



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
2024-003-309**

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

**Central Louisiana ICE Processing Center
Jena, Louisiana**

June 11-13, 2024

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

TABLE OF CONTENTS

FACILITY OVERVIEW	4
FOLLOW-UP COMPLIANCE INSPECTION PROCESS.....	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES.....	6
DETAINEE RELATIONS	7
FOLLOW-UP COMPLIANCE INSPECTION FINDINGS.....	7
SECURITY	7
FUNDS AND PERSONAL PROPERTY.....	7
USE OF FORCE AND RESTRAINTS	7
CARE	8
SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION	8
JUSTICE.....	8
GRIEVANCE SYSTEM.....	8
CONCLUSION	9

FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS

Michael Alsworth	Team Lead	ODO
James Adams	Senior Inspections and Compliance Specialist	ODO
Brian Medcalf	Senior Inspections and Compliance Specialist	ODO
Ignacio De las Heras	Contractor	Creative Corrections
Veronica Fernandez	Contractor	Creative Corrections
Roger Fink	Contractor	Creative Corrections
Sean Finley	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 follow-up compliance inspection of the Central Louisiana ICE Processing Center (CLIPC) in Jena, Louisiana, from June 11 to 13, 2024.¹ This inspection focused on the standards found deficient during ODO’s last inspection of CLIPC from January 9 to 11, 2024. 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 (FOD) in New Orleans (ERO New Orleans). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has deportation officers assigned full-time to the facility, and they are on-site daily, Monday through Friday, from 8 a.m. to 4 p.m. A facility administrator (FA) handles daily operations and manages 238 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 January 2018. In November 2017, 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	1170
Average ICE Population ³	873
Adult Male Population (as of June 11, 2024)	1164
Adult Female Population (as of June 11, 2024)	0

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 17 deficiencies in the following areas: Admission and Release (1); Funds and Personal Property (2); Staff-Detainee Communication (2); Personal Hygiene (3); Significant Self-harm and Suicide Prevention and Intervention (1); Telephone Access (2); Voluntary Work Program (1); Grievance System (4); and Detention Files (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 June 10, 2024.

³ *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.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.

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.

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

PBND Standards 2011 (Revised 2016) Standards Inspected ^{5,6}	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
Funds and Personal Property	1
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	7
Sub-Total	8
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	1
Sub-Total	1
Part 5 - Activities	
Telephone Access	0
Voluntary Work Program	0
Sub-Total	0
Part 6 - Justice	
Grievance System	4
Sub-Total	4
Part 7 - Administration and Management	
Detention Files	0
Sub-Total	0
Total Deficiencies	13

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

DETAINEE RELATIONS

ODO interviewed 22 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

FUNDS AND PERSONAL PROPERTY (FPP)

ODO toured three out of five detainee housing units and found the facility issued storage bins to 499 detainees; however those bins did not have lids, locks, or any other method for detainees to secure their authorized personal property (**Deficiency FPP-40⁷**).

USE OF FORCE AND RESTRAINTS (UOFR)

ODO interviewed the chief of security, reviewed four calculated use of force files (CUOF) and six immediate use of force (IUOF) files, and found in one out of four CUOF files, the facility did not have the detainee evaluated by medical staff to assess if the detainee had any medical needs and/or provide medical care after the CUOF incident (**Deficiency UOFR-9⁸**).

Additionally, in one out of four CUOF files, ODO found the following deficiencies:

- No preauthorization consultation between a supervisor and medical staff to determine if the detainee had any medical considerations requiring specific precautions (**Deficiency UOFR-18⁹**);
- The UOF team deployed pepper spray without first consulting with facility medical staff (**Deficiency UOFR-52¹⁰**). **This is a priority component;**
- Medical staff did not review the detainee's medical file for a disease or condition potentially worsened by an intermediate force weapon (**Deficiency UOFR-53¹¹**);
- No authorization in advance by the FA or designee for the CUOF (**Deficiency UOFR-**

⁷ "Every housing area shall have lockers or other securable space for storing detainee's personal property." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(E).

⁸ "Detainees subjected to use of force shall be seen by medical staff as soon as possible. If the use of force results in an injury or claim of injury, medical evaluation shall be obtained and appropriate care provided." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(B)(7).

⁹ "Calculated use of force requires supervisor preauthorization consultation with medical staff to determine if the detainee has medical issues requiring specific precautions." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(B)(15).

¹⁰ "Staff shall consult medical staff as practicable, before using pepper spray or other intermediate force weapons unless escalating tension makes such action unavoidable." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(G)(3).

¹¹ "When possible, medical staff shall review the detainee's medical file for a disease or condition that an intermediate force weapon could seriously exacerbate, including, but not limited to, asthma, emphysema, bronchitis, tuberculosis, obstructive pulmonary disease, angina pectoris, cardiac myopathy or congestive heart failure." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(G)(3).

