

Office of Professional Responsibility

Baldwin County Correctional Center Inspection 2024-003-417

September 24-26, 2024



U.S. Immigration
and Customs
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Office of Detention Oversight
Special Review
2024-003-417

Enforcement and Removal Operations
ERO New Orleans Field Office

Baldwin County Correctional Center
Bay Minette, Alabama

September 24-26, 2024

**SPECIAL REVIEW
of the
BALDWIN COUNTY CORRECTIONAL CENTER
Bay Minette, Alabama**

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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 special review of the Baldwin County Correctional Center (BCCC) in Bay Minette, Alabama, from September 24 to 26, 2024.¹ The facility opened in 2011 and is owned by Baldwin County and operated by the Baldwin County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at BCCC in 2011 under the oversight of ERO's Field Office Director in New Orleans (ERO New Orleans). ICE is an authorized user of this facility under a United States Marshals Service Intergovernmental Agreement contract, which does not specify an ICE National Detention Standard (NDS), and ODO inspected to the NDS listed on the ERO Custody Management Division Authorized Facility List as of September 23, 2024. BCCC was inspected against the NDS 2019, and ODO's assigned rating is for ERO's informational purposes only.

[REDACTED] A major handles daily facility operations and manages [REDACTED] support personnel. Summit Food Services provides food services, Quality Corrections Health Care provides medical care, and Turnkey provides commissary services at the facility. The facility does not hold accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of September 24, 2024)	[REDACTED]
Adult Female Population (as of September 24, 2024)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2023, ODO found 64 deficiencies in the following areas: Environmental Health and Safety (17); Food Service (17); Medical Care (5); Recreation (3); Sexual Abuse and Assault Prevention and Intervention (14); Significant Self-Harm and Suicide Prevention and Intervention (3); Special Management Unit (4); and Terminal Illness and Death (1).

¹ This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods less than 72 hours.

² Data Source: ERO Custody Management Division Authorized Facility List as of September 23, 2024.

³ *Ibid.*

SPECIAL REVIEW 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 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 *Special Review Findings* section of this report.

In FY 2022, ODO began conducting special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees. Additionally, ODO began conducting 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; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO’s informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility’s contractually required ICE NDS or in accordance with the ICE NDS listed in the current ERO Custody Management Division Authorized Facility List for facilities that are not contractually obligated to an ICE NDS, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Significant Self-harm and Suicide Prevention and Intervention, Hunger Strikes, Food Service, Environmental Health and Safety, Special Management Units (SMU) or Hold Rooms (if the facility does not have an SMU), Use of Force and Restraints/Use of Physical Control Measures, and Sexual Abuse and Assault Prevention and Intervention.

Upon completion of each special review or unannounced 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 uniform corrective action plans (UCAPs); 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 NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5,6,7}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	16
Sub-Total	16
Part 2 - Security	
Use of Force and Restraints	0
Special Management Units	0
Sexual Abuse and Assault Prevention and Intervention	10
Sub-Total	10
Part 4 – Care	
Food Service	17
Hunger Strikes	1
Medical Care	6
Significant Self-Harm and Suicide Prevention and Intervention	3
Sub-Total	27
Part 5 – Activities	
Recreation	4
Sub-Total	4
Part 6 – Justice	
Detainee Handbook	2
Sub-Total	2
Total Deficiencies	59

⁵ For greater detail on ODO’s findings, see the *Special Review 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.

⁷ During a special review, ODO will review a facility’s compliance with at least 10 individual standards.

DETAINEE RELATIONS

The facility's ICE detainee population count was zero during the inspection; therefore, ODO did not conduct any detainee interviews. Despite the facility housing no detainees during the inspection, the facility maintains an active contract to house ICE detainees and had an ADP of 1 for FY 2023, meeting the ODO requirement for special reviews.

