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Office of Professional Responsibility
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**Office of Detention Oversight
Compliance Inspection**

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

**Richwood Correctional Center
Richwood, Louisiana**

December 3-5, 2019

**COMPLIANCE INSPECTION
of the
Richwood Correctional Center
Richwood, Louisiana**

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COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Lead Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections

FACILITY OVERVIEW

The Immigration and Customs Enforcement (ICE), Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO), conducted a compliance inspection of the Richwood Correctional Center (RCC) in Richwood, Louisiana, from December 3 to 5, 2019.¹ The facility opened in 2000 and is owned and operated by LaSalle Management Company. 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 Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

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

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	1000
Average ICE Detainee Population ³	1001
Male Detainee Population (as of 12/3/2019)	887
Female Detainee Population (as of 12/3/2019)	N/A

This is ODO's first inspection of the RCC.

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

² Data Source: ERO Facility List Report as of October 21, 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.” For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components,” which are considered critical to facility security and the legal and civil rights of detainees. 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 PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES

PBNDS 2011 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	1
Sub-Total	1
Part 2 – Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	3
Staff-Detainee Communication	2
Use of Force and Restraints	4
Sub-Total	9
Part 4 – Care	
Food Service	3
Medical Care	13
Significant Self-harm and Suicide Prevention and Intervention	2
Disability Identification, Assessment, and Accommodation	1
Sub-Total	19
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	2
Visitation	1
Sub-Total	3
Part 6 – Justice	
Grievance System	4
Law Libraries and Legal Material	2
Sub-Total	6
Total Deficiencies	38

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

DETAINEE RELATIONS

ODO interviewed 23 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. One detainee exhibited signs of mental health issues during the interview and ODO immediately referred him to both ERO and facility medical staff for follow-up. Most detainees reported satisfaction with facility services except for the concerns listed below.

Medical Care: One detainee stated that he had not seen a medical specialist for his seizure disorder.

- Action Taken: ODO reviewed the detainee's medical record and found that he suffered a seizure on October 18, 2019, and was transported to the emergency room, where he underwent a computed tomography (CT) scan of his head. The CT scan showed normal results, except for a sub therapeutic level for Dilantin⁶. The detainee's seizure medication was adjusted the same day and ODO confirmed that the detainee had not suffered a seizure since the initial episode.

Medical Care: One detainee stated that his dental braces caused discomfort and requested an orthodontic adjustment.

- Action Taken: ODO reviewed the detainee's medical record and spoke with the facility Health Service Administrator (HSA), who explained the local orthodontist will remove braces but will not perform orthodontic adjustments initiated by another dentist. ODO confirmed that the detainee was scheduled for follow-up care with the on-site dentist on December 21, 2019, to assess the feasibility of removing the braces.

Environmental Health and Safety: Four detainees stated that the showers in their housing units were dirty and infested with worms.

- Action Taken: ODO inspected the showers in the housing units and observed larvae in the shower floor drain and crevices around the vinyl wall sheeting. ODO spoke with facility maintenance staff and confirmed that an order was placed to replace the vinyl wall sheeting and fumigate the larvae.

⁶ The therapeutic range is 10-20 mcg/mL

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO inspected sanitation levels throughout the facility and observed bunkbeds and ceiling vents in need of painting, as well as larvae in the shower floor drains and crevices around the vinyl wall sheeting in two housing units (**Deficiency EH&S-1⁷**).

Corrective Action: Prior to completion of the inspection, the facility maintenance staff initiated corrective action by removing the vinyl sheeting and had the pest control provider spray a stronger chemical on the walls and floors to eradicate the larvae in the shower area (**C-1**).

SECURITY

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed 30 SMU files and found that eight detainees placed on administrative segregation (AS) were not provided a copy of the AS order (**Deficiency SMU-1⁸**); ODO also found that the AS orders were incomplete and did not detail the reasons for placing the detainee on AS (**Deficiency SMU-2⁹**).

Additionally, ODO found that for four detainees placed on disciplinary segregation (DS), the releasing officer did not document the date and time of release on the DS orders (**Deficiency SMU-3¹⁰**).

⁷ “Environmental health conditions shall be maintained at a level that meets recognized standards of hygiene, including those from the:

- a. American Correctional Association;
- b. Occupational Safety and Health Administration;
- c. Environmental Protection Agency;
- d. Food and Drug Administration;
- e. National Fire Protection Association’s Life Safety Code; and
- f. National Center for Disease Control and Prevention.

