



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
2024-002-408**

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

**Stewart Detention Center
Lumpkin, Georgia**


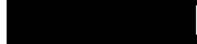
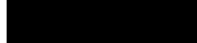
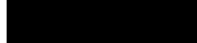
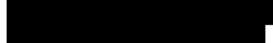
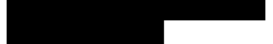
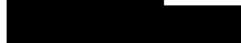
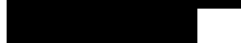

July 30-August 1, 2024

FOLLOW-UP COMPLIANCE INSPECTION
of the
STEWART DETENTION CENTER
Lumpkin, Georgia

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Section Chief	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	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 Stewart Detention Center (SDC) in Lumpkin, Georgia, from July 30 to August 1, 2024.¹ This inspection focused on the standards found deficient during ODO’s last inspection of SDC from April 9 to 11, 2024. 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] A facility administrator handles daily 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 2018 and the National Commission on Correctional Health Care in November 2020. In December 2023, 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 ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of July 30, 2024)	[REDACTED]
Adult Female Population (as of July 30, 2024)	[REDACTED]
Transgender Population (as of July 30, 2024)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 12 deficiencies in the following areas: Detainee Transfers (1); Environmental Health and Safety (2); Food Service (1); Grievance System (2); Post Orders (1); Telephone Access (3); Use of Force and Restraints (1); 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 July 1, 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

PBNDs 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	0
Post Orders	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force	0
Sub-Total	0
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	1
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Sub-Total	1
Part 5 – Activities	
Telephone Access	0
Voluntary Work Program	0
Sub-Total	0
Part 6 – Justice	
Grievance System	0
Sub-Total	0
Part 7 - Administration and Management	
Detainee Transfers	1
Sub-Total	1
Total Deficiencies	2

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 24 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All 24 detainees reported satisfaction with facility services.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

CARE

MEDICAL CARE (MC)

ODO reviewed a mental health referral for a detainee dated January 18, 2024, and found mental health staff first evaluated the detainee 38 days after the referral date (**Deficiency MC-150**⁷). **This is a priority component.**

ADMINISTRATION AND MANAGEMENT

DETAINEE TRANSFERS (DT)

ODO reviewed 25 DT files and found in 1 out of 25 files, no documentation to verify the facility offered the detainee a 3-minute phone call before being transferred (**Deficiency DT-71**⁸). **This is a repeat deficiency.**

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 20 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 18 of those standards. ODO found two deficiencies in the remaining two standards. Since SDC's last rated inspection in April 2024, the facility's compliance with PBNDS 2011 (Revised 2016) has trended upward. SDC went from 8 deficient standards and 12 deficiencies in April 2024 to 2 deficient standards and 2 deficiencies during this follow-up compliance inspection. The deficiencies included one priority component deficiency for MC and one repeat deficiency for DT files. SDC completed its UCAP for its last inspection in April 2024, which likely resolved most of the previous deficiencies ODO cited. However, the corrective action documented on the UCAP for the DT standard did not resolve the recurrence of this deficiency. ODO recommends ERO Atlanta continue to work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

⁷ "Based on intake screening, the comprehensive health assessment, medical documentation, or subsequent observations by detention staff or medical personnel, any detainee referred for mental health treatment shall receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary." *See* ICE PBNDS 2011, Standard, Medical Care, Section (V)(O)(3).

⁸ "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, Standard, Detainee Transfers, Section (V)(F)(2).

Compliance Inspection Results Compared	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2024 Follow-Up Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	29	20
Deficient Standards	8	2
Overall Number of Deficiencies	12	2
Priority Component Deficiencies	0	1
Repeat Deficiencies	0	1
Areas Of Concern	0	0
Corrective Actions	3	0
Facility Rating	Acceptable/Adequate	N/A