



**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  
Follow-Up Compliance Inspection**

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

**Richwood Correctional Center  
Monroe, Louisiana**

**April 19-22, 2021**

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

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## **FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS**



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## FACILITY OVERVIEW

The 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 19 to 22, 2021.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of RCC from December 15 to 17, 2020. The facility opened in 1998 and is owned and operated by LaSalle Corrections. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at RCC in 2018 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 to the facility. An RCC warden handles daily facility operations and manages █████ support personnel. Robertson Produce, Sysco, Flowers Baking, Lamm Food Services, and Auto Chlor provide food services at the facility. Correct Commissary provides commissary services and Correct Med provides medical services at the facility. The facility holds no accreditations from any outside entities.

| Capacity and Population Statistics                | Quantity |
|---|----------|
| ICE Detainee Bed Capacity <sup>2</sup>            | 1,000    |
| Average ICE Detainee Population <sup>3</sup>      | █████    |
| Male Detainee Population (as of April 19, 2021)   | █████    |
| Female Detainee Population (as of April 19, 2021) | N/A      |

During its last inspection, in Fiscal Year (FY) 2021, ODO found 17 deficiencies in the following areas: Admission and Release (1); Emergency Plans (3); Funds and Personal Property (1); Law Libraries and Legal Material (1); Medical Care (2); Special Management Units (8); and Use of Force and Restraints (1).

<sup>1</sup> 1 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 April 19, 2021.

<sup>3</sup> *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, Hunger Strikes, 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 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.

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.

## FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES

| PBND Standards Inspected <sup>4</sup>                         | Deficiencies |
|---|--------------|
| <b>Part 1 – Safety</b>  |              |
| Emergency Plans   | 0            |
| Environmental Health and Safety                               | 1            |
| <b>Sub-Total</b>  | <b>1</b>     |
| <b>Part 2 – Security</b>                                      |              |
| Admission and Release   | 4            |
| Custody Classification System                                 | 1            |
| Funds and Personal Property                                   | 3            |
| Special Management Units                                      | 0            |
| Use of Force and Restraints                                   | 0            |
| <b>Sub-Total</b>  | <b>8</b>     |
| <b>Part 3 – Care</b>  |              |
| Food Service  | 0            |
| Hunger Strikes  | 0            |
| Medical Care  | 0            |
| Significant Self-harm and Suicide Prevention and Intervention | 0            |
| <b>Sub-Total</b>  | <b>0</b>     |
| <b>Part 4 – Justice</b>                                       |              |
| Law Libraries and Legal Material                              | 0            |
| <b>Sub-Total</b>  | <b>0</b>     |
| <b>Total Deficiencies</b>                                     | <b>9</b>     |

<sup>4</sup> For greater detail on ODO's findings, see the *Follow-Up Compliance Inspection Findings* section of this report.

## 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 concerns listed below. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

*Medical Care:* One detainee stated he has mechanical back pain, which he currently manages with medication. The detainee also stated he had back pain from kidney stones for several months, which had been diagnosed at a previous facility. The detainee informed ODO that RCC had not been treating his kidney stones, he experienced intermittent urination, and observed blood in his urine.

- Action Taken: ODO reviewed the detainee's medical record and spoke with the facility's medical staff. The facility admitted the detainee on March 11, 2021, and noted his apparent, good health. On March 12, 2021, the facility medical staff examined the detainee for back pain, prescribed Tylenol, and scheduled a urinalysis. On March 15, 2021, the detainee's urinalysis indicated no evidence of kidney stones or other abnormalities. Additionally, the facility medical staff prescribed cyclobenzaprine for the detainee's back pain on March 17, 2021. On March 18, 2021, the detainee's X-ray also indicated no evidence of kidney stones or other abnormalities. On March 26, 2021, a subsequent urinalysis revealed trace amounts of blood and no other abnormalities. On March 30, 2021, facility medical staff coordinated an appointment with a urologist for the detainee. Due to COVID-19 restrictions, the medical staff scheduled the detainee's appointment for April 23, 2021, which was the earliest available appointment date.

## FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

### SAFETY

#### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the environmental health and safety manager, reviewed facility policies and procedures, viewed photographs of the portable eyewash station used at the facility, and found it did not meet Occupational Safety and Health Administration (OSHA) standards. The portable eyewash station did not provide 15-minute continuous flushing of the eyes and OSHA adheres to American National Standards Institute (ANSI) Z358.1-2014 code, which requires that portable eyewash stations provide hands-free, 15-minute continuous flushing of the eyes (**Deficiency EHS-38<sup>5</sup>**).

*Corrective Action:* Prior to completion of the inspection, the environmental health and

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<sup>5</sup> "Eyewash stations that meet OSHA standards shall be installed in designated areas throughout the facility, and all employees and detainees in those areas shall be instructed in their use." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(B)(2)(b).

safety manager informed ODO on April 21, 2021, the facility installed OSHA-approved eyewash stations, and ODO reviewed photographs of three OSHA/ANSI-approved eyewash stations installed with operating instructions posted throughout the facility (C-1).