The facility administrator designee for environmental health is responsible for developing and implementing policies, procedures and guidelines for the environmental health program that are intended to identify and eliminate or control as necessary, sources of injuries and modes of transmission of agents or vectors of communicable diseases.” See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(A)(1).

⁸ “The administrative segregation order shall be immediately provided to the detainee in a language or manner the detainee can understand, unless delivery would jeopardize the safe, secure, or orderly operation of the facility.” See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(A)(2)(e). **This is a Priority Component.**

⁹ “Prior to a detainee’s actual placement in administrative segregation, the facility administrator or designee shall complete the administrative segregation order (Form I-885 or equivalent), detailing the reasons for placing a detainee in administrative segregation.” See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(A)(2)(a). **This is a Priority Component.**

¹⁰ “When the detainee is released from the SMU, the releasing officer shall indicate the date and time of release on the disciplinary segregation order. The completed order shall then be forwarded to the Chief of Security for inclusion in the detainee’s detention file.” See ICE PBNDS 2011, Standard, Special Management Units, Sections (V)(A)(2)(h)

STAFF-DETAINEE COMMUNICATION (SDC)

ODO observed the contact information for the ERO New Orleans Field Office was not posted in the housing units (**Deficiency SDC-1¹¹**).

ODO reviewed the detainee request log and found that the log did not record the following: the detainee's nationality; name of staff member who logged the request; any other pertinent site-specific information, including detention condition complaints; specific reasons why the detainee's request is urgent and requires a faster response; and the date the request was forwarded to ICE/ERO and the date it was returned (**Deficiency SDC-2¹²**).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed the documentation of one calculated UOF incident and found that the calculated UOF was not authorized in advance by the facility administrator or designee (**Deficiency UOF&R-1¹³**).

ODO also found that the UOF team initiated calculated UOF prior to supervisory pre-authorization and consultation with medical staff to determine if the detainee had medical issues requiring specific precautions (**Deficiency UOF&R-2¹⁴**).

Additionally, ODO found that the UOF team members were not clothed in protective gear, [REDACTED] (**Deficiency UOF&R-3¹⁵**); furthermore, the shift supervisor participated in the calculated UOF as a team member

and (V)(B)(2)(c).

¹¹ "The local supplement to the detainee handbook shall include contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility. The same information shall be posted in the living areas (or 'pods') of the facilities. 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).

¹² "All requests shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose. At a minimum, the log shall record: ...

- d. detainee's nationality;
- e. name of the staff member who logged the request;...
- g. any other pertinent site-specific information, including detention condition complaints;
- h. specific reasons why the detainee's request is urgent and requires a faster response; and
- i. the date the request was forwarded to ICE/ERO and the date it was returned shall also be recorded."

See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(B)(2)(d)(e)(g)(h)(i).

¹³ "A calculated use of force needs to be authorized in advance by the facility administrator (or designee)." *See* ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I).

¹⁴ "Calculated use of force requires supervisory preauthorization and consultation with medical staff to determine if the detainee has medical issues requiring specific precautions." *See* ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(B)(15).

¹⁵ "When a detainee must be forcibly moved and/or restrained during a calculated use of force, staff shall use the use of force [REDACTED] to prevent or diminish injury to staff and detainee and exposure to communicable diseases. The technique usually involves five or more trained staff members clothed in protective gear including helmet with face shield, jumpsuit, gloves and forearm protectors." *See* ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I)(3).

(Deficiency UOF&R-4¹⁶).

CARE

FOOD SERVICE (FS)

ODO inspected the facility kitchen and observed the temperatures in the walk-in cooler and serving line cooler were not maintained at 35-40 degrees Fahrenheit to prevent spoilage and other bacterial action (Deficiency FS-1¹⁷).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by placing repair orders for both coolers (C-2).

ODO found that food items stored in the dry storage room, two Conex storage containers, and walk-in cooler were not stored sufficiently far from the wall to facilitate pest-control measures (Deficiency FS-2¹⁸).

ODO did not observe sanitizing solution in the third compartment of the manual cleaning sink (Deficiency FS-3¹⁹).

ODO notes as an **Area of Concern** that food service equipment and utensils were poorly maintained and, separately, that food and non-food items were stored together in Conex storage units.

MEDICAL CARE (MC)

ODO toured the facility medical clinic and did not observe patient health education and wellness information available to detainees (Deficiency MC-1²⁰).

¹⁶ “The shift supervisor or another supervisor on duty:

- 1) Must be on scene prior to any calculated use of force to direct the operation and continuously monitor staff compliance with policy and procedure.
- 2) Shall not participate except to prevent impending staff injury.”

See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I)(3)(d)(1)(2).

