



**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

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Office of Detention Oversight  
Compliance Inspection

Enforcement and Removal Operations  
ERO New Orleans Field Office

River Correctional Center  
Ferriday, Louisiana

October 19-22, 2020

**COMPLIANCE INSPECTION**  
**of the**  
**RIVER CORRECTIONAL CENTER**  
Ferriday, Louisiana

**TABLE OF CONTENTS**

<b>FACILITY OVERVIEW .....</b>	<b>4</b>
<b>COMPLIANCE INSPECTION PROCESS .....</b>	<b>5</b>
<b>FINDINGS NATIONAL DETENTION STANDARDS 2019</b>	
<b>MAJOR CATEGORIES .....</b>	<b>6</b>
<b>DETAINEE RELATIONS .....</b>	<b>7</b>
<b>COMPLIANCE INSPECTION FINDINGS .....</b>	<b>8</b>
<b>SECURITY .....</b>	<b>8</b>
Custody Classification System .....	8
Facility Security and Control .....	8
Use of Force and Restraints .....	8
Sexual Abuse and Assault Prevention and Intervention .....	9
<b>CARE .....</b>	<b>9</b>
Medical Care .....	9
Disability Identification, Assessment, and Accommodation .....	9
<b>JUSTICE .....</b>	<b>10</b>
Grievance System .....	10
<b>CONCLUSION .....</b>	<b>10</b>

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## COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Acting Team Lead	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
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[REDACTED]	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 compliance inspection of the River Correctional Center (RCC) in Ferriday, Louisiana, from October 19 to 22, 2020.<sup>1</sup> 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 February 2019, under the oversight of ERO’s Field Office Director in New Orleans (ERO New Orleans). The facility operates under the National Detention Standards (NDS) 2019.

ERO has deportation officers assigned to the facility. An RCC warden handles daily facility operations and is supported by █ personnel. LaSalle Corrections provides food services and medical care. Correct Commissary, LLC provides commissary services at the facility. The facility was Department of Justice Prison Rape Elimination Act certified in February 2017.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	500
Average ICE Detainee Population <sup>3</sup>	█
Male Detainee Population (as of 10/19/2020)	█

During its last inspection, in Fiscal Year (FY) 2020, ODO found 15 deficiencies in the following areas: Environmental Health and Safety (1); Admission and Release (3); Funds and Personal Property (2); Use of Force (3); Sexual Abuse and Assault Prevention and Intervention (1); Food Service (3); Medical Care (1); and Visitation (1).

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

<sup>2</sup> Data Source: ERO Facility List Report as of September 28, 2020.

<sup>3</sup> *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.<sup>4</sup>

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.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>5</sup> & <sup>6</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 – Security</b>	
Admission and Release	0
Custody Classification System	1
Facility Security and Control	2
Funds and Personal Property	0
Use of Force and Restraints	2
Special Management Units	0
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	1
<b>Sub-Total</b>	<b>6</b>
<b>Part 4 – Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	2
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	1
<b>Sub-Total</b>	<b>3</b>
<b>Part 5 – Activities</b>	
Religious Practices	0
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Grievance System	1
Law Libraries and Legal Materials	0
<b>Sub-Total</b>	<b>1</b>
<b>Total Deficiencies</b>	<b>10</b>

<sup>5</sup> For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

<sup>6</sup> “Beginning in FY 2021, ODO added Emergency Plans, Population Counts, Hunger Strikes, and Staff Training as core standards. NDS 2019 does not include Emergency Plans, Population Counts, nor Staff Training as individual standards; however, those specific requirements are resident in other core standards.”

## DETAINEE RELATIONS

ODO interviewed 12 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 concern listed below. ODO conducted detainee interviews via video teleconference.

*Medical Care:* One detainee advised ODO his attorney submitted a U.S. Citizenship and Immigration Services (USCIS) court ordered medical examination request to the facility on September 16, 2020; however, medical services have not been provided.

- Action Taken: On October 20, 2020, ODO interviewed the health services administrator (HSA), who indicated medical services have not been provided the court ordered medical examination request. On October 21, 2020, the HSA solicited a copy of the court order and confirmed the detainee will undergo a physical examination upon locating a physician certified by USCIS, as required in the court order. The HSA advised ODO that medical services, ERO, and detainee's attorney will all coordinate and schedule the outside medical appointment as ordered.

# COMPLIANCE INSPECTION FINDINGS

## SECURITY

### CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed 12 classification files and found 10 out of 12 classification forms did not include a reviewing officer's signature to verify detainees were assigned to the appropriate housing unit (CCS-1<sup>7</sup>).

*Corrective Action:* On October 22, 2020, the facility provided ODO with an updated RCC Policy, 2.2 Custody Classification, which now reflects new procedures indicating the captain will sign the classification form as the reviewing official confirming detainees are assigned to an appropriate housing unit.

### FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the FSC program and found the special management unit shakedown report did not consistently document the time a cell or area search was performed (FSC-1<sup>8</sup>).

ODO reviewed the FSC program and found the facility's visitor's log contained missing entries in the time of arrival, time of departure, and purpose of the visit columns (Deficiency FSC-2<sup>9</sup>).

### USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed the facility's UOF&R program and found three out of three calculated use of force (UOF) videos did not include a recording of all required elements of the UOF team technique (Deficiency UOF&R-1<sup>10</sup>).

ODO reviewed the facility's UOF&R program and found four out of four UOF incidents which the facility did not have video cameras available for staff to obtain and record UOF incidents (Deficiency UOF&R-2<sup>11</sup>).

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<sup>7</sup> "Among other things, the reviewing officer shall ensure each detainee has been assigned to the appropriate housing unit." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(B).

<sup>8</sup> "Each housing unit, including the Special Management Unit (SMU), will document cell and area searches including the date, time, and findings, including location(s) where contraband is found, type(s) of contraband, and the searching officers' names (II)(B)(1)." See ICE NDS 2019, Standard, Facility Security and Control, Section (II)(B)(1).

<sup>9</sup> "Every entry in the logbook will identify the person visiting; the person or department visited; date and time of visitor's arrival; purpose of visit; and time of departure. (II)(C)(2)(b)" See ICE NDS 2019, Standard, Facility Security and Control, Section (II)(C)(2)(b).

<sup>10</sup> "Calculated use of force shall be video recorded as specified in part B.2.b. of this standard, "Use-of-Force Team Technique." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(J)(3).

<sup>11</sup> "Staff shall immediately obtain and record with a video camera any use-of-force incident, unless such a delay in bringing the situation under control would constitute a serious hazard to the detainee, staff, or others, or would result in a major disturbance or serious property damage." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(J)(3).

## **SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)**

ODO reviewed the SAAPI program and found the facility does not conduct SAAPI refresher training for all employees on a biannual basis (**Deficiency SAAPI-1<sup>12</sup>**).

## **CARE**

### **MEDICAL CARE (MC)**

ODO reviewed 16 medical records and found four out of four detainees enrolled in the mental health chronic care clinic with prescribed psychotropic medications did not have a consent form for psychotropic medication or medication education prior to initiation of treatment on file; three out of four consent forms were not dated by the detainee; one out of four consent forms was not dated by the prescriber; and four out of four consent forms contained uncorrelated witness signature dates, medication prescribed dates, and detainee consent signature dates (**Deficiency MC-1<sup>13</sup>**).

ODO reviewed the facility's MC program and found there was no written policy nor procedures informing detainees or their representatives on how to request or receive medical records (**Deficiency MC-2<sup>14</sup>**).

ODO interviewed the HSA, administrative assistant, and notes as an **Area of Concern** that specialty outside medical care for detainees were delayed due to untimely responses from ICE Health Services Corp (IHSC). Specifically, medical payment authorization requests (MedPars<sup>15</sup>) were submitted and appointments were made but had to be cancelled or rescheduled because IHSC's responses were not timely. The HSA and administrative assistant reported the average IHSC response time was three to four weeks after submission of the initial request.

### **DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)**

ODO reviewed the DIA&A program and found during the facility's orientation, detainees were not provided information pertaining to the facility's disability accommodations policy, nor informed of their right to request a reasonable accommodation, or how to make such a request (**Deficiency DIA&A-1<sup>16</sup>**).

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<sup>12</sup> "Training on the facility's Sexual Abuse and Assault Prevention and Intervention Program shall be included in training for all employees and shall also be included in biannual refresher training thereafter." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E).

<sup>13</sup> "Prior to the administration of psychotropic medications, a separate documented informed consent, which includes a description of the medications side effects, shall be obtained." See ICE NDS 2019, Standard, Medical Care, Section (II)(O).

<sup>14</sup> "Detainees and their representatives shall be allowed to request and receive medical records pursuant to facility policy, which shall be communicated to the detainee in the facility handbook." See ICE NDS 2019, Standard, Medical Care, Section (II)(P).

<sup>15</sup> Medical payment authorization requests for specialized medical treatment(s) and/or medical services performed outside of the facility.

<sup>16</sup> "The facility orientation program shall notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request, in a language and/or manner they can understand." See ICE NDS 2019, Standard, Disability Identification, Assessment, and Accommodation, Section (II)(I).

## **JUSTICE**

### **GRIEVANCE SYSTEM (GS)**

ODO reviewed seven detainee grievance files and found three out of seven grievances files did not include a supervisory signature confirming a review of the grievances (**Deficiency GS-1**<sup>17</sup>).

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2019 and found the facility in compliance with 11 of those standards. ODO found 10 deficiencies in the remaining seven standards. ODO commends facility staff for their responsiveness during this inspection. ODO noted one **Area of Concern** involving MedPars by IHSC at the facility, as MedPars are not being timely submitted, which cause delays in medical treatment/services for the detainees. ODO recommends ERO work with facility personnel to remedy any deficiencies that remain outstanding, as applicable and in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2020 (NDS 2000)</b>	<b>FY 2021 (NDS 2019)</b>
Standards Reviewed	18	18
Deficient Standards	8	7
Overall Number of Deficiencies	15	10
Repeat Deficiencies	0	0
Corrective Actions	5	1

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<sup>17</sup> "All grievances shall receive supervisory review." See ICE NDS 2019, Standard, Grievance System, Section (I).