



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

**Office of Detention Oversight
Follow-Up Compliance Inspection
2023-002-111**

**Enforcement and Removal Operations
ERO New Orleans Field Office**

**Richwood Correctional Center
Monroe, Louisiana**

April 25-27, 2023

FOLLOW-UP COMPLIANCE INSPECTION
of the
RICHWOOD CORRECTIONAL CENTER
Monroe, Louisiana

TABLE OF CONTENTS

FACILITY OVERVIEW	4
FOLLOW-UP COMPLIANCE INSPECTION PROCESS.....	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES.....	6
DETAINEE RELATIONS	7
FOLLOW-UP COMPLIANCE INSPECTION FINDINGS.....	8
SECURITY	8
STAFF-DETAINEE COMMUNICATION.....	8
FUNDS AND PERSONAL PROPERTY.....	9
KEY AND LOCK CONTROL.....	9
JUSTICE.....	10
GRIEVANCE SYSTEM.....	10
CONCLUSION	11

FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



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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 follow-up compliance inspection of the Richwood Correctional Center (RCC) in Monroe, Louisiana, from April 25 to 27, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of RCC from October 18 to 20, 2022. The facility opened in 1998 and is owned and operated by LaSalle Management. 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 in New Orleans (ERO New Orleans). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO deportation officers are not assigned full-time to the facility but conduct weekly scheduled visits on Tuesdays and Thursdays, from 9:00 a.m. to 3:00 p.m., and also conduct unscheduled weekly visits as needed to interact with detainees. A facility administrator handles daily operations and manages █████ support personnel. LaSalle Management provides food services, Correct Medical provides medical care, and Correct Commissary provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in June 2022. In March 2022, RCC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	█████
Average ICE Population ³	█████
Adult Male Population (as of April 25, 2023)	█████
Adult Female Population (as of April 25, 2023)	█████

During its last inspection, in Fiscal Year (FY) 2023, ODO found 35 deficiencies in the following areas: Admission and Release (1); Contraband (1); Environmental Health and Safety (1); Food Service (5); Funds and Personal Property (1); Key and Lock Control (1); Special Management Units (5); Tool Control (1); and Transportation (by Land) (19).

¹ This facility holds detainees with security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List as of April 10, 2023.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniform corrective action plan (UCAP), and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

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

PBND 2011 (Revised 2016) Standards Inspected^{4,5}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Transportation (by Land)	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Contraband	0
Funds and Personal Property	1
Hold Rooms in Detention Facilities	0
Key and Lock Control	6
Special Management Units	0
Staff-Detainee Communication	0
Tool Control	3
Use of Force and Restraints	0
Sub-Total	10
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Sub-Total	0
Part 6 - Justice	
Grievance System	1
Sub-Total	1
Total Deficiencies	11

⁴ For greater detail on ODO's findings, see the *Follow-up Inspection Findings* section of this report.

⁵ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

DETAINEE RELATIONS

ODO interviewed 24 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.

Medical Care: One detainee stated she would like to be examined by a doctor for ongoing ear pain. She also stated that medical staff examined her infection in both ears about 2 weeks prior to the ODO inspection and prescribed an oral medication, which has been ineffective.

- Action Taken: ODO interviewed the health services administrator (HSA), reviewed the detainee's medical record, and found the detainee arrived at the facility on February 17, 2023. During the detainee's initial evaluation, medical staff noted no complaints of ear pain. On March 7, 2023, medical staff examined the detainee, diagnosed an infection of the middle ear, and prescribed antibiotics. On March 20, 2023, a medical provider examined the detainee for a rash and prescribed Benadryl and Hydrocortisone cream. On March 22, 2023, a physician examined the detainee for generalized itching and instructed her to continue taking Benadryl. ODO noted no other complaints about her ear pain since her original sick call on March 7, 2023. At ODO's request, a medical provider examined the detainee on April 26, 2023, for a complaint of a new and different type of ear pain. During this exam, the detainee reported she was physically assaulted about 8 months ago and suffered trauma and a decline in hearing to her left ear. The provider found fluid behind her ear and prescribed antibiotics for 10 days. The provider will examine the detainee in 2 weeks for a follow-up appointment to determine whether to submit a referral for an otolaryngologist/audiologist.

