



**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  
Compliance Inspection  
2024-001-291**

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

**Stewart Detention Center  
Lumpkin, Georgia**

**April 9-11, 2024**

**COMPLIANCE INSPECTION**  
**of the**  
**STEWART DETENTION CENTER**  
Lumpkin, Georgia

**TABLE OF CONTENTS**

<b>FACILITY OVERVIEW .....</b>	<b>4</b>
<b>COMPLIANCE INSPECTION PROCESS .....</b>	<b>5</b>
<b>FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES.....</b>	<b>6</b>
<b>DETAINEE RELATIONS .....</b>	<b>7</b>
<b>COMPLIANCE INSPECTION FINDINGS .....</b>	<b>8</b>
<b>SAFETY.....</b>	<b>8</b>
ENVIRONMENTAL HEALTH AND SAFETY .....	8
<b>SECURITY .....</b>	<b>8</b>
POST ORDERS .....	8
USE OF FORCE AND RESTRAINTS .....	8
<b>CARE .....</b>	<b>8</b>
FOOD SERVICE .....	8
<b>ACTIVITIES .....</b>	<b>9</b>
TELEPHONE ACCESS .....	9
VOLUNTARY WORK PROGRAM.....	9
<b>JUSTICE.....</b>	<b>10</b>
GRIEVANCE SYSTEM.....	10
<b>ADMINISTRATION AND MANAGEMENT .....</b>	<b>10</b>
DETAINEE TRANSFERS .....	10
<b>CONCLUSION .....</b>	<b>10</b>

## COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Acting 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 Stewart Detention Center (SDC) in Lumpkin, Georgia, from April 9 to 11, 2024.<sup>1</sup> 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).

[REDACTED]

[REDACTED]

[REDACTED] An SDC warden handles daily facility operations and manages [REDACTED] support personnel. Trinity Services provides food services, CoreCivic provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in August 2023 and by the National Commission on Correctional Health Care in January 2024. In January 2024, 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 <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of April 9, 2024)	[REDACTED]
Adult Female Population (as of April 9, 2024)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2023, ODO found 3 deficiencies in the following areas: Correspondence and Other Mail (1); Detainee Handbook (1); and Hold Rooms in Detention Facilities (1).

<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 April 8, 2024.

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

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.

---

<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	2
<b>Sub-Total</b>	<b>2</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Population Counts	0
Post Orders	1
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	1
<b>Sub-Total</b>	<b>2</b>
<b>Part 4 - Care</b>	
Food Service	1
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Religious Practices	0
Telephone Access	3
Voluntary Work Program	1
<b>Sub-Total</b>	<b>4</b>

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

<b>Part 6 - Justice</b>	
Grievance System	2
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 7 - Administration and Management</b>	
Detention Files	0
Detainee Transfers	1
<b>Sub-Total</b>	<b>1</b>
<b>Total Deficiencies</b>	<b>12</b>

## DETAINEE RELATIONS

ODO interviewed 36 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 stated he experienced tooth pain after a dental cleaning, causing heavy bleeding from his gums.

- Action Taken: ODO interviewed the facility's health service administrator, reviewed the detainee's medical record, and confirmed a facility dentist examined and cleaned the detainee's teeth on February 21, 2024. The dentist noted moderate calculus accumulation on the detainee's teeth and swollen gums. Additionally, the dentist documented some bleeding occurred during cleaning and flossing. The detainee disclosed to the dentist his gums typically bleed when he brushes, and he did not know how to floss. The dentist noted his instruction to the detainee on proper flossing, and the detainee left the appointment with no issues. On February 22, 2024, the dentist evaluated the detainee following a complaint of heavy bleeding after his dental cleaning. The dentist noted no excessive bleeding and no signs of infection after examining him and prescribed Peridex mouthwash (0.12%) and ibuprofen (200 mg) as treatment. On April 10, 2024, the dentist evaluated the detainee and noted minor bleeding of the gums. The dentist also indicated the bleeding appeared to be the result of inconsistent brushing and flossing. On that day, medical staff offered dental floss and ibuprofen (200 mg), but the detainee declined both.

# COMPLIANCE INSPECTION FINDINGS

## SAFETY

### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO toured 27 housing units and found discolored and stained grout in 54 detainee showers (**Deficiency EHS-11<sup>7</sup>**).

ODO interviewed the facility's safety manager, reviewed 32 quarterly fire drill reports, and found the facility did not conduct nor document fire drills during its 4th quarter in 8 detainee housing units, the administrative area, the detainee court room, and for the laundry department (**Deficiency EHS-107<sup>8</sup>**).

## SECURITY

### POST ORDERS (PO)

ODO interviewed the facility's chief of security, reviewed 25 POs, and found in 13 out of 25 POs, the facility did not state the duty hours for each post (**Deficiency PO-10<sup>9</sup>**).

### USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed 13 recorded calculated use of force (CUOF) incidents and found the following in 7 out of 13 CUOF incidents, the recordings did not include the faces of all team members, and in 3 out of 13 CUOF incidents, the recordings did not include close-ups of the detainee's body during the medical exam for injuries (**Deficiency UOFR-73<sup>10</sup>**).

## CARE

### FOOD SERVICE (FS)

ODO toured the FS area, observed foods prepared from ingredients at room temperature, and found the temperature of instant pudding was 44 Fahrenheit degrees 2 hours after the food preparation

---

<sup>7</sup> "The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness. When possible, the use of non-toxic cleaning supplies is recommended." *See* ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(A)(3).

<sup>8</sup> "Fire drills shall be conducted and documented at least quarterly in all facility locations including administrative areas." *See* ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(C)(4).

<sup>9</sup> "The chief security officer shall supervise the preparation of all post orders, which shall: ...

