



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
Follow-Up Compliance Inspection**

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

**Stewart Detention Center
Lumpkin, Georgia**

April 19-21, 2022

FOLLOW-UP COMPLIANCE INSPECTION
of the
STEWART DETENTION CENTER
Lumpkin, Georgia

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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 follow-up compliance inspection of the Stewart Detention Center (SDC) in Lumpkin, Georgia, from April 19 to 21, 2022.¹ This inspection focused on the standards found deficient during ODO’s last inspection of SDC from October 19 to 21, 2021. 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 October 2008 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 support personnel. Trinity Food Service provides food services, CoreCivic provides medical care, and Keefe Supply Company provides commissary services at the facility. The facility received accreditation by the American Correctional Association (ACA) in August 2018 and National Commission on Correctional Health Care in November 2020.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	
Average ICE Detainee Population ³	
Male Detainee Population (as of April 19, 2022)	
Female Detainee Population (as of April 19, 2022)	

During its last inspection, in Fiscal Year (FY) 2022, ODO found nine deficiencies in the following areas: Correspondence and Other Mail (2); Custody Classification System (1); Environmental Health and Safety (1); Personal Hygiene (1); Post Orders (3); and Staff-Detainee Communication (1).

¹ This facility holds male and 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 April 18, 2022.

³ *Ibid.*

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.

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

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

PBNDS 2011 (Revised 2016) Standards Inspected^{4,5}	Deficiencies
Part 1 – Safety	
Emergency Plans	0
Environmental Health and Safety	3
Sub-Total	3
Part 2 – Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	1
Special Management Units	0
Staff-Detainee Communication	1
Use of Force and Restraints	1
Sub-Total	3
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Personal Hygiene	1
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	1
Part 5 – Activities	
Correspondence and Other Mail	0
Sub-Total	0
Total Deficiencies	7

⁴ For greater detail on ODO’s findings, see the *Follow-Up Compliance Inspection Findings* section of this report.

⁵ 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.

DETAINEE RELATIONS

ODO interviewed 15 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 concern listed below.

Medical Care: One detainee stated she experienced ear pain, was deaf in one ear, and needed a qualified medical doctor to examine her.

- Action Taken: ODO interviewed the health services administrator, reviewed the detainee's medical record, and confirmed the detainee arrived at SDC on January 29, 2022. On the same day, a registered nurse (RN) examined the detainee during the intake screening and noted no complaints from the detainee about ear pain. On February 3, 2022, a nurse practitioner (NP) completed a physical exam of the detainee and noted no complaints from the detainee about ear pain. On March 9, 2022, the detainee submitted a sick call request for an earache, and a physician assistant (PA) diagnosed her symptoms as a perforated right ear drum and prescribed ear drops and amoxicillin (250 mg). On April 6, 2022, the detainee complained of ear drainage and itching, and a NP examined her and advised her to stop using Q-tips[®] cotton swabs in her ears. Additionally, the NP continued her ear drops prescription. On April 20, 2022, a PA examined the detainee for ear "popping" and pain but found neither swelling nor drainage. The PA prescribed amoxicillin (250 mg) and ibuprofen (400 mg). The facility medical staff told the detainee to submit a sick-call request should symptoms persist.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO toured facility housing units and found environmental health conditions did not meet recognized standards of hygiene for detainee-to-toilet ratios. Specifically, the ACA's recognized standard for the detainee-to-toilet ratio is 12-to-1 for males and 8-to-1 for females; however, the facility housing units had a detainee-to-toilet ratio of 14.6-to-1 for males and 22-to-1 for females (**Deficiency EHS-1⁶**). **This is a repeat deficiency.**

ODO inspected the SDC main chemical storage room and found facility staff did not store and use all liquids and aerosols labeled "flammable" or "combustible" as per the Federal Hazardous Substance Labeling Act. Specifically, staff did not properly store "Airlift Air Freshener and

⁶ "Environmental health conditions shall be maintained at a level that meets recognized standards of hygiene, including those from the:

a. American Correctional Association."

See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(A)(1)(a).

Deodorizer,” a flammable product, in a flammable cabinet (**Deficiency EHS-54**⁷).

ODO toured the Unit 6 barbershop and found the facility did not prohibit the common use of neck dusters. Specifically, ODO observed detainees using neck dusters to remove hair clippings from detainees’ necks/body vice using clean towels (**Deficiency EHS-215**⁸).

ODO inspected Unit 1-A and Unit 6 barbershops and the SDC main chemical storage room and found seven spray bottles with faded and illegible labels. ODO interviewed facility staff, reviewed the material safety data sheets, and verified the bottles contained non-hazardous chemicals. ODO cites the facility’s use of spray bottles with faded labels as an **Area of Concern**.

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed ■ detainee files and found the facility stamped each translated document to indicate staff member, date, language translated, and the interpreter service translation identification number to verify use of translation services. ODO cites this as a **Best Practice**.

FUNDS AND PERSONAL PROPERTY (FPP)

ODO interviewed a housing unit officer, intake sergeant, and four detainees, reviewed ■ detainee files, toured the housing units, and found every housing area did not have a secure space for detainees to store their authorized personal property. Specifically, ODO observed the facility issued detainees zippered storage bags without locks for storing authorized property in the housing units (**Deficiency FPP-40**⁹).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed ■ requests forms submitted by detainees to ICE and found ICE staff did not respond to ■ out of ■ forms within 3 business days (**Deficiency SDC-16**¹⁰). **This is a repeat deficiency.**

USE OF FORCE AND RESTRAINTS (UOFR)

ODO interviewed the chief of security, reviewed eight detainee detention files for detainees involved in UOFR incidents and found none of the files contained copies of UOFR reports

⁷ “As required by the Federal Hazardous Substances Labeling Act, any liquid or aerosol labeled “flammable” or “combustible” must be stored and used as prescribed on the label.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(B)(7)(a).

⁸ “The common use of brushes, neck dusters, shaving mugs and shaving brushes is prohibited.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(E)(4).

⁹ “Every housing area shall have lockers or other securable space for storing detainees’ authorized personal property.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(E).

¹⁰ “In facilities with ICE/ERO onsite presence, the ICE/ERO staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no later than within three (3) business days of receipt.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B)(1)(a).

(Deficiency UOFR-130¹¹).

CARE

PERSONAL HYGIENE (PH)

ODO toured facility housing units and found the housing units did not provide an adequate number of toilets for detainees. Specifically, the ACA’s recognized standard for the detainee-to-toilet ratio is 12-to-1 for males and 8-to-1 for females; however, the facility housing units had a detainee-to-toilet ratio of 14.6-to-1 for males and 22-to-1 for females (**Deficiency PH-33¹²**). **This is a repeat deficiency.**

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 16 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 11 of those standards. ODO found seven deficiencies in the remaining five 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 SDC on October 20, 2021.

Compliance Inspection Results Compared	First FY 2022 PBNDS 2011 (Revised 2016)	Second FY 2022 PBNDS 2011 (Revised 2016)
Standards Reviewed	25	16
Deficient Standards	6	5
Overall Number of Deficiencies	9	7
Repeat Deficiencies	0	3
Areas of Concern	0	1
Facility Rating	Superior	N/A

¹¹ “A copy of the report shall be placed in the detainee’s detention file.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force, Section (V)(O).

¹² “Detainees shall be provided:

1. An adequate number of toilets, 24 hours per day, which can be used without staff assistance when detainees are confined to their cells or sleeping areas.”

See ICE PBNDS 2011 (Revised 2016), Standard, Personal Hygiene, Section (V)(E)(1).