Medical Care: One detainee stated she had thoughts of harming herself and others.

- Action Taken: ODO interviewed the detainee who stated she spoke with her therapist regularly. The detainee expressed she experienced depression due to the anxiety surrounding the ambiguity of her immigration status as well as having to deal with the diverse cultures within the facility. During the interview, ODO spoke with the facility's medical provider who confirmed the detainee received counseling for her suicidal thoughts and was scheduled for an appointment on April 25, 2023. On April 25, 2023, a family nurse practitioner (FNP) examined the detainee and prescribed Sertraline HCL (500 mg), one tablet daily before bed. The FNP also scheduled the detainee for continued therapy. Before the end of the examination, the detainee stated to the FNP she did not have any suicidal thoughts nor thoughts of harming others. Facility medical staff will continue to monitor her condition and provide appointments to her as needed.

Medical Care: One detainee stated a facility doctor placed her on a medical diet, but facility staff did not follow through on the doctor’s order.

- Action Taken: ODO reviewed the detainee’s file, interviewed the HSA, and found the detainee arrived at the facility on February 23, 2023, and a facility medical provider examined her on the following day, at which time the provider placed her on a cardiac diet. On April 27, 2023, the provider examined the detainee, and she complained of too much salt in her diet. The provider changed her meal plan to a bland⁶ diet and provided the updated information to the kitchen staff. The provider also educated the detainee on the cardiac diet.

Medical Care: One detainee stated she received a prescription for antibiotics but no results from a prior medical test to justify the prescription. She also stated she has not menstruated for the past 3 months and submitted a medical request.

- Action Taken: ODO reviewed the detainee’s medical file, interviewed the HSA, and found a facility medical provider examined the detainee on March 30, 2023. During the exam, medical staff administered a pregnancy test and provided the result of the that test on same day. On April 11, 2023, a medical provider examined the detainee for hypertension and informed her of all test results. The detainee informed the provider of her fear of pregnancy despite the negative test result. The provider scheduled the detainee for a gynecology appointment on May 5, 2023.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

STAFF-DETAINEE COMMUNICATION (SDC)

ODO observed six housing units and found the facility did not post the scheduled hours and days for ERO New Orleans staff availability (**Deficiency SDC-4**⁷).

ODO observed six housing units and found in one out of six units, no updated ERO New Orleans contact information (**Deficiency SDC-5**⁸).

⁶ A bland diet is a diet consisting of foods that are generally soft, low in dietary fiber, cooked rather than raw, and not spicy. It is an eating plan that emphasizes foods that are easy to digest.

⁷ “The same information shall be posted in the living areas (or ‘pods’) of the facilities.” See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(A).

⁸ “Posted contact information shall be updated quarterly or more frequently as necessary to reflect changes in ICE/ERO personnel.” See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(A).

ODO observed six housing units and found in one out of six units, no secure drop box for correspondence with ICE management (**Deficiency SDC-14**⁹).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the facility's FPP policy, interviewed facility staff, observed the detainee housing units, and found although the detainee bunks had metal bins attached for detainee personal property, the detainees, the facility required the detainees (including indigent detainees) to purchase a lock from the facility commissary if the detainees wanted to secure their personal property in the bins (**Deficiency FPP-40**¹⁰).

KEY AND LOCK CONTROL (KLC)

ODO observed RCC staff in possession of large security keys and the large security keys did not have covers (**Deficiency KLC-11**¹¹).

ODO observed key blanks in the key storage room and found they were not listed on the key inventory (**Deficiency KLC-30**¹²).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by adding the key blanks to the key inventory. Additionally, the RCC facility administrator issued a statement of fact, acknowledging the addition of key blanks and locks to the master key and lock control inventory list (**C-1**).

ODO observed key blanks and padlocks in the lock shop and found they were not listed on the key and lock inventory log (**Deficiency KLC-35**¹³).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by adding the key blanks to the key inventory. Additionally, the RCC facility administrator issued a statement of fact, acknowledging the addition of key blanks and locks to the master key and lock control inventory list (**C-2**).