SPECIAL REVIEW FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the facility's EHS policy, inspected the facility's chemical storage areas, and found the following deficiencies:

- No written hazardous communication program outlining proper chemical labeling, providing Safety Data Sheets (SDSs) and training for employees (**Deficiency EHS-1⁸**). **This is a repeat deficiency and a priority component;**
- No system for storing, issuing, and maintaining inventories and accountability for hazardous materials (**Deficiency EHS-2⁹**). **This is a repeat deficiency;**
- No perpetual inventory of the hazardous (flammable, toxic, or caustic) substances used and stored at the facility (**Deficiency EHS-3¹⁰**). **This is a repeat deficiency;**
- No inventory records for each substance in the laundry and food service chemical storage areas (**Deficiency EHS-4¹¹**). **This is a repeat deficiency;**
- No file of corresponding SDSs in each area using hazardous chemicals (**Deficiency EHS-5¹²**). **This is a repeat deficiency;**
- No ready and continuous access to SDSs for the hazardous substances in current use (**Deficiency EHS-6¹³**). **This is a repeat deficiency;**

⁸ "In accordance with OSHA 29 CFR 1910.1200, Hazard Communication, each facility utilizing hazardous chemicals shall create a written hazardous communication program that outlines proper chemical labeling, providing Safety Data Sheets (SDS), and training for employees." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

⁹ "The facility will establish a system for storing, issuing, and maintaining inventories of, and accountability for, hazardous materials." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

¹⁰ "Every area will have a perpetual inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

¹¹ "Inventory records will be maintained for each substance." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

¹² "In accordance with OSHA requirements, every area using hazardous substances will maintain a file of the corresponding Safety Data Sheets (SDSs)." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(1).

¹³ "The SDSs provide vital information on individual hazardous substances, including instructions on safe handling, storage, and disposal, prohibited interactions, etc. Staff and detainees will have ready and continuous access to SDSs for the substances with which they are working while in the work area." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(1).

- No SDS files on hand for the maintenance supervisor’s review (**Deficiency EHS-7¹⁴**). **This is a repeat deficiency;**
- No compiled master index of all hazardous substances in the facility, to include their locations and a master index of SDSs (**Deficiency EHS-8¹⁵**). **This is a repeat deficiency;**
- No SDS master file or documentation of reviews (**Deficiency EHS-9¹⁶**). **This is a repeat deficiency;** and
- No comprehensive and up-to-date list of emergency phone numbers (**Deficiency EHS-10¹⁷**). **This is a repeat deficiency.**

ODO reviewed [REDACTED] staff records and found in [REDACTED] out of [REDACTED] records, no documentation noting staff’s familiarity, and following, of all prescribed precautions, wearing of personal protective equipment, and reporting hazards or spills to the designated authority. ODO also found no available SDS for each hazardous substance for staff to follow prescribed precautions (**Deficiency EHS-11¹⁸**). **This is a repeat deficiency.**

ODO inspected the facility’s laundry and food service chemical storage areas and found no inventory records for hazardous substances before, during, and after each use (**Deficiency EHS-16¹⁹**). **This is a repeat deficiency.**

ODO reviewed [REDACTED] staff training records and found in [REDACTED] out of [REDACTED] records, no documented training for classification code and safe handling procedures of hazardous materials (**Deficiency EHS-23²⁰**). **This is a repeat deficiency.**

ODO inspected the facility’s barber operations in seven housing units, and found the following deficiencies:

- Facility staff did not provide towels nor ensure no reuse of towels provided to detainees (**Deficiency EHS-44²¹**). **This is a repeat deficiency;**

¹⁴ “Staff must review SDS files, and the Maintenance Supervisor will review the records as necessary.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(1).

¹⁵ “The Maintenance Supervisor or facility designee will compile a master index of all hazardous substances in the facility, including their locations, along with a master file of SDSs. Documentation of reviews will be maintained in the SDS master file.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

¹⁶ “Documentation of reviews will be maintained in the SDS master file.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

¹⁷ “The master index will also include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.)” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

¹⁸ “Every individual using a hazardous substance in the facility must be familiar with and follow all prescribed precautions, wear personal protective equipment (PPE) when necessary, and report hazards or spills to the designated authority.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(3).

¹⁹ “c. Inventory records for a hazardous substance must be kept current before, during, and after each use.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(4)(c).

²⁰ “b. Staff and detainees who work with hazardous materials will have appropriate training, including the classification code and safe handling procedures for each material.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(6)(b).

²¹ “Sanitation of barber operations is of the utmost concern due to the possible transfer of diseases through direct contact or by the tools, implements, and supplies including the towels, combs, and clippers. Towels must not be reused after use on one person.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(1).

