 9, 2023. On March 1, 2023, ODO spoke with a facility dietitian, reviewed the Halal food plan, and confirmed facility staff prepared Halal meals in accordance with the specific religious requirements. ODO informed the detainee the facility's Halal meals met the required standards.



*Sexual Abuse and Assault Prevention and Intervention:* One detainee requested to change her housing unit assignment because the detainee in the bunk next her had made sexual advances and comments toward her sometime between October-November 2021.

- Action Taken: ODO spoke with facility staff and confirmed the facility received notification and started an investigation on December 3, 2021. Investigating staff found insufficient evidence to substantiate the case and reported the incident to ERO Atlanta on December 4, 2021. The facility warden informed ODO that separating the two detainees would isolate one of them due to her detainee classification. The warden stated facility staff will direct the housing officer on duty to supervise and keep the two detainees separated while maintaining their current open bay housing assignments.

## UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### HOLD ROOMS IN DETENTION FACILITIES (HRDF)

ODO reviewed the SDC intake holding cell log and found the log did not record each detainee's gender nor date and time of new age determination (**Deficiency HRDF-45<sup>8</sup>**).

### ACTIVITIES

#### CORRESPONDENCE AND OTHER MAIL (COM)

ODO reviewed the SDC facility handbook and found no instructions for addressing outgoing mail (**Deficiency COM-15<sup>9</sup>**).

### JUSTICE

#### DETAINEE HANDBOOK (DH)

ODO reviewed the SDC facility handbook and found no information regarding correspondence and other mail, including information on correspondence procedures as required by standard '5.1 Correspondence and Other Mail' (**Deficiency DH-17<sup>10</sup>**).

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<sup>8</sup>“The detention log shall record each detainee’s: ...

b. Sex; ... and

i. Date and time of new age determination.”

See ICE PBNDS 2011 (Revised 2016), Standard, Hold Rooms in Detention Facilities, Section (V)(D)(2)(b) and (i).

<sup>9</sup> “At a minimum, the notification shall specify: ...

2. That a detainee may send mail, the procedure for sending mail, and instructions on how outgoing mail must be addressed.”

See ICE PBNDS 2011 (Revised 2016), Standard, Correspondence and Other Mail, Section (V)(C)(2).

<sup>10</sup> “While all applicable topics from the handbook must be addressed, it is especially important that each local supplement notify each detainee of the facility’s rules on correspondence and other mail, including information on

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 25 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 22 of those standards. ODO found three deficiencies in the remaining three standards. Since SDC’s last full inspection in October 2021, the facility has shown steady improvement. SDC went from six deficient standards and nine deficiencies to three deficient standards and three deficiencies. ODO did not review DH nor HRDF during the October 2021 inspection as they were not FY 2022 core standards and these standards accounted for two out of the three deficiencies found during this most recent inspection. ODO did not receive a completed uniform corrective action plan (UCAP) for the October 2021 inspection so ODO cannot determine if that was a factor in the facility’s improved compliance with the PBNDS 2011 (Revised 2016); however, ERO Atlanta oversight of facility operations likely factored into improved compliance. ODO recommends ERO Atlanta continue to work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2022 Full Inspection (PBNDS 2011) (Revised 2016)</b>	<b>FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	25	25
Deficient Standards	6	3
Overall Number of Deficiencies	9	3
Priority Component Deficiencies	N/A	0
Repeat Deficiencies	0	0
Areas Of Concern	0	1
Corrective Actions	0	0
Facility Rating	Superior	Superior

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correspondence procedures as required by standard ‘5.1 Correspondence and Other Mail,’ at Section C of Expected Practices.” See ICE PBNDS 2011 (Revised 2016), Standard, Detainee Handbook, Section (V)(B)(12).