⁹ "Each facility administrator shall: ...

The facility shall provide a secure drop-box for ICE detainees to correspond directly with ICE management. Only ICE personnel shall have access to the drop-box."

See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(B).

¹⁰ "Every housing area shall have lockers or other securable space for storing detainees' authorized personal property."

See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(E).

¹¹ "Facilities shall use key covers for large security keys to prevent detainees or other unauthorized persons from observing and duplicating them." See ICE PBNDS 2011, Standard, Key and Lock Control, Section (V)(A)(9).

¹² "The security key control officer maintains accurate inventories of padlocks in use, master keys for cabinets, key blanks and all keys currently in use." See ICE PBNDS 2011, Standard, Key and Lock Control, Section (V)(B)(3)(b).

¹³ "The security key control officer shall maintain inventories of all keys, locks and locking devices in the lock shop." See ICE PBNDS 2011, Standard, Key and Lock Control, Section (V)(C).

ODO observed RCC's master-key cabinet and found no pattern key for duplicating keys (**Deficiency KLC-36**¹⁴).

ODO observed the RCC key and lock inventory did not list the key blanks in the lock shop to include the model number and manufacturer's name (**Deficiency KLC-37**¹⁵).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by adding the key blanks to the key inventory. Additionally, the RCC facility administrator issued a statement of fact, acknowledging the addition of key blanks and locks to the master key and lock control inventory list (**C-3**).

ODO reviewed the RCC lock shop key log, interviewed the RCC lock and key supervisor, and found the facility did not record padlocks in use nor the locations of the padlocks (**Deficiency KLC-39**¹⁶).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the grievance log and found no receipt date for the grievances logged (**Deficiency GS-81**¹⁷).

ODO observed the electronic grievance system (JailATM) and found no differentiation between grievances and RCC detainee requests. The system documented the grievance in both the grievance section and the RCC detainee request section, and RCC received all grievances in detainee requests. ODO noted this as an **Area of Concern**. Prior to the completion of the inspection, the RCC IT department corrected the issue and grievances are now separate from detainee requests.

¹⁴ "Lock shop inventories shall include, at a minimum, the following: ...

A secure master-key cabinet containing at least one pattern key (never issued), and one or more spare keys. The cabinet shall be kept locked, except when in immediate use. The contents shall be itemized on an inventory form."

See ICE PBNDS 2011, Standard, Key and Lock Control, Section (V)(C)(1)(a).

¹⁵ "Lock shop inventories shall include, at a minimum, the following: ...

All key blanks, identified by model number and manufacturer's name, inventoried in a bound ledger or electronic database."

See ICE PBNDS 2011, Standard, Key and Lock Control, Section (V)(C)(2)(b).

¹⁶ "Lock shop inventories shall include, at a minimum, the following: ...

An inventory of assigned padlocks, with locations identified alphabetically or numerically."

See ICE PBNDS 2011, Standard, Key and Lock Control, Section (V)(C)(4)(d).

¹⁷ "Facility staff shall assign each grievance a log number, enter it in the space provided on the detainee grievance form, and record it in the detainee grievance log in chronological order, according to the following stipulations: ...

2. The log shall include the receipt date and the disposition date."

See ICE PBNDS 2011, Standard, Grievance System, Section (V)(D)(2).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 20 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 16 of those standards. ODO found 11 deficiencies in the remaining 4 standards. Since RCC’s last full inspection in October 2022, the facility has shown improvement and is trending up. RCC went from 12 deficient standards and 35 deficiencies to 4 deficient standards and 11 deficiencies during this most recent follow-up inspection. The facility’s improved performance is likely the result of the combined effort between ERO New Orleans and RCC in completing the uniform corrective action plan for the last full inspection in October 2022. ODO recommends ERO New Orleans continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2023 Follow-Up Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	24	20
Deficient Standards	9	4
Overall Number of Deficiencies	35	11
Priority Component Deficiencies	0	0
Repeat Deficiencies	1	0
Areas Of Concern	0	1
Corrective Actions	1	3
Facility Rating	Acceptable/Adequate	N/A