¹⁷ “Store perishables at 35-40 F degrees to prevent spoilage and other bacterial action and maintain frozen foods at or below zero degrees.” See ICE PBNDS 2011, Standard, Food Service, Section (V)(K)(3)(e).

¹⁸ “Store all food item products at least six inches from the floor and sufficiently far from walls to facilitate pest-control measures.” See ICE PBNDS 2011, Standard, Food Service, Section (V)(K)(3)(d).

¹⁹ “Sanitize in the third compartment using one of the following methods:

- i. Immerse for at least 60 seconds in a sanitizing solution containing at least 50 parts per million (ppm) chlorine at a temperature of at least 75 F degrees.”

See ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(7)(f)(4)(c)(ii).

²⁰ “Qualified health care personnel shall provide detainees health education and wellness information on topics including, but not limited to, the following:

- 1) dangers of self-medication;
- 2) personal and hand hygiene and dental care;
- 3) prevention of communicable diseases;
- 4) smoking cessation;
- 5) self-care for chronic conditions; and
- 6) benefits of physical fitness.”

ODO reviewed 30 detainee medical records and found that nine detainees did not receive a comprehensive health assessment within 14 days of arrival (**Deficiency MC-2²¹**); furthermore, 27 comprehensive health assessments were not reviewed by the Clinical Medical Authority (CMA) to assess priority for treatment (**Deficiency MC-3²²**).

Corrective Action: Prior to completion of the inspection, the CMA approved and signed a memorandum delegating responsibility for assessing priority for treatment to the facility's advanced practice providers (**C-3**).

Additionally, ODO found that the detainee medical records were unorganized and inadequately maintained (**Deficiency MC-4²³**).

ODO reviewed 30 medication administration records (MARs) and found that 18 records did not document the medication dose administered or the medical staff member who administered the medication to the detainee (**Deficiency MC-5²⁴**).

ODO reviewed 30 chronic care medical records and found that one record did not document whether an electrocardiogram ordered for a detainee in April 2019 was administered (**Deficiency MC-6²⁵**).

Of the 30 chronic care medical records of detainees with serious medical and/or mental health conditions that ODO reviewed, 27 did not contain Medical/Psychiatric Alert forms (IHSC-834s) (**Deficiency MC-7²⁶**).

Corrective Action: Prior to completion of the inspection, the medical director placed the IHSC-834s in the detainees' chronic care medical records (**C-4**).

ODO reviewed two detainee mental health referrals and found that one detainee was evaluated by

See ICE PBNDS 2011, Standard, Medical Care, Section (V)(V).

²¹ "Each facility's health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival, unless more immediate attention is required due to an acute or identifiable chronic condition." *See* ICE PBNDS 2011, Standard, Medical Care, Section (V)(M). **This is a Priority Component.**

²² "The CMA shall be responsible for review of all comprehensive health assessments to assess the priority for treatment." *See* ICE PBNDS 2011, Standard, Medical Care, Section (V)(M).

²³ "The HSA shall maintain a complete health record on each detainee that is:

- a) Organized uniformly in accordance with appropriate accrediting body standards;
- b) Available to all practitioners and used by them for health care documentation; and
- c) Properly maintained and safeguarded in a securely locked area within the medical unit."

See ICE PBNDS 2011, Standard, Medical Care, Section (V)(BB)(1). **This is a Priority Component.**

²⁴ "Written records of all prescribed medication given to or refused by detainees shall be maintained." *See* ICE PBNDS 2011, Standard, Medical Care, Section (V)(U).

²⁵ "Every facility shall directly or contractually provide its detainee population with the following: ...

- 2) Medically necessary and appropriate medical, dental and mental health care and pharmaceutical services;
- 3) Comprehensive, routine and preventive health care, as medically indicated."

See ICE PBNDS 2011, Standard, Medical Care, Section (V)(A)(2)(3).

²⁶ "Where a detainee has a serious medical or mental health condition or otherwise requires special or close medical care, medical staff shall complete a Medical/Psychiatric Alert form (IHSC-834) or equivalent and file the form in the detainee's medical record." *See* ICE PBNDS 2011, Standard, Medical Care, Section (V)(N). **This is a Priority Component.**

a mental health provider six days after the referral (**Deficiency MC-8²⁷**).

ODO reviewed 30 detainee dental records and found that nine detainees did not receive an initial dental screening within 14 days of arrival (**Deficiency MC-9²⁸**).

ODO reviewed 30 sick call requests and found that five requests were not date and time stamped (**Deficiency MC-10²⁹**).