- No containers for waste, disinfectants, disposable headrest covers, laundered towels, and haircloths for barber operations (**Deficiency EHS-47²²**). **This is a repeat deficiency;** and
No cleaning nor disinfecting of hair care products prior to use on detainees (**Deficiency EHS-48²³**). **This is a repeat deficiency.**

SECURITY

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility’s sexual assault policy and their website, interviewed facility leadership, and found the following deficiencies:

- No written policy covering the cooperation with ICE/ERO audits (**Deficiency SAAPI-13²⁴**). **This is a repeat deficiency;**
- No review nor approval by ERO New Orleans of the facility’s written SAAPI policy (**Deficiency SAAPI-14²⁵**). **This is a repeat deficiency;** and
- The facility had no SAAPI protocols listed on their website (**Deficiency SAAPI-16²⁶**). **This is a repeat deficiency.**

ODO interviewed a facility administrator and confirmed no designated prevention of sexual assault (PSA) compliance manager (**Deficiency SAAPI-17²⁷**). **This is a repeat deficiency and a priority component.**

ODO reviewed facility staff training and found no review nor approval of facility medical staff training by ERO New Orleans (**Deficiency SAAPI-39²⁸**). **This is a repeat deficiency.**

²² “c. Barber operations will be provided with all equipment and facilities necessary for maintaining sanitary procedures of hair care, including containers for waste, disinfectants, disposable headrest covers, laundered towels, and haircloths.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(1)(c).

²³ “d. All hair care tools which come in contact with detainees will be cleaned and disinfected prior to each use.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(1)(d).

²⁴ “This policy must mandate zero tolerance toward all forms of sexual abuse and assault, outline the facility’s approach to preventing, detecting, and responding to such conduct, and include, at a minimum: ...

7. The facility’s requirement to cooperate with all ICE/ERO audits and monitoring of facility compliance with sexual abuse and assault policies and standards.”

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(7).

²⁵ “The facility’s written policy and procedures must be reviewed and approved by ICE/ERO.” *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

²⁶ “Each facility shall also post its protocols on its website, if it has one, or otherwise make the protocols available to the public.” *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

²⁷ “The facility administrator shall designate a Prevention of Sexual Assault (PSA) Compliance Manager who shall serve as the facility point of contact for the ICE/ERO PSA Coordinator and who has sufficient time and authority to oversee facility efforts to comply with facility sexual abuse and assault prevention and intervention policies and procedures.” *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(C).

²⁸ “Facility medical staff shall be trained in procedures for examining and treating victims of sexual abuse in facilities where medical staff may be assigned these activities. This training shall be subject to the review and approval of ICE/ERO.” *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E).

ODO reviewed the facility’s sexual assault policy and detainee handbook and found the facility did not inform detainees they can report any incident or situation to the DHS Joint Intake Center **(Deficiency SAAPI-49²⁹)**. **This is a repeat deficiency.**

ODO toured the facility’s housing units and found none of the required postings nor contact information for the PSA compliance manager and local resources **(Deficiency SAAPI-52³⁰)**. **This is a repeat deficiency.**

ODO reviewed the facility’s sexual assault policy and found no memoranda of understanding with community service providers that provide legal advocacy and confidential emotional support services for immigrant victims of crime **(Deficiency SAAPI-67³¹)**. **This is a repeat deficiency.**

ODO reviewed the facility’s sexual assault policy and found the facility did not have a sexual abuse and assault response team **(Deficiency SAAPI-92³²)**. **This is a repeat deficiency.**

ODO reviewed the facility’s sexual assault policy and found no reference to retention of record for 5 years after an alleged abuser’s detainment or length of employment **(Deficiency SAAPI-138³³)**. **This is a repeat deficiency.**

CARE

FOOD SERVICE (FS)

ODO reviewed policies, procedures, and menus, and found no documented common-fare or

²⁹ “Detainees will also be informed that they can report any incident or situation regarding sexual abuse and assault, or intimidation, to any staff member (as outlined above), the DHS Office of Inspector General, and the DHS Joint Intake Center.” *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(1).

³⁰ “ICE/ERO will provide a sexual abuse and assault awareness notice to be posted on all housing-unit bulletin boards, as well as a “Sexual Assault Awareness Information” pamphlet to be distributed. The facility shall post with this notice the name of the facility PSA Compliance Manager and information about local organizations that can assist detainees who have been victims of sexual abuse and assault, including mailing addresses and telephone numbers (including toll-free hotline numbers where available).” *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(3).

