



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

**Office of Detention Oversight
Follow-Up Compliance Inspection
2023-002-131**

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

**Stewart Detention Center
Lumpkin, Georgia**

August 1-3, 2023

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

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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 a follow-up inspection of the Stewart Detention Center (SDC) in Lumpkin, Georgia, from August 1 to 3, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of SDC from February 28 to March 2, 2023. 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).



An SDC warden handles daily 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 ²	[redacted]
Average ICE Population ³	[redacted]
Adult Male Population (as of August 1, 2023)	[redacted]
Adult Female Population (as of August 1, 2023)	[redacted]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found three deficiencies in the following areas: Correspondence and Other Mail (1); Detainee Handbook (1); and Hold Rooms in Detention Facilities (1).

¹ This facility holds male and 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 July 31, 2023.

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 may include but are not limited to Admission and Release, Classification, Emergency Plans, Environmental Health and Safety, Food Services, Funds and Personal Property, Hunger Strikes, Medical Care, Suicide Prevention, Use of Force and Restraints/Use of Physical Control Measures and Restraints. 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 full 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 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	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	1
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Sub-Total	1
Part 5 - Activities	
Correspondence and Other Mail	0
Recreation	0
Telephone Access	0
Sub-Total	0
Part 6 - Justice	
Detainee Handbook	0
Grievance System	0
Sub-Total	0
Total Deficiencies	1

⁴ For greater detail on ODO's findings, see the *Follow-up 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 standards.

DETAINEE RELATIONS

ODO interviewed 29 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 reported difficulty in communicating verbally with facility staff about his mental health issues.

- Action Taken: Following the detainee’s comments, ODO immediately concluded the interview and referred the detainee to facility medical staff for mental health evaluation. The following day, August 3, 2023, ODO confirmed the detainee’s scheduled mental health assessment and coordinated with Lionbridge to provide a Pulaar-speaking interpreter. On the same day, medical staff informed ODO the detainee suffers from headaches and mild depression and cleared the detainee to remain in housing with no additional requirements for treatment. At ODO’s request, SDC staff instructed the detainee on how to submit requests for language translation support and for sick calls concerning medical issues.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

CARE

MEDICAL CARE (MC)

ODO reviewed the facility’s infection control policy and [REDACTED] detainee medical files and found in [REDACTED] out of [REDACTED] files, the facility did not document completion of a tuberculosis screening within 12 hours of intake. Specifically, the detainee arrived at SDC on June 15, 2023, and did not receive a chest X-ray nor a purified protein derivative screening until June 23, 2023 (**Deficiency MC-29⁶**).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 20 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 19 of those standards. ODO found one deficiency in the remaining one standard. Since SDC’s last full inspection in February 2023, the facility has shown steady improvement. SDC went from three deficient standards and three deficiencies to one deficient standard and one deficiency during this most recent follow-up inspection. The one deficiency ODO identified was in the MC standard, which the facility had no deficiencies in during the previous full inspection. ODO did not receive a completed UCAP for ODO’s last inspection in February 2023; therefore, ODO could not confirm it as a factor in the facility’s improved performance. However, ERO Atlanta’s oversight of facility operations likely factored into the noted improvements. ODO recommends ERO Atlanta continue to work with the facility to resolve the remaining deficiency in accordance with contractual obligations.

⁶ “All new arrivals shall receive TB screening within 12 hours of intake and in accordance with CDC guidelines (www.cdc.gov/tb).” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(C)(2).

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNS 2011) (Revised 2016)	FY 2023 Follow-up Inspection (PBNS 2011) (Revised 2016)
Standards Reviewed	25	20
Deficient Standards	3	1
Overall Number of Deficiencies	3	1
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	N/A