



Homeland
Security

June 7, 2022

MEMORANDUM FOR: Corey A. Price
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Enforcement and Removal Operation
U.S. Immigration and Customs Enforcement

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Office for Civil Rights and Civil Liberties

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Deputy Director, Compliance Branch
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SUBJECT: South Louisiana ICE Processing Center
Expert Recommendations
Complaint Nos. 001523-21-ICE and 002407-21-ICE

The U.S. Department of Homeland Security (DHS), Office for Civil Rights and Civil Liberties (CRCL) conducted a virtual onsite investigation into conditions of detention for U.S. Immigration and Customs Enforcement (ICE) detainees at the South Louisiana ICE Processing Center (SLIPC) in Basile, Louisiana on March 1-3, 2022.

We greatly appreciate the cooperation and assistance provided by ICE and SLIPC personnel before and during the review. As part of the review, CRCL engaged the assistance of four subject-matter experts in the following areas: medical care, mental health care, conditions of detention, and environmental health and safety. As a result of detainee and staff interviews, document reviews, and direct observation, the subject-matter experts identified concerns in these four areas.

On March 3, 2022, as part of the out-briefing for SLIPC, CRCL and the subject-matter experts discussed our preliminary findings with ICE Enforcement and Removal Office (ERO) New Orleans Field Office management personnel, personnel from ICE ERO headquarters, and SLIPC management and staff. During these discussions, the subject-matter experts provided preliminary recommendations to address some of the major concerns identified. Additionally, shortly following the out-briefing, CRCL sent an email to ICE on March 23, 2022, summarizing these initial findings, to ensure ICE had sufficient information to initiate the proposed changes.

Enclosed with this memorandum are the reports prepared by our subject-matter experts¹. They have been divided into priority and best practices recommendations. Priority recommendations are listed in the body of this memorandum, and CRCL requests that ICE formally concur or non-concur with these recommendations and provide an implementation plan for all accepted recommendations. The best practices recommendations are contained in a separate attachment to this memorandum. Although CRCL is not requesting formal responses to these, we encourage ICE to consider and implement these recommendations to the fullest extent possible.²

With this memorandum, and consistent with our standard practice, we request that ICE indicate whether it concurs with the expert recommendations, and that for those agreed to, ICE provide an action plan within 60 days.

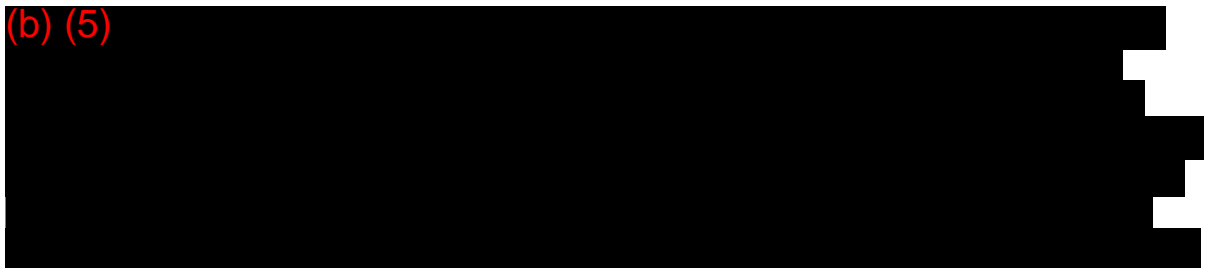
CRCL's subject matter experts in medical care, mental health care, conditions of detention, and environmental health and safety made the following priority recommendations.

Medical Care

The medical recommendations all relate to the 2011 Performance Based National Detention Standards (2011 PBNDS) (revised 2016) 4.3 Medical Care Standard, which requires access to appropriate and necessary health care.

Language Access

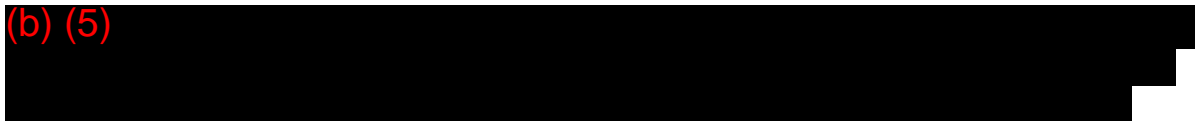
1. (b) (5)



COVID-19 Pandemic Response

CRCL's COVID-19 recommendations rely upon the ICE ERO COVID-19 Pandemic Response Requirement (ICE ERO PRR) (October 2021, version 7) and Centers for Disease Control Interim Guidance on the Management of COVID-19 in Correctional and Detention Facilities (CDC Guidance) (recently updated on February 10, 2022). SLIPC's COVID-19 management was inadequate in the following areas:

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¹ In general, CRCL's experts relied on the applicable Performance Based National Detention Standards (PBNDS 2011) (revised 2016) and related professional standards in conducting their work and preparing their reports and recommendations.