³¹ “The facility administrator shall maintain or attempt to enter into memoranda of understanding (MOU) or other agreements with community service providers or, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support services for immigrant victims of crime.” *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(H).

³² “Facilities should use a coordinated, multidisciplinary team approach to responding to sexual abuse and assault, such as a sexual abuse and assault response team (SART), which, in accordance with community practices, includes a medical practitioner, a mental health practitioner, a security staff member and an investigator from the assigned investigative entity, as well as representatives from outside entities that provide relevant services and expertise.” *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(J).

³³ “The facility shall develop written procedures for administrative investigations, including provisions requiring: ...
g. Retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years.”

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(3)(g).

holiday menu (**Deficiency FS-60³⁴**). **This is a repeat deficiency.**

ODO inspected the kitchen and FS storage areas and found the facility did not provide a common-fare menu and disposable plates and utensils nor setting aside reusable plates and utensils for common-fare menus (**Deficiency FS-65³⁵**). **This is a repeat deficiency.**

ODO inspected the kitchen and FS storage areas and found the facility did not provide a common-fare menu nor have equipment available for common-fare meal preparation (**Deficiency FS-66³⁶**). **This is a repeat deficiency.**

ODO interviewed a facility chaplain and found the facility did not have a documented ceremonial meal schedule for this inspection period nor the 2025 calendar year (**Deficiency FS-68³⁷**). **This is a repeat deficiency.**

ODO interviewed a facility chaplain and found the facility did not have a ceremonial meal schedule that included the date, religious group, estimated number of participants, and special foods required (**Deficiency FS-69³⁸**). **This is a repeat deficiency.**

ODO reviewed the personnel files for ■■■ FS staff and found in ■■■ out of ■■■ files, no documented preemployment medical examination (**Deficiency FS-86³⁹**). **This is a repeat deficiency.**

ODO inspected the kitchen and found exhaust grease and dirt build-up in vents and filters, food debris on the exterior of a large mixer, dust accumulation in an overhead vent, excessive food debris on the interior walls of three ovens, and nine inoperative light fixtures (**Deficiency FS-91⁴⁰**). **This is a repeat deficiency.**

³⁴ “The common-fare menu is based on a 14-day cycle, with special menus for the 10 Federal holidays.” See ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

³⁵ “Common-fare meals shall be served with disposable plates and utensils, except when a supply of reusable plates and utensils has been set aside for common-fare service only.” See ICE NDS 2019, Standard, Food Service, Section (II)(F)(6).

³⁶ “Separate cutting boards, knives, food scoops, food inserts, and other such tools, appliances, and utensils shall be used to prepare common-fare foods and shall be identified accordingly.” See ICE NDS 2019, Standard, Food Service, Section (II)(F)(6).

³⁷ “The chaplain, in consultation with local religious leaders, if necessary, shall develop the ceremonial-meal schedule for the subsequent calendar year, providing it to the facility administrator.” See ICE NDS 2019, Standard, Food Service, Section (II)(F)(7).

³⁸ “This schedule shall include the date, religious group, estimated number of participants, and special foods required.” See ICE NDS 2019, Standard, Food Service, Section (II)(F)(7).

³⁹ “All food service personnel (both staff and detainee) shall receive a documented preemployment medical examination.” See ICE NDS 2019, Standard, Food Service, Section (II)(I)(3)(a).

⁴⁰ “All facilities shall meet the following environmental standards:

- a. Clean, well-lit, and orderly work and storage areas.
- d. Ventilation hoods, to prevent grease buildup and wall/ceiling condensation that can drip into food or onto food-contact surfaces. Filters or other grease- extracting equipment shall be readily removable for cleaning and replacement.”

See ICE NDS 2019, Standard, Food Service, Section (II)(I)(5)(a & d).

