

# Office of Professional Responsibility

## South Louisiana Detention Center Inspection 2024-002-365

August 27-29, 2024



U.S. Immigration  
and Customs  
Enforcement



**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  
Follow-Up Compliance Inspection  
2024-002-365**

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

**South Louisiana Detention Center  
Basile, Louisiana**

**August 27-29, 2024**

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

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## **FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS**



Team Lead	ODO
Senior Inspections and Compliance Specialist	ODO
Section Chief	ODO
Unit Chief	ODO
Contractor	Creative Corrections
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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 South Louisiana Detention Center (SLDC) in Basile, Louisiana, from August 27 to 29, 2024.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of SLDC from March 5 to 7, 2024. 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 <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of August 27, 2024)	[REDACTED]
Adult Female Population (as of August 27, 2024)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 2 deficiencies in the Personal Hygiene standard.

<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 August 26, 2024.

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

## FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts biannual oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for longer than 72-hours, to assess compliance with ICE National Detention Standards. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all over-72-hour ICE detention facilities with an ADP of 10 or more detainees that ODO conducted a full inspection of earlier in the FY. Follow-up inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, and other standards ODO found deficient during the previous rated inspection to assess the facility's corrective actions taken to address those previously cited deficiencies.<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.

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 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 the full and follow-up inspection are annotated as "Repeat Deficiencies" in this report.

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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	1
Custody Classification System	1
Facility Security and Control	0
Funds and Personal Property	0
Special Management Units	0
Use of Force and Restraints	4
<b>Sub-Total</b>	<b>6</b>
<b>Part 4 - Care</b>	
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
<b>Sub-Total</b>	<b>1</b>
<b>Part 5 - Activities</b>	
Telephone Access	0
Voluntary Work Program	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Detainee Handbook	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>7</b>

<sup>5</sup> For greater detail on ODO's findings, see the *Follow-up 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.

## DETAINEE RELATIONS

ODO interviewed 19 detainees, who each voluntarily agreed to participate. ODO attempted to interview an additional 11 detainees; however, they all declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concern listed below.

*Significant Self-harm and Suicide Prevention and Intervention:* One detainee stated he had current thoughts of self-harm and needs help.

- Action Taken: ODO immediately stopped the interview, informed a facility officer of the situation, and requested immediate mental health intervention. Facility staff escorted the detainee to medical where mental health staff evaluated him. Mental health staff assigned the detainee to medical housing for one-to-one observation. The detainee was released back into general population while ODO was still onsite.

## FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### ADMISSION AND RELEASE (AR)

ODO reviewed the training records of [REDACTED] staff members assigned to the facility's admissions process and found in [REDACTED] out of the [REDACTED] records, no documentation of training on the facility's admissions process (**Deficiency AR-10**).<sup>7</sup>

#### CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed [REDACTED] classification staff training records and [REDACTED] training records of admissions staff with detainee in-processing responsibilities and found in [REDACTED] out of [REDACTED] admissions staff records, no on-site training (**Deficiency CCS-6**).<sup>8</sup>

#### USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed the facility's UOFR policy and nine UOF incidents with accompanying videos, interviewed the facility's chief of security, and found:

- In one out of eight immediate use-of-force (IUOF) incidents, staff involved with the

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<sup>7</sup> "Staff members receive adequate training on the admissions process at the facility?" See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(B)(1).

<sup>8</sup> "The facility administrator requires that the facility's classification system ensures that each staff member with detainee in-processing responsibilities receives on-site training." See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(A)(2).



- IUOF did not submit a written report to the shift supervisor (**Deficiency UOFR-63**<sup>9</sup>);
- In one out of eight IOUF incidents, the shift supervisor did not complete a written report and forward it to the facility administrator (**Deficiency UOFR-64**<sup>10</sup>);
  - In one calculated UOF incident, the camera operator turned the camera away from the detainee twice during the incident and filmed no close-ups of the detainee’s body during the medical exam for any sustained injuries (**Deficiency UOFR-73**<sup>11</sup>); and
  - In one out of nine UOF incidents, staff involved in the IUOF did not complete a memorandum for record (**Deficiency UOFR-138**<sup>12</sup>).

## CARE

### PERSONAL HYGIENE (PH)

ODO interviewed the facility’s housing officer, reviewed the nightly razor issue log from Bravo dorm, and found 10 razors were missing during inventory counts between August 26 to 28, 2024.<sup>13</sup> (**Deficiency PH-23**<sup>14</sup>).

## JUSTICE

### DETAINEE HANDBOOK (DH)

ODO reviewed the SLDC handbook and interviewed four detainees who stated they do not receive free deodorant as referenced in the handbook. Since the DH standard does not specifically address the distribution of deodorant, ODO noted this issue as an **Area of Concern**.

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 17 standards under PBNDS

<sup>9</sup> “A written report is provided to the shift supervisor by each officer involved in the use of force by the end of the officer’s shift.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(H)(4).

<sup>10</sup> “The shift supervisor will provide a written report to the facility administrator or designee no later than the end of a tour of duty when force was used on any detainee, or if any detainee remains in restraints at the end of that shift.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(H).

<sup>11</sup> “Calculated use-of-force incidents shall be audio visually-recorded in the following order: ...

a. Introduction by team leader stating facility name, location, time, date, etc., describing the incident that led to the calculated use of force, and naming the audiovisual camera operator and other staff present;

d. Record entire use-of-force team operation, unedited, until the detainee is in restraints; and

f. Debrief the incident with a full discussion/analysis/assessment of the incident.”

*See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(I)(2)(a, d, and f).

<sup>12</sup> “Each staff member shall complete a memorandum for record to be attached to the original Use of Force form.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(O)(2).

<sup>13</sup> ODO immediately notified the facility’s chief of security who directed a dorm shakedown to locate the missing razors in which all 10 razors were located and accounted for.

<sup>14</sup> “The distribution of razors must be strictly controlled.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Personal Hygiene, Section (V)(D).

2011 (Revised 2016) and found the facility in compliance with 13 of those standards. ODO found seven deficiencies in the remaining four standards. SLDC’s compliance with PBNDS 2011 (Revised 2016) has trended downward. SLDC went from 1 deficient standard with 2 deficiencies in March 2024, to 4 deficient standards and 7 deficiencies during this follow-up compliance inspection. SLDC completed its UCAP for its last inspection in March 2024, which likely resolved the deficiencies ODO previously cited. ODO recommends ERO New Orleans continue to work with the facility to ensure compliance with the PBNDS 2011 (Revised 2016).

<b>Compliance Inspection Results Compared</b>	<b>FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)</b>	<b>FY 2024 Follow-Up Inspection (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	29	17
Deficient Standards	1	4
Overall Number of Deficiencies	2	7
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	0	1
Corrective Actions	0	0
Facility Rating	Superior	N/A



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