



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
Washington, DC 20536-5501

Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO New Orleans Field Office

River Correctional Center
Ferriday, Louisiana

November 19-21, 2019

COMPLIANCE INSPECTION
of the
RIVER CORRECTIONAL CENTER
Ferriday, Louisiana

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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 a compliance inspection of the River Correctional Center (RCC) in Ferriday, Louisiana, from November 19 to 21, 2019.¹ The facility opened in 2001 and is owned and operated by LaSalle Corrections. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at RCC in 2019 under the oversight of ERO's Field Office Director (FOD) in New Orleans (ERO New Orleans). The facility operates under the National Detention Standards (NDS) 2000 and

ERO has assigned Deportation Officers (DOs) to the facility. The RCC warden handles daily facility operations and is supported by █████ personnel. LaSalle Corrections provides food services and medical care at the facility. The facility holds no accreditations.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	602
Average ICE Detainee Population ³	471
Male Detainee Population (as of 11/19/2019)	569
Female Detainee Population (as of 11/19/2019)	N/A

This is ODO's first inspection of the RCC.

¹ This facility holds male detainees with low, medium, and high security classification levels for periods longer than 72 hours.

² Data Source: ERO Facility List Report as of October 18, 2019.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which 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.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ⁵	Deficiencies
Part 1 – Detainee Services	
Access to Legal Material	0
Admission and Release	3
Detainee Classification System	0
Detainee Grievance System	0
Food Service	3
Funds and Personal Property	2
Recreation	0
Religious Practices	0
Staff-Detainee Communication	0
Telephone Access	0
Visitation	1
Sub-Total	9
Part 2 – Security and Control	
Environmental Health and Safety	1
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	3
Sub-Total	4
Part 3 – Health Services	
Medical Care	1
Suicide Prevention and Intervention	0
Sub-Total	1
Performance-Based National Detention Standards (PBNDS) 2011 Standards Inspected	
Sexual Abuse and Assault Prevention and Intervention	1
Sub-Total	1
Total Deficiencies	15

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

DETAINEE RELATIONS

ODO interviewed 25 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 concerns listed below.

Food Service: one detainee stated he was prescribed a special diet, but the facility continues to serve him regular meals.

- Action Taken: ODO spoke with the Food Service Administrator (FSA) and observed special diet meal being prepared and served on a different color tray to differential them from regular meals. ODO also confirmed the detainee was prescribed a bland diet, which requires regular meals without seasoning.

Admission and Release: Eight detainees stated they did not receive a detainee handbook.

- Action Taken: ODO spoke with intake officers and observed detainee handbooks being maintained in the intake area. ODO reviewed the detainee's detention files, and found all detainees signed having received the handbook.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (A&R)

ODO reviewed 25 and found each contained the Order to Detain or Release, Form I-203 or I-203a; however, none of them contained a signature by an ERO official authorizing the action (**Deficiency A&R-1⁶**).

The facility did not have documentation of approval from ERO of their orientation procedures (**Deficiency A&R-2⁷**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by providing a memorandum, dated November 21, 2019, from the local ERO Field Office approving the orientation procedures (**C-1**).

The facility did not have documentation of approval from ERO of their release procedures (**Deficiency AR-3⁸**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by providing a memorandum, dated November 21, 2019, from the local ERO Field Office approving the release procedures (**C-2**).

FOOD SERVICE (FS)

ODO observed four detainee food service workers in the food preparation area were wearing regular detainee uniforms, rather than issued white uniforms (**Deficiency FS-1⁹**).

ODO observed detainees were not wearing rubber soled safety shoes or rubber boots during the inspection (**Deficiency FS-2¹⁰**).

ODO observed the tray preparation and found trays were not being covered by a lid to ensure protection from sources of contamination (**Deficiency FS-3¹¹**).

⁶ “An order to detain or release (Form I-203 or I-203 a) bearing the appropriate official signature shall accompany the newly arriving detainee.” See ICE NDS 2000, Standard, Admission and Release, Section (III)(H).

⁷ “All facilities shall have a medium to provide INS detainees an orientation to the facility. In IGSA the INS office of jurisdiction shall approve all orientation procedures.” See ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

⁸ “Staff must complete certain procedures before any detainee’s release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting, returning personal property, and reclaiming facility-issued clothing, bedding, etc. INS will approved (sic) the IGSA release procedures.” See ICE NDS 2000, Standard, Admission and Release, Section (III)(J). * **Should be (III)(L). Error in the NDS outline.**

⁹ “Detainee food service workers shall be provided with and use clean white uniforms while working in a food preparation area or on the serving line.” See ICE NDS 2000, Standard, Food Service, Section (III)(H)(2)(d).

¹⁰ “Approved rubber soled safety shoes shall be provided and used by all food service personnel working in food service.” See ICE NDS 2000, Standard, Food Service, Section (III)(H)(2)(e).