ODO reviewed the FS program and documentation and found the following deficiencies:

- No schedule developed for the routine cleaning of equipment (**Deficiency FS-94**⁴¹). **This is a repeat deficiency;**
- No cleaning schedule for each FS area and no posted cleaning schedules in FS areas for easy reference (**Deficiency FS-96**⁴²). **This is a repeat deficiency;**
- No frequency of cleaning for all areas and equipment specified on the cleaning schedule (**Deficiency FS-97**⁴³). **This is a repeat deficiency;** and
- No inventories for hazardous chemicals stored in the FS department to control and account for toxic, flammable, or caustic materials used by FS staff (**Deficiency FS-105**⁴⁴). **This is a repeat deficiency.**

ODO inspected the FS department and found the facility stored Sysco Germicidal Ultra Bleach, Suma D1.5 General Purpose Pot and Pan Detergent, Ecolab Grease Strip Plus, and Diversity Hard Water Powder Detergent in the same storage room with food products, to include 50-pound bags of dry biscuit mix and kidney beans, 1-gallon containers of barbecue sauce, 60-gallon drums with plain sugar, dry cheese sauce, flour, and salt. Additionally, the facility does not lock nor label the storage room for toxic, flammable, and caustic materials (**Deficiency FS-107**⁴⁵). **This is a repeat deficiency.**

ODO inspected the FS department and found grease build-up on the hood and ventilation filters and the food service director (FSD) confirmed no cleaning schedule for the hood system (**Deficiency FS-114**⁴⁶). **This is a repeat deficiency.**

ODO interviewed the FSD and reviewed an Alabama Department of Public Health Annual Inspection Report, dated June 27, 2024, and found the facility implemented an annual independent inspection but had no written procedures for weekly inspections of all FS areas nor any documentation of weekly inspections during the inspection period (**Deficiency FS-116**⁴⁷). **This**

⁴¹ “The FSA shall develop a schedule for the routine cleaning of equipment.” See ICE NDS 2019, Standard, Food Service, Section (II)(I)(6).

⁴² “The FSA shall develop a cleaning schedule for each food service area and post it for easy reference. All areas (walls, windows, vent hoods, etc.) and equipment (chairs, tables, fryers, ovens, etc.) will be grouped by frequency of cleaning, e.g., After Every Use, Daily, Weekly, Monthly, Semi-annually, or Annually.” See ICE NDS 2019, Standard, Food Service, Section (II)(I)(6)(a).

⁴³ “The FSA shall develop a cleaning schedule for each food service area and post it for easy reference. All areas (walls, windows, vent hoods, etc.) and equipment (chairs, tables, fryers, ovens, etc.) will be grouped by frequency of cleaning, e.g., After Every Use, Daily, Weekly, Monthly, Semi-annually, or Annually.” See ICE NDS 2019, Standard, Food Service, Section (II)(I)(6)(a).

⁴⁴ “All staff members shall know where and how much toxic, flammable, or caustic material is on hand, and be aware that their use must be controlled and accounted for daily.” See ICE NDS 2019, Standard, Food Service, Section (II)(I)(9)(b).

⁴⁵ “All toxic, flammable, and caustic materials shall be segregated from food products and stored in a locked and labeled cabinet or room.” See ICE NDS 2019, Standard, Food Service, Section (II)(I)(9)(d).

⁴⁶ “Hood systems shall be cleaned after each use to prevent grease build-ups, which constitute fire risks.” See ICE NDS 2019, Standard, Food Service, Section (II)(I)(10)(d).

⁴⁷ “The facility shall implement written procedures for the administrative or food service, personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas and an annual independent inspection ensuring that all governmental health and safety codes are being met.” See ICE NDS 2019, Standard, Food Service, Section (II)(I)(11)(a).

is a repeat deficiency.

ODO reviewed the facility's FS program and written policies and found:

- No daily check and record of refrigerator and water temperatures (**Deficiency FS-117⁴⁸**). **This is a repeat deficiency;**
- No documented temperature checks (**Deficiency FS-118⁴⁹**); and
- No temperature-check documentation for two out of two refrigerators and two out of two freezers (**Deficiency FS-119⁵⁰**). **This is a repeat deficiency.**

HUNGER STRIKES (HS)

ODO reviewed HS policies and training files for ■ medical staff and ■ detention staff and found in ■ out of ■ files, no initial nor annual hunger strike training (**Deficiency HS-1⁵¹**).

