#### A. Type of Facility Reviewed

ICE Service Processing Center

ICE Contract Detention Facility

ICE Intergovernmental Service Agreement

# **B.** Current Inspection

 $\boxtimes$ 

Type of Inspection
Field Office HQ Inspection
Date[s] of Facility Review
12/4/2018 - 12/6/2018

# C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
N/A
Previous Rating
Superior Good Acceptable Deficient At-Risk

#### **D.** Name and Location of Facility

Name
River Correctional Center
Address (Street and Name)
26362 Highway 15
City, State and Zip Code
Ferriday, LA 71334-5200
County
Concordia
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)
Telephone # (Include Area Code)
Field Office / Sub-Office (List Office with oversight responsibilities)
New Orleans
Distance from Field Office

**180 miles** 

# E. ICE Information

Name of Inspector (Last Name, Title and Duty Station)
/ LCI/Detainee Rights SME / Nakamoto Group
Name of Team Member / Title / Duty Location
/ Medical SME / Nakamoto Group
Name of Team Member / Title / Duty Location
/ Secuirty SME / Nakamoto Group
Name of Team Member / Title / Duty Location
/ Safety SME / Nakamoto Group
Name of Team Member / Title / Duty Location
/ Medical SME / Nakamoto Group

# F. CDF/IGSA Information Only

Contract Number	Date of Contract or IGSA							
Basic Rates per Man-Day								
Other Charges: (If None Indicate $N/\Lambda$ )								

Other Charges: (If None, Indicate N/A)

Estimated Man-days Per Year:

#### G. Accreditation Certificates

List all State or National Accreditation[s] received:
State of Louisiana Basic Jail Standards
Check box if facility has no accreditation[s]

#### H. Problems / Complaints (Copies must be attached)

The Facility is under Cou	art Order or Class Action Finding
Court Order	Class Action Order
The Facility has Signification	ant Litigation Pending
☐ Major Litigation	Life/Safety Issues
Check if None.	

#### I. Facility History

Date Built						
Date Last Remodeled or Upgraded						
Date New Construction	on / Bed space Added					
	1					
Future Construction P	lanned					
Date:						
Current Bed space	Future Bed space (# New Beds only)					
	Number: Date:					

# J. Total Facility Population

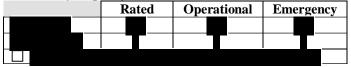
	Total Facility Intake for previous 12 months
Γ	Total ICE Man-days for Previous 12 months

Total ICE Man-days for Previous 12 months

# K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male	N/A	N/A	N/A
Adult Female	N/A	N/A	N/A

#### L. Facility Capacity



# M. Average Daily Population

	ICE		USMS		Other	

# N. Facility Staffing Level

Security:



#### Significant Incident Summary Worksheet

For Nakamoto to complete its review of your facility, the following information <u>must be completed</u> prior to the scheduled review dates. The information on this form should contain data for the past twelve months in the boxes provided. The information on this form is used in conjunction with the ICE Detention Standards in assessing your Detention Operations against the needs of the ICE and its detained population. This form should be filled out by the facility prior to the start of any inspection. Failure to complete this section will result in a delay in processing this report and the possible reduction or removal of ICE' detainees at your facility.

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual <sup>2</sup> , Physical, etc.)	Physical	Physical	Physical	Physical
Offenders on Offenders <sup>1</sup>	With Weapon	0	1	3	3
	Without Weapon	4	2	3	3
Assault:	Types (Sexual Physical, etc.)	0	0	0	0
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		0	0	0	0
Disturbances <sup>4</sup>		0	0	0	0
Number of Times Chemical Agents Used		1	2	1	1
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	1	1	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	17	28	49	12
	# Resolved in favor of Offender/Detainee	1	0	0	0
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	N/A	Illness	Illness	Illness
	Number	0	1	1	1
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	1	2	1	1
	# Psychiatric Cases referred for Outside Care				

<sup>&</sup>lt;sup>1</sup> Any attempted physical contact or physical contact that involves two or more offenders

<sup>3</sup> Routine transportation of detainees/offenders is not considered "forced"

<sup>&</sup>lt;sup>2</sup> Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting

Any incident that involves four or more detainees/offenders, includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large scale incidents.

1. Acceptable       2. Beficient       3. 4 Key         Legal Access Standards       1       2. 3. 4         1. Access to Legal Mistrials       2       1         2. Group Presentations on Legal Rights       2       1         3. Visitation       2       1       1         4. Telephone Access       2       1       1         Detaince Services       2       1       1         7. Correspondence and Other Mail       2       1       1         8. Detainee Gravence Procedures       2       1       1         9. Food Service       2       1       1       1         10. Punds and Personal Property       2       1       1       1         11. Moringe Requests       2       1       1       1       1         13. Marriage Requests       2       1       1       1       1       1         14. Non-Medical Emergency Escorted Trip       2       1		ICE Detention Standards Review Summary Report			
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		Use of Force			
38. Detainee Transfer (Added September 2004)   Image: Constraint of the september 2004	37.				
	38.	Detainee Transfer (Added September 2004)			

All findings (Deficient and At-Risk) require written comment describing the finding and what is necessary to meet compliance.

#### LCI Review Assurance Statement

By signing below, the Lead Compliance Inspector (LCI) certifies that all findings of noncompliance with policy or inadequate controls contained in the Inspection Report are supported by evidence that is sufficient and reliable. Furthermore, findings of noteworthy accomplishments are supported by sufficient and reliable evidence. Within the scope of the review, the facility is operating in accordance with applicable law and policy, and property and resources are efficiently used and adequately safeguarded, except for the deficiencies noted in the report.

Lead Compliance Inspector: (Print Name)	Signature
Title & Duty Location	Date
Lead Compliance Inspector/Detainee Rights SME, The Nakamoto Group, Inc.	12/6/2018

**Team Members** 

Print Name, Title, & Duty Location	Print Name, Title, & Duty Location			
, Safety SME, The Nakamoto Group, Inc.	, Medical SME, The Nakamoto Group, Inc.			
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location			
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# **Recommended Rating:**

	Superior
	Good
$\boxtimes$	Acceptable
	Deficient
	At-Risk

Comments: The Sexual Abuse and Assault Prevention and Intervention Standard was inspected during this inspection but is not referenced in the Standards Review Summary Report. The standard was rated as Meets Standard for this inspection. There was one unfounded allegation of staff on detainee sexual assault of a non-ICE detainee over the previous twelve months.

ICE detainees will not be charged a co-pay for medical, dental, or mental health care. There were no serious suicide attempts, no escapes or attempted escapes during this inspection period. There have been no hunger strikes during this inspection period.

The facility experienced three deaths of non-ICE detainees in the previous twelve months. The first death involved a 60-year-old male who was found unresponsive in the housing unit. An autopsy indicated he died of an acute myocardial infarction. The second death involved a 51 year old male who died of an acute coronary thrombosis. The third death involved a 58-year-old male who suffered a cardiac arrest and was found to have an intracerebral hemorrhage.

The facility does not use Tasers. Oleoresins capsicum (OC) is authorized for use only by trained officers. The facility does not have a canine unit. The use of unsafe types of force such as choke holds, carotid control holds and neck restraints are prohibited. The numbers on the Significant Incident Summary reflect the total population, which consists of offenders from the Louisiana Department of Corrections.

Form G-324A SIS (Rev. 7/9/07)