¹¹ “Food and ice will be protected from dust, insects and rodents, unclean utensils and work surfaces, unnecessary handling, coughs and sneezes, flooding, drainage, overhead leakage, and other sources of contamination. Protection

Corrective Action: Prior to completion of the inspection, ODO observed the food carts were reconfigured to accommodate trays with lids. All subsequent trays observed were covered with lids (C-3).

FUNDS AND PERSONAL PROPERTY(F&PP)

ODO reviewed facility policy and found RCC does not have a written procedure for the inventory and receipt of detainee funds and valuables (**Deficiency F&PP-1¹²**). Further, the facility's policy, for handling detainee claims of lost or damaged property, does not state that the senior contract officer will process all detainee claims for lost of damaged property promptly; nor, that the senior contract officer will immediately notify the designated ERO officer of all outcomes (**Deficiency F&PP-2¹³**).

VISITATION (V)

ODO reviewed facility policy and found RCC does not have a written procedure to allow legal service providers to telephone the facility in advance of the visit to determine whether an individual is detained in the facility (**Deficiency V-1¹⁴**).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO observed soap and grime buildup and evidence of mold in the detainee shower areas; additionally, one shower panel was missing a screw and presented a sharp metal edge (**Deficiency EH&S-1¹⁵**).

USE OF FORCE (UOF)

ODO found the warden has designated the shift lieutenant responsible for maintaining the video cameras and other video equipment and it is noted in the shift lieutenant's post orders; however,

will be continuous, whether the food is in storage, in preparation/on display, or in transit." *See* ICE NDS 2000, Standard, Food Service, Section (III)(D)(5).

¹² "Each facility shall have a written standard procedure for inventory and receipt of detainee funds and valuables." *See* ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(D).

¹³ "All CDFs and IGSA facilities will have and follow a policy for loss of or damage to properly received detainee property, as follows:

3. The senior facility contract officer will process all detainee claims for lost or damaged property promptly;

7. The senior contract officer will immediately notify the designated INS officer of all outcomes." *See* ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(H)(3&7).

¹⁴ Each facility shall establish a written procedure to allow legal service providers and legal assistants to telephone the facility in advance of a visit to determine whether a particular individual is detained in that facility." *See* ICE NDS 2000, Standard, Visitation, Section, (III)(I)(6).

¹⁵ "Environmental health conditions will be maintained at a level that meets recognized standards of hygiene. The standards include those from the American Correctional Association, the Occupational Safety and Health Administration, the Environmental Protection Agency, the Food and Drug Administration, the National Fire Protection Association's Life Safety Code, and the National Center for Disease Control and Prevention". *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(R)(1).

there was no documentation available to confirm the equipment was checked for operability on a regular basis (**Deficiency UOF-1¹⁶**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by providing a memorandum, dated November 21, 2019, from the local ERO Field Office approving the after-action procedures (**C-4**).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed 34 detainee medical files revealed documented physical assessments and the dental screening were completed by Registered Nurses (RN) at the time of intake screening and each file had a signed consent for medical treatment. ODO's review of the RNs' training records confirmed they received training from the clinical director for physical examination and were trained by the local dentist to conduct dental screenings. ODO's file review found dental screenings were conducted by trained RNs within 14 days of arrival and not by a physician, physician's assistant, or nurse practitioner (**Deficiency MC-1¹⁷**).

PBNDS 2011 STANDARD INSPECTED

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO found the facility's SAAPI written policy and procedures were not approved by the Field Office Director (**Deficiency SAAPI-1¹⁸**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by providing a memorandum, dated November 21, 2019, from the local ERO Field Office approving the SAAPI policy and procedures (**C-5**).

¹⁶ "The OIC shall designate responsibility for maintaining the video camera(s) and other video equipment. This shall include regularly scheduled testing to ensure all parts, including batteries, are in working order; and keeping back-up supplies on hand (batteries, tapes, lens-cleaners, etc.). This responsibility shall be incorporated into one or more post orders." See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(I).

¹⁷ "An initial dental screening should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant or nurse practitioner." See ICE NDS 2000, Standard, Medical Care, Section (III)(E).

¹⁸ "The facility's written policy and procedures require the review and approval of the Field Office Director." See ICE 2011 PBNDS, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(A).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under NDS 2000 and one standard under PBNDS 2011 (Revised 2016) and found the facility in compliance with ten of those standards. Overall, ODO found 15 deficiencies in the remaining eight standards. ODO commends facility staff for their responsiveness during this inspection and notes there were five instances where staff initiated immediate corrective action during the inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 (NDS 2000)
Standards Reviewed	18
Deficient Standards	8
Overall Number of Deficiencies	15
Deficient Priority Components	0
Repeat Deficiencies	N/A
Corrective Actions	5