MEDICAL CARE (MC)

ODO reviewed ■ health care staff files and found in ■ out of ■ files, no evidence of valid licensure (**Deficiency MC-11⁵²**). **This is a priority component.**

ODO reviewed ■ detainee medical files and found in ■ out of ■ files, the facility did not conduct initial medical, dental, nor mental health screenings on the detainees after their arrival (**Deficiency MC-12⁵³**). **This is a repeat deficiency and a priority component.**

ODO reviewed ■ detainee medical files and found in ■ out of ■ files, the facility did not complete a tuberculosis screening of the detainee prior to placing the detainee in general population (**Deficiency MC-18⁵⁴**). **This is a repeat deficiency and a priority component.**

⁴⁸ “Staff shall check refrigerator and water temperatures daily, recording the results.” See ICE NDS 2019, Standard, Food Service, Section (II)(I)(11)(a).

⁴⁹ “Daily checks of equipment temperature shall follow this schedule: ...

3. Refrigeration/freezer equipment (walk-in units): site-specific schedule, established by the FSA.”

See ICE NDS 2019, Standard, Food Service, Section (II)(I)(11)(b)(3).

⁵⁰ “All temperature-check documentation shall be filed and accessible.” See ICE NDS 2019, Standard, Food Service, Section (II)(I)(11)(b).

⁵¹ “All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike.” See ICE NDS 2019, Standard, Hunger Strikes, Section (II)(A).

⁵² “Health care staff shall have a valid professional licensure and/or certification for the jurisdiction in which they practice and will perform duties within the scope of their clinical license.” See ICE NDS 2019, Standard, Medical Care, Section (II)(C).

⁵³ “As soon as possible, but no later than 12 hours after arrival, all detainees shall receive, by a health care practitioner or a specially trained detention officer, an initial medical, dental and mental health screening and be asked for information regarding any known acute, emergent, or pertinent past or chronic medical conditions, including history of mental illness, particularly prior suicide attempts or current suicidal/homicidal ideation or intent, and any disabilities or impairments affecting major life activities.” See ICE NDS 2019, Standard, Medical Care, Section (II)(D).

⁵⁴ “All new arrivals shall receive tuberculosis (TB) screening in accordance with the most current Centers for Disease Control and Prevention (CDC) guidelines, including, but not limited to, CDC Guidelines for Correctional Facilities, prior to being placed in general population.” See ICE NDS 2019, Standard, Medical Care, Section (II)(D)(1).

ODO reviewed [REDACTED] medical staff and [REDACTED] non-medical staff training files and found in [REDACTED] out of [REDACTED] files, no documented training to respond to health-related emergencies within a 4-minute response time (**Deficiency MC-57⁵⁵**). **This is a repeat deficiency and a priority component.**

ODO reviewed the facility's inmate handbook and found no reference to allow detainees and their representatives to request and receive their medical files (**Deficiency MC-102⁵⁶**). **This is a repeat deficiency.**

ODO reviewed [REDACTED] detainee medical files and found in [REDACTED] out of [REDACTED] files, the facility did not ensure a medical transfer summary accompanied the detainee when transferring to another facility (**Deficiency MC-109⁵⁷**). **This is a repeat deficiency.**

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

ODO reviewed [REDACTED] facility staff training files and found in [REDACTED] out of [REDACTED] files, no suicide prevention training during orientation nor annual training (**Deficiency SSHSPI-2⁵⁸**). **This is a repeat deficiency and a priority component.**

ODO reviewed the facility's suicide prevention curriculum training and found comprehensive suicide prevention training did not include standard first aid training, cardiopulmonary resuscitation training, nor training for the demographic, cultural, and precipitating factors of suicidal behavior (**Deficiency SSHSPI-3⁵⁹**). **This is a repeat deficiency.**

ODO reviewed [REDACTED] detainee medical files and found in [REDACTED] out of [REDACTED] files, the facility conducted no initial mental health screenings on the detainees (**Deficiency SSHSPI-5⁶⁰**). **This is a repeat deficiency and a priority component.**

⁵⁵ "Detention staff and health care staff will be trained to respond to health-related emergencies within a 4-minute response time." See ICE NDS 2019, Standard, Medical Care, Section (II)(K).

⁵⁶ "Detainees and their representatives shall be allowed to request and receive medical records pursuant to facility policy, which shall be communicated to the detainee in the facility handbook." See ICE NDS 2019, Standard, Medical Care, Section (II)(P).