- **66**¹²); and
- No consultation between facility staff and medical staff prior to the CUOF incident, resulting in no review by medical staff of the detainee’s medical file for a disease or condition potentially worsened by an intermediate force weapon (**Deficiency UOFR-67**¹³).

ODO reviewed the files and after-action reports of the four CUOF incidents and the six IUOF incidents and found in one out of four CUOF files and five out of six IUOF files, the after-action review team did not document note discrepancies on the audiovisual records. Specifically, the audiovisual recordings of these incidents did not include medical examinations of the detainees nor if there were any findings that resulted from those medical examinations (**Deficiency UOFR-170**¹⁴).

CARE

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

ODO reviewed the suicide watch logs for 6 detainees placed on suicide watch during the inspection period. ODO found in 1 out of 6 watch logs, 44 instances where medical staff documented monitoring of the detainees between 16- and 32-minute intervals. Additionally, in another 1 out of 6 watch logs, ODO found 27 instances of documented monitoring between 16- and 22-minute intervals, rather than monitoring and documenting every 15-minutes or more (**Deficiency SSHSPI-34**¹⁵). **This is a repeat deficiency and a priority component.**

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed 25 appeals to the grievance appeals board (GAB) and found in 1 out of 25 appeals, a lapse of 7 days between the GAB receiving the appeal on March 11 and providing a decision on

¹² “A calculated use of force needs to be authorized in advance by the facility administrator (or designee).” *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(I).

¹³ “Medical staff shall review the detainee’s medical file for a disease or condition that an intermediate force weapon could seriously exacerbate, including, but not limited to, asthma, emphysema, bronchitis, tuberculosis, obstructive pulmonary disease, angina pectoris, cardiac myopathy, or congestive heart failure.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(I).

¹⁴ “The after-action review team shall also review the audiovisual recording of any use-of-force incidents for compliance with all provisions of this standard, with particular attention paid to whether a medical professional promptly examined the detainee, with the findings reported on the audiovisual record.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(4)(I).

¹⁵ “The qualified mental health professional may place the detainee in a special isolation room designed for evaluation and treatment with continuous monitoring that must be documented every 15 minutes or more frequently if necessary.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

March 18, 2024 (**Deficiency GS-60**¹⁶).

ODO reviewed eight appeals to the FA and found in three out of eight appeals, the FA issued decisions within 7 to 8 days (**Deficiency GS-68**¹⁷).

ODO interviewed the compliance administrator and found the FA did not forward written decisions of grievance appeals to the FOD (**Deficiency GS-69**¹⁸).

ODO interviewed the facility's compliance administrator and ERO New Orleans and found the facility received two grievances alleging staff misconduct during the review period but did not send copies to ICE's Joint Intake Center (**Deficiency GS-93**¹⁹). **This is a priority component.**

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 14 of those standards. ODO found 13 deficiencies in the remaining 4 standards. Since CLIPC's last rated compliance inspection in January 2024, the facility's performance trended upward. CLIPC went from 9 deficient standards and 17 deficiencies in January 2024 to 4 deficient standards and 13 deficiencies during this follow-up compliance inspection. The deficiencies included three priority component deficiencies and one repeat deficiency for suicide watch logs. ODO received a completed UCAP for the facility's last ODO inspection in January 2024, which likely resolved most of the previously cited deficiencies. However, the corrective action documented on the UCAP for the SSHSPI standard did not resolve the recurrence of this deficiency. ODO recommends ERO New Orleans continue to work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

¹⁶ "The designated members of the GAB shall review and provide a decision on the grievance within five days of receipt of the appeal." See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(C)(3)(b)(2)(b).

¹⁷ "The facility administrator, in some cases in conjunction with the Field Office Director, shall review the grievance appeal and issue a decision within five days of receipt of the appeal." See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(C)(3)(b)(3)(b).

¹⁸ "The facility administrator, in some cases in conjunction with the Field Office Director, shall review the grievance appeal and issue a decision within five days of receipt of the appeal. A written decision shall be issued to the detainee in all cases and forwarded to the Field Office Director." See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(C)(3)(b)(3)(b).

¹⁹ "While such grievances are to be processed through the facility's established grievance system, CDFs and IGSA facilities must also forward a copy of any grievances alleging staff misconduct to ICE/ERO in a timely manner with a copy going to ICE's Office of Professional Responsibility (OPR) Joint Intake Center and/or local OPR office for appropriate action." See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(F).

Compliance Inspection Results Compared	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2024 Follow-Up Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	29	18
Deficient Standards	9	4
Overall Number of Deficiencies	17	13
Priority Component Deficiencies	1	3
Repeat Deficiencies	1	1
Areas Of Concern	3	0
Corrective Actions	0	0
Facility Rating	Acceptable/Adequate	N/A