Additionally, ODO found that the facility did not accommodate one request for reading glasses but instructed the detainee to purchase them from the commissary (**Deficiency MC-11³⁰**).

ODO reviewed 30 medical refusal forms and, upon interviewing the [REDACTED] learned the [REDACTED] considered it a medical refusal when a detainee missed a pill call. Furthermore, the [REDACTED] did not make reasonable efforts to explain to the detainee the necessity for the recommended treatment and the medical risks for declining treatment. ODO also found that the medical refusal forms did not contain the detainees' signatures (**Deficiency MC-12³¹**).

ODO found no documentation that the HSA convened a quarterly administrative meeting during the third and fourth quarters of 2019 (**Deficiency MC-13³²**).

²⁷ "Any detainee referred for mental health treatment shall receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary. If the practitioner is not a mental health provider and further referral is necessary, the detainee will be evaluated by a mental health provider within the next business day. The provider shall develop an overall treatment/management plan." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(O)(4). **This is a Priority Component.**

²⁸ "An initial dental screening shall be performed within 14 days of the detainee's arrival. The initial dental screening may be performed by a dentist or a properly trained qualified health provider." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(R).

²⁹ "All written sick call requests shall be date and time stamped and filed in the detainee's medical record. Medical personnel shall review the request slips and determine when the detainee shall be seen based on acuity of the problem." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(S)(4).

³⁰ "Consistent with Standard 4.8 'Disability Identification, Assessment, and Accommodation' and the IHSC Detainee Covered Services Package, detainees will be provided medical prosthetic devices or other impairment aids, such as eyeglasses, hearing aids, or wheelchairs." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(W).

³¹ "Involuntary treatment is a decision made only by medical staff under strict legal restrictions. When a detainee refuses medical treatment, and the licensed healthcare provider determines that a medical emergency exists, the physician may authorize involuntary medical treatment. Prior to any contemplated action involving non-emergent involuntary medical treatment, respective ICE Office of Chief Counsel shall be consulted....

7. If the detainee refuses to consent to treatment, medical staff shall make reasonable efforts to explain to the detainee the necessity for and propriety of the recommended treatment. **This is a Priority Component.**
8. Medical staff shall ensure that the detainee's questions regarding the treatment are answered by appropriate medical personnel.
9. Medical staff shall explain the medical risks if treatment is declined and shall document their treatment efforts and refusal of treatment in the detainee's medical record. Detainees will be asked to sign a translated form that indicates that they have refused treatment. **This is a Priority Component.**

See ICE PBNDS 2011, Standard, Medical Care, Section (V)(AA)(7-9).

³² "The HSA shall convene a meeting quarterly at minimum, and include other facility and medical staff as appropriate." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(EE)(1).

ODO notes as a **Best Practice** that the HSA developed a comprehensive training and competency checklist for both RNs and Licensed Practical Nurses to complete during orientation and annually thereafter, to ensure nurses are trained and familiar with all medical policies and procedures.

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSH SP&I)

ODO learned that facility staff deemed an October 15, 2019, suicide by hanging a crime scene, thus they did not initiate appropriate life-saving measures (**Deficiency SSH SP&I-1**³³).

ODO reviewed the training records for all medical staff and █ custody staff and found that staff only received one hour of initial suicide prevention training during orientation (**Deficiency SSH SP&I-2**³⁴).

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

ODO reviewed the facility's orientation program and detainee handbook and found that the detainee handbooks and orientation video do not inform detainees about the facility's disability policy, including their right to request reasonable accommodations and how to make such requests (**Deficiency DIA&A-1**³⁵).

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO was unable to verify whether detainees have access to reasonably priced telephone services, as the facility did not provide ODO a copy of their telephone contract (**Deficiency TA-1**³⁶).

³³ "Following a suicide attempt, security staff shall initiate and continue appropriate life-saving measures until relieved by arriving medical personnel. Arriving medical personnel shall perform appropriate medical evaluation and intervention." See ICE PBNDS 2011, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(H).

³⁴ "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training, during orientation and at least annually. Initial suicide prevention training for all staff responsible for supervising detainees should consist of a minimum of eight hours of instruction. Subsequent annual suicide prevention training should consist of a minimum of two hours of refresher instruction." See ICE PBNDS 2011, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(A). **This is a Priority Component.**

³⁵ "The facility orientation program required by standard 2.1, 'Admission and Release,' and the detainee handbook required by standard 6.1, 'Detainee Handbook,' 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. The facility will post other documents for detainee awareness in detainee living areas and in the medical unit, as requested by the local ICE/ERO Field Office." See ICE PBDNS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section (V)(J).