² CRCL's experts also provided best practice recommendations, which may be found in Appendix A as well as their respective reports.

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Mental Health Care

The mental health care recommendations all relate to the 2011 Performance Based National Detention Standards (2011 PBNDS) (revised 2016) 4.3 Medical Care Standard, which requires access to appropriate and necessary health care.

Staffing and Tracking Mental Health Services

8. (b) (5)

(b) (5) [Redacted]

9. (b) (5) [Redacted]

Treatment Planning Documentation

10. (b) (5) [Redacted]

Tele-psychiatrist

11. (b) (5) [Redacted]

Suicide Prevention

12. (b) (5) [Redacted]

13. (b) (5) [Redacted]

14. (b) (5) [Redacted]

15. (b) (5) [Redacted]

16. (b) (5) [Redacted]

Mental Health Documentation for Detainees on Suicide Watch

CRCL observed that SLIPC’s clinical documentation for detainees on suicide watch was inadequate and lacked (1) clinical rationale for discontinuation or continuing the watch; (2) treatment planning and clinical interventions to assist detainees in managing distress; (3) safety planning and relapse preventions; and (4) adequate assessment of risk, including documentation of rationale for low, medium, or high risk. Further, once discharged from suicide watch, the detainee was not seen by mental health staff as clinically indicated. Therefore, CRCL recommends the following:

17. (b) (5) [Redacted]

18. (b) (5) [Redacted]

(b) (5)

19. (b) (5)

Conditions of Detention

CRCL's conditions of detention expert made the following priority recommendations related to general conditions of detention at SLIPC in accordance with 2011 PBNDS (revised 2016).

Language Access

20. (b) (5)

21. SLIPC does not document how, and therefore whether, each LEP detainee's orientation was provided in their preferred language. CRCL recommends that SLIP develop a checklist that documents each part of the detainee's orientation and the means by which the information was provided in the detainee's preferred language, i.e., translated documents and interpreter identification. *(DHS Language Access Plan; ICE Language Access Plan; 2.1 Admission and Release, II. Expected Outcomes)*

22. (b) (5)

23. (b) (5)

(b) (5) [Redacted]

24. (b) (5) [Redacted]

25. (b) (5) [Redacted]

Staff-Detainee Communication

26. (b) (5) [Redacted]

27. (b) (5) [Redacted]

Telephone Access

28. (b) (5) [Redacted]

29. (b) (5) [Redacted]

Grievances

30. (b) (5) [Redacted]

31. (b) (5)

32. (b) (5)

Sexual Abuse and Assault Prevention and Intervention/Prison Rape Elimination Act (SAAPI/PREA)

33. CRCL discovered that informal and formal SAAPI/PREA-related complaints were not forwarded to the SLIPC PREA Coordinator. CRCL recommends that staff receive additional SAAPI/PREA training to ensure all complaints relating to SAAPI/PREA are forwarded to the SLIPC PREA Coordinator and ICE ERO. *(2.11 Sexual Abuse and Assault Prevention and Intervention (SAAPI); ICE Policy 11062.2 Sexual Abuse and Assault Prevention and Intervention (ICE SAAPI Policy))*

34. CRCL found that SLIPC had three PREA-related detainee complaints that were not documented on the 2021 PREA Log (an oral report to the PREA Coordinator and an informal as well as a formal grievance to the Grievance Coordinator). All PREA-related complaints must be reported and documented. CRCL recommends SLIPC's Grievance Coordinator and the PREA Coordinator both receive additional training on the procedures for documenting and investigating PREA complaints. *(2.11 SAAPI; ICE SAAPI Policy)*

35. (b) (5)

Use of Force

36. (b) (5)

Staff Training

37. (b) (5)

[REDACTED]. CRCL recommends that ICE ERO and SLIPC implement procedures to ensure the SLIPC TC is aware of and that the training curriculum include the most recent ICE ERO PRR and CDC COVID-19 Guidance and all SLIPC staff receive the training. *(CDC COVID-19 Guidance; ICE ERO PRR)*

38. The SLIPC TC was not familiar with the ICE June 2015 Transgender Care Memorandum. CRCL recommends that ICE ERO and SLIPC ensure the GEO Regional Training Director is familiar with the ICE June 2015 Transgender Care Memorandum and the information is included in the SLIPC training program. *(ICE June 2015 Transgender Care Memorandum)*

Environmental Health and Safety

CRCL's environmental health and safety expert made the following priority recommendation related to requirements in accordance with 2011 PBNDS (revised 2016).

