

Office of Professional Responsibility

Central Louisiana ICE Processing Center Compliance Inspection 2025-001-076

January 7-9, 2025



U.S. Immigration
and Customs
Enforcement

COMPLIANCE INSPECTION
of the
CENTRAL LOUISIANA ICE PROCESSING CENTER
Jena, Louisiana

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COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Team Lead	ODO
[REDACTED]	Senior Inspections and Compliance Specialist	ODO
[REDACTED]	Senior Inspections and Compliance Specialist	ODO
[REDACTED]	Senior Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[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 Central Louisiana ICE Processing Center (CLIPC) in Jena, Louisiana, from January 7 to 9, 2025.¹ The facility opened in 2007 and is owned and operated by The GEO Group, Inc. (GEO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CLIPC in 2007 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 facility operations and manages [REDACTED] support personnel. GEO provides food services, STG International provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in November 2023. In March 2022, CLIPC 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 January 7, 2025)	[REDACTED]
Adult Female Population (as of January 7, 2025)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 17 deficiencies in the following areas: Admission and Release (1); Detention Files (1); Funds and Personal Property (2); Grievance System (4); Personal Hygiene (3); Significant Self-harm and Suicide Prevention and Intervention (1); Staff-Detainee Communication (2); Telephone Access (2); and Voluntary Work Program (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 Custody Management Division Authorized Facility List as of January 6, 2025.

³ *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.⁴

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.

⁴ 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 ^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Transportation (By Land)	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Contraband	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Key and Lock Control	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Tool Control	0
Use of Force and Restraints	1
Sub-Total	1
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	2
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	2
Part 5 - Activities	
Recreation	0
Visitation	0
Sub-Total	0

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

⁶ 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.

Part 6 - Justice	
Detainee Handbook	0
Grievance System	0
Legal Rights Group Presentations	0
Sub-Total	0
Part 7 - Administration and Management	
Interview and Tours	0
Staff Training	0
Sub-Total	0
Total Deficiencies	3

DETAINEE RELATIONS

ODO interviewed 49 detainees, who each voluntarily agreed to participate. ODO requested an interview with one additional detainee; however, the detainee declined ODO’s request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

COMPLIANCE INSPECTION FINDINGS

SECURITY

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed nine calculated use of force incidents (CUOF) and found in two out of nine CUOF incidents, the facility staff did not audio visually record the entire incident (**Deficiency UOFR-69⁷**).

CARE

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)

ODO reviewed the medical records for 2 detainees who attempted suicide and found the facility’s multidisciplinary suicide prevention committee did not convene following the suicide attempt that occurred on September 12, 2024 (**Deficiency SSHSPI-5⁸**).

ODO reviewed 5 suicide watch logs for 5 detainees placed in isolated confinement and found in 2 out of the 5 logs, 6 instances where clinical staff documented continuous 1-to-1 monitoring 12 hours after the previous documented welfare check, and 2 instances where clinical staff

⁷ “For calculated use of force, it is required that the entire incident be audio visually recorded.” See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(I)(2).

⁸ “The multidisciplinary suicide prevention committee shall convene following any suicide attempt to review and, if necessary, assist in the implementation of corrective actions.” See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V).

documented continuous 1-to-1 monitoring 11 hours after the previous documented welfare check (Deficiency SSHSPI-35⁹).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 28 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 26 of those standards. ODO found three deficiencies in the remaining two standards. Since CLIPC’s last rated inspection in January 2024, the facility’s overall compliance with the PBNDS 2011 (Revised 2016) has trended upward. CLIPC went from 9 deficient standards and 17 deficiencies in January 2024 to 2 deficient standards and 3 deficiencies, during this compliance inspection. CLIPC completed its uniform corrective action plan for its last inspection in January 2024, which likely resolved ODO’s previously cited deficiencies. ODO recommends ERO New Orleans continue to work with the facility to resolve any deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2025 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	29	28
Deficient Standards	9	2
Overall Number of Deficiencies	17	3
Priority Component Deficiencies	1	0
Repeat Deficiencies	1	0
Areas Of Concern	3	0
Corrective Actions	0	0
Facility Rating	Acceptable/Adequate	Superior

⁹ “All suicidal detainees placed in an isolated confinement setting will receive continuous one-to-one monitoring, welfare checks at least every 8 hours conducted by clinical staff, and daily mental health treatment by a qualified clinician.” See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).



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