## **SECURITY**

### **ADMISSION AND RELEASE (AR)**

ODO reviewed 16 detainee detention files and found no evidence of fingerprinting during the admission process in 16 out of 16 files (**Deficiency AR-11**<sup>6</sup>).

ODO interviewed the intake supervisor and property supervisor and found the facility did not include combs as part of the personal hygiene kits the facility issued to detainees during the intake process, in accordance with standard “4.5 Personal Hygiene” (**Deficiency AR-47**<sup>7</sup>).

*Corrective Action:* Prior to the completion of the inspection, the facility issued combs to all detainees, and ODO reviewed the detainee roster which documented that each detainee signed for receipt of a comb. Additionally, the compliance coordinator informed ODO the facility added combs to the hygiene items to be issued at intake, and ODO viewed a photograph of a box of combs to be issued at intake (C-2).

ODO reviewed the facility’s orientation information and found it did not include procedures for detainees to file formal complaints with DHS OIG (**Deficiency AR-66**<sup>8</sup>). **This is a repeat deficiency.**

ODO reviewed 11 released detainees’ detention files and found no evidence of fingerprinting during the release process in 11 out of 11 files (**Deficiency AR-78**<sup>9</sup>).

### **CUSTODY CLASSIFICATION SYSTEM (CCS)**

ODO reviewed the files of five detainees released from the Special Management Unit (SMU) and found in one out of five files classification staff completed the special reclassification three days

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<sup>6</sup> “Admission processes for a newly admitted detainee shall include, but not be limited to ...

c. Photographing and fingerprinting, including notation of identifying marks or other unusual physical characteristics.” See ICE PBNDS 2011 (Revised 2016), Standard, Admission & Release, Section (V)(B)(1)(c).

<sup>7</sup> “In accordance with standard “4.5 Personal Hygiene,” staff shall issue clothing and bedding items that are appropriate for the facility environment and local weather conditions.” See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(C).

<sup>8</sup> “At SPCs, CDFs, and dedicated IGSAs, the orientation shall include the following information: ...

12. How the detainee can file formal complaints with the DHS Office of the Inspector General (OIG).” See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(F)(12).

<sup>9</sup> “Facility staff assigned to processing must complete certain procedures before any detainee’s release, removal, or transfer from the facility. Necessary steps include but are not limited to: completing out-processing forms; closing files and fingerprinting; returning personal property; reclaiming facility-issued clothing, identification cards, handbooks, and bedding; and checking wants and warrants.” See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(H).



after the detainee left SMU (**Deficiency CCS-53<sup>10</sup>**).

## FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the personal property inventory forms in 16 detainee detention files and found 16 out of 16 personal property inventory forms did not contain the time of admission (**Deficiency FPP-85<sup>11</sup>**).

ODO reviewed the personal property inventory forms in 16 detainee detention files and found in 16 out of 16 personal property inventory forms, staff did not document articles "S" for "safekeeping" (by the facility) or "R" for "retained" (by the detainee) (**Deficiency FPP-87<sup>12</sup>**).

ODO reviewed the personal property inventory forms in 16 detainee detention files and found in 16 out of 16 personal property inventory forms, staff did not document the general condition of the property (**Deficiency FPP-88<sup>13</sup>**).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 12 standards under PBNDS 2011 and found the facility in compliance with 8 of those standards. ODO found nine deficiencies in the remaining four standards. ODO commends facility staff for its responsiveness during this inspection and notes there were two 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.

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<sup>10</sup> "Staff shall complete a special reclassification within 24 hours before a detainee leaves the Special Management Unit (SMU), following an incident of abuse or victimization, and at any other time when warranted based upon the receipt of additional, relevant information, such as after a criminal act, or if a detainee wins a criminal appeal, is pardoned, or new criminal information comes to light." See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(H)(3).

<sup>11</sup> "The personal property inventory form must contain the following information at a minimum:

1. date and time of admission." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(I)(1).

<sup>12</sup> "The personal property inventory form must contain the following information at a minimum: ...

3. description, quantity, and disposition of articles; disposition may be indicated as either:

a. 'S' for 'safekeeping' (by the facility); or

b. 'R' for 'retained' (by the detainee)."

See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(I)(3).

<sup>13</sup> "The personal property inventory form must contain the following information at a minimum: ...

4. general condition of the property." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(I)(4).

| <b>Compliance Inspection Results Compared</b> | <b>First FY 2021<br/>(PBNS 2011)</b> | <b>Second FY 2021<br/>(PBNS 2011)</b> |
|---|--------------------------------------|---------------------------------------|
| Standards Reviewed                            | 20                                   | 12                                    |
| Deficient Standards                           | 7                                    | 4                                     |
| Overall Number of Deficiencies                | 17                                   | 9                                     |
| Repeat Deficiencies                           | 0                                    | 1                                     |
| Areas of Concern                              | 1                                    | 0                                     |
| Corrective Actions                            | 0                                    | 2                                     |