2. Specifically state the duty hours for each post."

*See* ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(C)(2).

<sup>10</sup> "Calculated use-of-force incidents shall be audio visually recorded in the following order: ...

b. Faces of all team members shall briefly appear (with helmets removed and heads uncovered), one at a time, identified by name and title ...

e. Take close-ups of the detainee's body during a medical exam, focusing on the presence/absence of injuries. Staff injuries, if any, are to be described but not shown."

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



(Deficiency FS-143<sup>11</sup>).

## **ACTIVITIES**

### **TELEPHONE ACCESS (TA)**

ODO toured 25 housing units and found the following deficiencies:

- In 25 out of 25 housing units, outdated, pro bono legal service information (**Deficiency TA-12<sup>12</sup>**);
- In 7 out of 25 housing units, no notice at each monitored telephone stating the facility monitors calls nor the procedure to obtain an unmonitored call for a court, legal representative or for the purpose of obtaining legal representation (**Deficiency TA-20<sup>13</sup>**); and
- In 19 out of 25 housing units, outdated consulate lists posted on the walls (**Deficiency TA-26<sup>14</sup>**).

*Corrective Action:* On April 11, 2024, prior to the conclusion of the inspection the facility initiated corrective action by posting in all housing units, an updated pro bono legal service information and consulate lists, a notice regarding monitored calls, and procedures for obtaining an unmonitored call. On the same day, the facility’s chief of unit management emailed facility staff instructed them to monitor and ensure the notices remained posted and current (**C-1**).

### **VOLUNTARY WORK PROGRAM (VWP)**

ODO interviewed the facility’s classification coordinator, reviewed ■ detainee detention files, and found in ■ out of ■ detainee files, facility staff placed no completed work agreements in detainees’ files (**Deficiency VWP-25<sup>15</sup>**).

---

<sup>11</sup> “Foods prepared from ingredients at ambient temperature, such as reconstituted foods and canned tuna, must be cooled to 41 F degrees within two hours of cooking/preparation.” See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(F)(3).

<sup>12</sup> “All Field Offices are responsible for ensuring facilities which house ICE detainees under their jurisdiction are provided with current pro bono legal service information.” See ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(A)(3).

<sup>13</sup> “If telephone calls are monitored, the facility shall, at each monitored telephone, place a notice that states the following: ...

- a. That detainee calls are subject to monitoring; and
- b. The procedure for obtaining an unmonitored call to a court, a legal representative or for the purposes of obtaining legal representation.”

See ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(B)(3)(a-b).

<sup>14</sup> “Updated telephone and consulate lists shall be posted in detainee housing units.” See ICE PBNDS 2011(Revised 2016), Standard, Telephone Access, Section (V)(C).

<sup>15</sup> “Completed agreements shall be filed in the detainee’s detention file.” See ICE PBNDS 2011 (Revised 2016), Standard, Voluntary Work Program, Section (V)(D).

## **JUSTICE**

### **GRIEVANCE SYSTEM (GS)**

ODO reviewed three, level-two medical grievances and found two cases in which the grievance appeal board included an official previously involved in adjudicating the detainees' grievance (**Deficiency GS-64<sup>16</sup>**).

ODO reviewed █ detainee medical grievances and found in █ out of █ medical grievances, the facility provided the detainee a written response to the medical grievance 14 working days after receipt of the grievance (**Deficiency GS-74<sup>17</sup>**).

## **ADMINISTRATION AND MANAGEMENT**

### **DETAINEE TRANSFERS (DT)**

ODO reviewed █ detainee detention files and found in █ out of █ files, no documentation to verify the facility offered detainees a 3-minute phone call post facility or field office transfer (**Deficiency DT-71<sup>18</sup>**).

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 29 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 21 of those standards. ODO found 12 deficiencies in the remaining 8 standards. Since SDC's last full inspection in February 2023, the facility has trended down. SDC went from 3 deficient standards and 3 deficiencies in February 2023 to 8 deficient standards and 12 deficiencies during this most recent inspection. ODO did not review DT, GS, PO, TA, nor VWP standards during the February 2023 inspection as they were not FY 2023 core standards, and these standards accounted for 8 out of 12 deficiencies found during this most recent full inspection. ERO Atlanta provided ODO with the uniform corrective action plan for ODO's last full inspection in February 2024. ODO recommends ERO Atlanta continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

---

<sup>16</sup> "Officials previously involved in adjudicating the grievance shall not participate on the GAB." *See* ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(C)(3)(b)(2)(e).

<sup>17</sup> "Designated medical staff shall act on the grievance within five working days of receipt and provide the detainee a written response of the decision and the rationale." *See* ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(C)(4).

<sup>18</sup> "The responsible processing supervisor or his/her designee shall ensure that the detainee is informed promptly that he/she may notify interested persons of the transfer. A copy of the documentation verifying that a detainee was offered a three-minute phone call will be filed in the detainee's detention folder." *See* ICE PBNDS 2011 (Revised 2016), Standard, Detainee Transfers, Section (V)(F)(2).

<b>Compliance Inspection Results Compared</b>	<b>FY 2023 Full Inspection (PBNS 2011) (Revised 2016)</b>	<b>FY 2024 Full Inspection (PBNS 2011) (Revised 2016)</b>
Standards Reviewed	25	29
Deficient Standards	3	8
Overall Number of Deficiencies	3	12
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	3
Facility Rating	Superior	Acceptable/Adequate <sup>19</sup>

---

<sup>19</sup> ODO revised its rating system at the end of FY 2023, and beginning in FY 2024, facilities rated as “Good” will have no more than 10 total deficiencies and 4 or less repeat deficiencies or 3 or less priority component deficiencies.