³⁶ "Each facility shall provide detainees with access to reasonably priced telephone services. Contracts for such services shall comply with all applicable state and federal regulations and be based on rates and surcharges comparable to those charged to the general public. Any variations shall reflect actual costs associated with the provision of services in a detention setting...." See ICE 2011 PBNDS, Standard, Telephone Access, Section (V)(A)(2). **This is a Priority Component.**

VISITATION (V)

ODO found that the facility's dress code for visitors was not available to the public by telephone or posted on the facility's website (**Deficiency V-1³⁷**).

ODO found that blank copies of the Notice of Entry of Appearance as Attorney or Accredited Representative (Form G-28) were not available in the facility's legal visitation reception area (**Deficiency V-2³⁸**).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the detainee grievance log and found that the log does not include the date the decision was provided to the detainee, nor the outcome of the adjudication (**Deficiency GS-1³⁹**).

ODO found that facility staff do not 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 (**Deficiency GS-2⁴⁰**).

ODO reviewed three detainee medical records and three detention files and found that one medical grievance was not maintained in the medical record (**Deficiency GS-3⁴¹**) and a copy of the grievance disposition was not maintained in two of the detention files (**Deficiency GS-4⁴²**).

LAW LIBRARIES AND LEGAL MATERIAL (LL&LM)

ODO inspected the law library and found that it does not have an adequate number of computers

³⁷ "If the facility establishes and maintains a dress code for visitors, it shall be made available to the public, e.g., posted on the facility's website, telephone message and included in the detainee handbook." See ICE PBNDS 2011, Standard, Visitation, Section (V)(G).

³⁸ "Once an attorney-client relationship has been established, or if an attorney-client relationship already exists, the legal representative shall complete and submit a Form G-28, available in the legal visitation reception area." See ICE PBNDS 2011, Standard, Visitation, Section (V)(J)(8).

³⁹ "Each facility shall maintain a detainee grievance log that shall be subject to regular inspection by the Field Office Director and ICE headquarters staff. Documentation shall include the following information:

- date decision provided to detainee; and
- outcome of the adjudication."

See ICE PBNDS 2011, Standard, Grievance System, Section (V)(D). **This is a Priority Component.**

⁴⁰ "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:

1. the log entry number and the detainee grievance number must match;
2. the log shall include the receipt date and the disposition date; and
3. nuisance or petty grievances and grievances rejected or denied must also be logged with the appropriate notation and justification (for example, "petty")."

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

⁴¹ "Medical grievances shall be maintained in the detainee's medical file." See ICE PBNDS 2011, Standard, Grievance System, Section (V)(D). **This is a Priority Component.**

⁴² "A copy of the grievance disposition shall be placed in the detainee's detention file and provided to the detainee within five days." See ICE PBNDS 2011, Standard, Grievance System, Section (V)(D). **This is a Priority Component.**

and printers to accommodate the detainee population (**Deficiency LL&LM-1**⁴³).

ODO found that while detainees use flash drives to save legal documents, the flash drives do not allow for password protection (**Deficiency LL&LM-2**⁴⁴).

⁴³ “The law library shall have an adequate number of computers and printers to support the detainee population.” *See* ICE PBNDS 2011, Standard, Law Libraries and Legal Material, Section (V)(D). **This is a Priority Component.**

⁴⁴ “Consistent with the safety and security of the facility, detainees shall be provided with a means of saving any legal work in a secure and private electronic format, password protected, so they may return at a later date to access previously saved legal work products.” *See* ICE PBNDS 2011, Standard, Law Libraries and Legal Material, Section (V)(D).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with six of those standards. ODO found 38 deficiencies in the remaining 12 standards. ODO commends facility staff for their responsiveness during this inspection and notes there were four instances where staff initiated immediate corrective action.

ODO noted 13 deficiencies related to Medical Care. Of concern, ODO learned a detainee suffering from depression was periodically placed in administrative segregation over a five-month period. ODO spoke with medical staff and learned that the detainee should not have been segregated, rather he should have been transferred to a facility better equipped to treat his mental health issues. ODO discussed the issue with the local ERO field office and the detainee was subsequently transferred to another facility. ODO recommends ERO and RCC consider whether it is appropriate to house detainees with mental health issues at the facility. ODO also recommends ERO New Orleans work with the facility to resolve any deficiencies that remain outstanding, as applicable and in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 (PBNDS 2011)
Standards Reviewed	18
Deficient Standards	12
Overall Number of Deficiencies	38
Deficient Priority Components	14
Repeat Deficiencies	N/A
Corrective Actions	4