Office of Professional Responsibility

Stewart Detention Center

Inspection 2026-001-167

September 15-17, 2026

U.S. Immigration and Customs Enforcement

INSPECTION
of the
STEWART DETENTION CENTER
Lumpkin, Georgia

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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 an inspection of the Stewart Detention Center (SDC) in Lumpkin, Georgia, from September 15 to 17, 2026.[1] The facility opened in 2004 and is owned and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at SDC in 2000 under the oversight of ERO's Field Office Director in Atlanta (ERO Atlanta). The facility is a dedicated ICE detention facility and operates under Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO Atlanta has deportation officers assigned full-time to the facility. They are on-site Sunday through Saturday, from 6 a.m. to 5 p.m. A facility administrator handles daily facility operations and manages (b)(7)(e) support personnel. Trinity Services provides food services, CoreCivic provides medical care, and Keefe Commissary Network provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in November 2020 and American Correctional Association (ACA) in August 2023. In December 2023, SDC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was found DHS PREA compliant.

Capacity and Population Statistics	Quantity
ICE Bed Capacity[2]	(b)(7)(e)
Average ICE Population[3]	(b)(7)(e)
Adult Male Population (as of September 15, 2026)	(b)(7)(e)
Adult Female Population (as of September 15, 2026)	(b)(7)(e)

During its last inspection in Fiscal Year (FY) 2025, ODO found 12 deficiencies in the following areas: Environmental Health and Safety (1); Grievance System (1); Hold Rooms in Detention Facilities (1); Recreation (1); Significant Self-harm and Suicide Prevention and Intervention (2); Staff Training (1); Staff-Detainee Communication (1); and Use of Force and Restraints (4).

[1] This facility holds male and female detainees with low, medium-low, medium-high, high security classification levels for periods greater than 72 hours.
[2] Data Source: ERO Custody Management Division Authorized Facility List as of September 10, 2026.
[3] *Ibid.*

INSPECTION PROCESS

ODO conducts the following annual and biennial oversight inspections of ICE detention facilities to assess and rate each facility's compliance with their contractually obligated detention standards as noted in the Facility Overview section above.

- Dedicated facility: ODO conducts annual on-site inspections of dedicated inter-governmental service agreement (IGSA) facilities, contract detention facilities (CDF), family residential centers, and service processing centers.

- Non-dedicated IGSA facility:
  - For facilities with an average daily population (ADP) of 50 or more, ODO conducts biennial on-site inspections.
  - For facilities with an ADP of 50 or less,
    - If the facility has not previously had a rated ODO inspection, then ODO conducts an initial on-site inspection, and
    - If the facility has had an ODO inspection, then the facility completes a biennial ODO-assisted self-inspection process (OASIP).

- U.S. Marshals Service (USMS): USMS CDF and intergovernmental agreement facilities complete biennial OASIPs.

In FY 2025, ODO implemented OASIPs, which replaced the annual Special Review inspections ODO conducted at most low ADP and/or short-term use facilities. This new inspection framework is more reflective of the actual operation demand of facilities with a low ADP and/or short-term use. OASIP inspections focus on facility compliance with detention standard requirements that directly affect detainee life, health, safety, and/or well-being. Facilities have 30 calendar days to complete the OASIP inspection and ODO staff will go on-site for 1 day towards the end of the 30-day inspection window to observe facility conditions, interview ICE detainees, and spot-check the facility's reported findings.[4]

ODO defines a "deficiency" as any violation of detention standards, policies, or operational procedures, as applicable. ODO highlights instances when the facility resolves deficiencies prior to the completion of the ODO inspection as corrective actions. Where applicable, these corrective actions are annotated with a "C" in the *Inspection Findings* section of the report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. ODO shares a summary of these findings with ERO management officials. Thereafter, ODO provides ICE leadership with a final report to: (i) assist ERO in developing and initiating a uniform corrective action plan (UCAP); and (ii) provide senior executives with an independent assessment of facility operations. ODO's findings inform ICE executive management in its decision-making to better allocate resources across the agency's entire detention inventory.

[4] When ODO conducts on-site inspections for non-OASIP facilities, the facility is notified 4 weeks before the inspection and ODO is on-site for 2-3 business days conducting the inspection.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDS 2011 (Revised 2016) Standards Inspected[5]	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
Facility Security and Control	0
Funds and Personal Property	0
Population Counts	0
Post Orders	0
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	4
Sub-Total	**4**
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	0
Sub-Total	**0**
Part 5 - Activities	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Religious Practices	0
Telephone Access	0
Voluntary Work Program	0
Sub-Total	**0**
Part 6 - Justice	
Grievance System	0

[5] For greater detail on ODO's findings, see the *Inspection Findings* section of this report.

Law Libraries and Legal Materials	0
Sub-Total	**0**
Part 7 - Administration and Management	
Detention Files	0
Detainee Transfers	0
Sub-Total	**0**
Total Deficiencies	**4**

DETAINEE RELATIONS

ODO interviewed 30 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.

INSPECTION FINDINGS

SECURITY

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed six calculated uses of force (CUOF) videos and found in two out of six CUOF videos, the CUOF team did not wear protective gear **(Deficiency UOFR-79[6])**.

ODO reviewed 25 use of force files and found in 2 out of 25 use of force files, the after-action review team did not complete their review. Specifically, the after-action review team did not document the CUOF teams' failure to wear protective gear **(Deficiency UOFR-160[7])**.

ODO reviewed 25 use of force files and found in 2 out of 25 use of force files, the after-action review team did not complete their review. Specifically, the after-action review team did not document the CUOF teams' failure to wear protective gear inside the cell/area **(Deficiency UOFR-167[8])**.

ODO reviewed 25 use of force files and found in 4 out of 25 use of force files, the after-action review team did not complete their review. Specifically, the after-action review team did not

[6] "Use-of-force team members and others participating in a calculated use of force shall wear protective gear, taking particular precautions when entering a cell or area where blood or other body fluids could be present." *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(I)(3)(c)(1).

[7] "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 adherence to the requirement of wearing prescribed protective gear." *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(4)(c).

[8] "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 team members wore protective gear inside the cell/area until the operation was completed." *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(4)(j).

document the failure of a medical professional to promptly examine the detainee **(Deficiency UOFR-170[9])**.

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 28 of those standards. ODO found four deficiencies in one standard. Since SDC's last inspection in March 2025, the facility's compliance with PBNDS 2011 (Revised 2016) has trended upwards. SDC went from 8 deficient standards and 12 deficiencies in March 2025 to 1 deficient standard and 4 deficiencies during this most recent inspection. ODO received SDC's UCAP; however, ODO did not consider the UCAP completed because SDC did not complete one area. Therefore, ODO could not assess what impact the UCAP had on the facility's overall compliance with PBNDS 2011 (Revised 2016). ODO recommends ERO Atlanta continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Inspection Results Compared	FY 2025 PBNDS 2011 (Revised 2016)	FY 2026 PBNDS 2011 (Revised 2016)
Standards Reviewed	28	29
Deficient Standards	8	1
Overall Number of Deficiencies	12	4
Priority Component Deficiencies	2	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Acceptable/Adequate	Superior

[9] "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)(l).

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