39. (b) (5)


[REDACTED]

40. CRCL observed that during the virtual tour of the kitchen areas, hot water was not available in either the hand sink or the bathroom sink. The water temperature at both sinks was found to be 70 °F. CRCL recommends that SLIPC ensure the handwashing and bathroom sinks are equipped to provide hot water at a temperature of at least 100 °F/38 °C. *(4.1 Food Service; FDA Food Code 2017)*

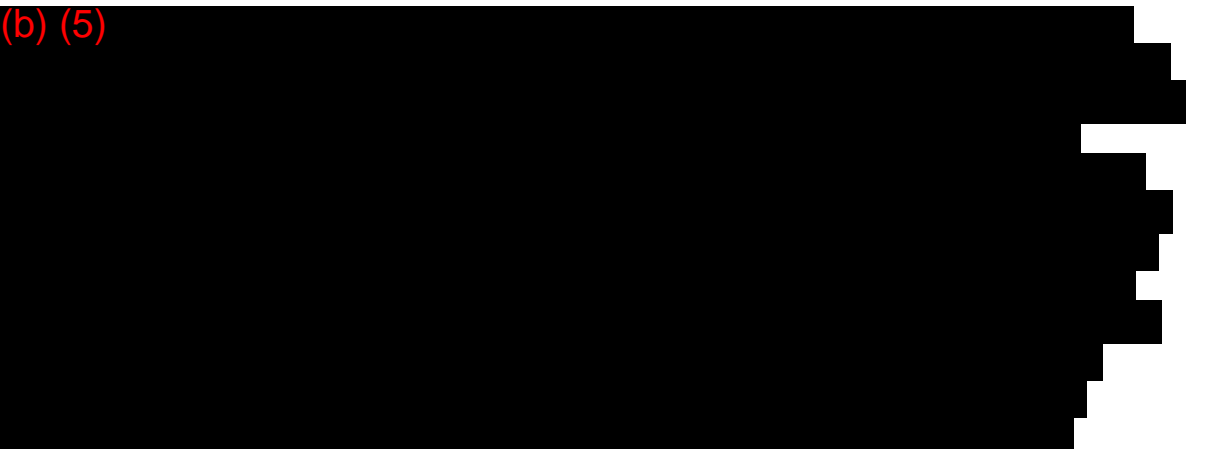
41. During the virtual tour of the kitchen, the ice scoop for dispensing ice was found stored inside the ice machine. While an ice scoop storage caddy was attached to the wall next to the ice machine for proper storage of the ice scoop, it was not being utilized at the time of the virtual tour. The FDA Food Code 2017 definition of "Food" includes ice, and therefore ice should be protected in accordance with food safety procedures. Storing an ice scoop in the same place ice is stored creates the potential for contamination of the ice if the ice scoop handle comes into contact with the ice. CRCL recommends that SLIPC ensure all staff are trained on the proper use and storage of an ice scoop, including storing the scoop outside the machine; not touching the shovel part of the scoop and only touching the handle; and washing, rinsing, and sanitizing the scoop and caddy regularly. *(4.1. Food Service; FDA Food Code 2017)*

42. During the virtual tour of the kitchen, the chemical storage area was reviewed, and staff reported that the chemical in the mop buckets is diluted manually but is not measured; instead it is poured into the mop bucket and then water is added. However, this method may result in the chemical concentration being too strong and more harmful or too weak and insufficiently effective. CRCL recommends that SLIPC adhere to the PBNDS 2011 standard for Environmental Health and Safety and ensure that chemical label instructions are followed precisely to ensure the chemical is being used in a safe manner and is effective for the task(s). *(1.2 Environmental Health and Safety; 4.1 Food Service)*
43. The SLIPC kitchen uses natural gas for all cooking equipment. SLIPC staff indicated to CRCL that they did not know if the kitchen smoke detectors are dual smoke and carbon monoxide (CO) detectors, and they were unsure if the kitchen had CO detectors at all. CRCL recommends that SLIPC engages with their local fire marshal or a reputable commercial hood exhaust system vendor to examine the current system in place, ensure CO monitoring is in place, and determine the best locations for CO detectors, if needed. *(1.2 Environmental Health and Safety)*
44. CRCL was informed of an incident with the kitchen hood exhaust system being turned off for cleaning then not being turned back on while cooking was in progress; the fire alarm system was activated due to some smoke from dripping chicken grease in the ovens. CRCL recommends SLIPC schedules and documents at least annually an inspection of all cooking equipment, gas lines, and fire/life safety monitoring and detecting system(s) in the kitchen to ensure proper functioning and adherence to fire/life safety codes. *(1.2 Environmental Health and Safety)*

45. (b) (5)



46. (b) (5)



(b) (5)

47. (b) (5)

The complete expert reports and recommendations are contained in the enclosed expert reports.

It is CRCL's statutory role to advise Department leadership and personnel about civil rights and civil liberties issues, ensuring respect for civil rights and civil liberties in policy decisions and implementation of those decisions. We look forward to working with ICE to determine the best way to resolve these complaints. We request that ICE provide a response to CRCL within 120 days indicating whether it concurs or does not concur with these recommendations. If you concur, please include an action plan. Please send your response and any questions to (b) (6). CRCL will share your response with (b) (6), the Senior Policy Advisor who conducted this investigation.

Enclosures

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³ SLIPC can utilize information from OSHA standards to obtain information concerning training on the use of hazardous substances.

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