⁵⁷ "When a detainee is transferred to another detention facility, the sending facility shall ensure that a medical transfer summary accompanies the detainee." See ICE NDS 2019, Standard, Medical Care, Section (II)(Q)(3)(a).

⁵⁸ "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during orientation and refresher training at least annually thereafter." See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(B).

⁵⁹ "All of the following topics shall be covered: ...

2. Standard first aid training, cardiopulmonary resuscitation (CPR) training, and training in the use of emergency equipment (that may be located in each housing area of the detention facility) ; and
5. Demographic, cultural, and precipitating factors of suicidal behavior."

See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(B)(2 & 5).

⁶⁰ "All detainees shall receive an initial mental health screening within 12 hours of admission by a health care practitioner or a specially trained detention officer." See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(C).

ACTIVITIES

RECREATION (R)

ODO reviewed the facility's recreation policies and inmate handbook and found the facility only gives detainees 1 hour of recreation, 2 days per week (**Deficiency R-3⁶¹**). **This is a repeat deficiency and a priority component.**

ODO toured the facility's outdoor recreation area and found the following deficiencies:

- No exercise equipment located in the outdoor recreation area (**Deficiency R-8⁶²**). **This is a repeat deficiency;**
- No fixed or moveable equipment available to detainees (**Deficiency R-9⁶³**). **This is a repeat deficiency;** and
- Insufficient space to allow for limited-contact sports, such as soccer, basketball, volleyball, table games, and for competitions between units (**Deficiency R-10⁶⁴**). **This is a repeat deficiency.**

JUSTICE

DETAINEE HANDBOOK (DH)

ODO reviewed the facility's inmate handbook, dated July 2024, and found the handbook does not include verbiage pertaining to disability accommodations and restricted areas (**Deficiency DH-2⁶⁵**). **This is a priority component.**

ODO interviewed facility staff and found staff do not obtain nor maintain acknowledgment of detainee's receipt of the ICE National Detainee Handbook and facility handbook (**Deficiency DH-9⁶⁶**). **This is a priority component.**

⁶¹ "Weather permitting, each detainee shall have access for at least one hour per day, five days per week; or, six or more hours per week, at least four days per week." *See* ICE NDS 2019, Standard, Recreation, Section (II)(A)(1).

⁶² "Exercise areas shall offer a variety of fixed and movable equipment." *See* ICE NDS 2019, Standard, Recreation, Section (II)(C)(1).

⁶³ "Cardiovascular exercise shall be available to detainees for whom outdoor recreation is unavailable." *See* ICE NDS 2019, Standard, Recreation, Section (II)(C)(2).

⁶⁴ "Recreational activities shall be based on the facility's size and location, and may include limited-contact sports, such as soccer, basketball, volleyball, table games, and may extend to competitions between units." *See* ICE NDS 2019, Standard, Recreation, Section (II)(C)(3).

⁶⁵ "The facility handbook will specify in detail the rules, regulations, policies, and procedures with which every detainee must comply and include information about available services such as: personal hygiene rules, recreation, correspondence and other mail, visitation, library/legal access, telephone use, sexual abuse and assault prevention and intervention program, disability accommodations, restricted areas, contraband, housekeeping, disciplinary rules and sanctions, grievance and appeal procedures, health care access, religious services, canteen and commissary, property, and so forth." *See* ICE NDS 2019, Standard, Detainee Handbook, Section (II)(B).

⁶⁶ "The facility will document and maintain a detainee acknowledgement of receipt of the ICE National Detainee Handbook and facility handbook." *See* ICE NDS 2019, Standard, Detainee Handbook, Section (II)(F).

CONCLUSION

During this special review, ODO assessed the facility’s compliance with 10 standards under NDS 2019 and found the facility in compliance with 2 of those standards. ODO found 59 deficiencies in the remaining 8 standards. Since BCCC’s last special review in September 2023, the facility’s compliance with NDS 2019 has remained the same. ODO did not receive a completed UCAP for its last inspection of BCCC in September 2023, which likely contributed to the 54 repeat deficiencies. ODO recommends ERO New Orleans work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Special Review (NDS 2019)	FY 2024 Special Review (NDS 2019)
Standards Reviewed	10	10
Deficient Standards	8	8
Overall Number of Deficiencies	64	59
Priority Component Deficiencies	10	11
Repeat Deficiencies	0	54
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Failure	Failure



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