



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
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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 14-18, 2020

COMPLIANCE INSPECTION
of the
RICHWOOD CORRECTIONAL CENTER
Monroe, Louisiana

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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 14-18, 2020.¹ 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.

ERO New Orleans has deportation officers and a detention services manager assigned to the facility. An RCC warden handles daily facility operations and is supported by ██████ personnel. Robertson Produce, Sysco, Flowers Baking, Lamm Food Services, and Auto Chlor supply food services. Correct Commissary supplies commissary service and Correct Med provides medical services. The facility holds no accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	1000
Average ICE Detainee Population ³	████
Male Detainee Population (as of 12/14/2020)	████
Female Detainee Population (as of 12/14/2020)	N/A

During its last inspection in Fiscal Year 2020, ODO found 38 deficiencies in the following areas: Environmental Health and Safety (1), Special Management Units (3), Food Service (3), Staff-Detainee Communication (2), Telephone Access (2), Use of Force and Restraints (4), Medical Care (13), Disability Identification, Assessments, and Accommodation (1), Significant Self-harm and Suicide Prevention and Intervention (2), Visitation (1), Grievance System (4), and Law Libraries and Legal Material (2).

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 December 14, 2020.

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.

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.

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	
Emergency Plans	3
Environmental Health and Safety	0
Sub-Total	3
Part 2 – Security	
Admission and Release	1
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	1
Population Counts	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	8
Staff-Detainee Communication	0
Use of Force and Restraints	1
Sub-Total	11
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	2
Medical Care Women	N/A ⁶
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	2
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	1
Sub-Total	1
Total Deficiencies	17

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

⁶ RCC is male only, as such this standard is not applicable.

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, ODO conducted the detainee interviews via telephone.

Correspondence and Other Mail: Six detainees stated receipt of mail was slow, not received at all, and packages containing clothing and facial masks for COVID-19 protection were thrown in the trash.

- Action Taken: ODO spoke with RCC facility staff members and reviewed detainee detention files. ODO did not find any documents or receipts indicating detainee's mail and packages were discarded. RCC staff members stated the mail clerk scanned all incoming mail and packages. If certain items were not allowed in housing units, a staff member would notify the detainee and place the items in the detainee's property. For a detainee to receive a package, the detainee would first send a request to the RCC major, and once approved, the detainee would receive the mailed items. If the detainee did not obtain prior approval, a staff member would place the package in the detainee's property and not dispose of it, and the mail clerk would notify the detainee. Additionally, if the facility received mail where contents appeared questionable, the mail clerk returned the package to the sender. Subsequently, a staff member would document receipt and return the package to the sender, to include the reason for the return, and provide the detainee a copy of the reason for denial and notice the package was returned to the sender.

Food Services: Nine detainees stated the food did not taste good and the portions were too small.

- Action Taken: ODO reviewed food service policy and records, food menus, and the grievance log. ODO's review of the food menu showed a registered dietitian approved RCC's five-week food menu and found it met the Recommended Daily Allowance. ODO interviewed the food service manager (FSM) and determined a complaint dated November 27, 2020, was unrelated to the taste of food and the FSM resolved the detainee's concern. ODO interviewed an RCC lieutenant and found kitchen staff members conducted food tastings but staff did not record these tastings. ODO obtained and reviewed a photograph of a food tray prepared and served on December 15, 2020, and found it was presentable.

Medical Care: One detainee expressed concern about the need for dental surgery to have his wisdom teeth removed.

- Action Taken: ODO reviewed the detainee's medical record and interviewed the facility's health service administrator (HSA). The detainee's medical record showed on February 20, 2020, RCC medical staff referred the detainee to a family nurse practitioner (FNP) for dental/oral surgery. On February 24, 2020, a doctor of dental surgery (DDS) at an outside medical provider, examined the detainee for restorative dental treatment. Subsequently, the DDS scheduled the detainee for an appointment with an outside oral surgery clinic for April 28, 2020. However, on March 25, 2020, an outside oral surgery clinic notified RCC

they canceled the detainee's April 2020 appointment due to compliance with the Louisiana Department of Health mandated COVID-19 restrictions. On October 30, 2020, the FNP referred the detainee to an outside oral surgery clinic. The detainee was examined on December 12, 2020, and recommended he see an oral surgeon for surgical extraction of tooth #1 and tooth #16. On December 12, 2020, the DDS referred the detainee back to an outside oral surgery clinic for dental services. On December 17, 2020, facility medical staff faxed an oral surgery referral to an outside oral surgery clinic. In January 2021, the associate field office director advised ODO the detainee's oral surgery appointment was not yet scheduled, due to specialty clinic appointments taking several weeks. However, the detainee was scheduled for a follow-up appointment with the DDS in January 2021.

Medical Care: One detainee expressed concern about his eye and stated for the past six months, medical staff stated he required surgery for his eye. The detainee further stated he did not have a scheduled date for surgery and was afraid he would lose his eye.

- Action Taken: ODO reviewed the detainee's medical record and interviewed the facility's HSA. The detainee's medical record showed on October 6, 2020, he received an examination at an outside medical provider for Pterygium in his left eye. During that exam, the physician recommended the detainee follow up with Ophthalmology Clinic in nine months or sooner, if symptoms or vision worsened. In addition, the physician wrote the following in the medical record, "Follow up in 9 months, if progression to visual axis then surgically remove." The detainee medical record also showed the FNP examined the detainee on October 7, 2020, October 22, 2020, November 19, 2020, and December 3, 2020. After his November 19, 2020 visit with the FNP, the FNP referred the detainee back to an outside medical provider due to increased eye pain and worsening vision. The FNP sent the referral to an outside medical provider on November 23, 2020, and informed the outside medical clinic about the detainee's worsened symptoms. The medical staff told ODO, medical was awaiting an appointment confirmation from the service providers. On December 15, 2020, the HSA contacted the MedPAR receptionist nurse about the referral request and informed it could take several weeks for a specialty clinic appointment or to schedule a radiology test. On December 16, 2020, the detainee was seen by the medical provider for left eye pain and was diagnosed with Pterygium, prescribed Systanet eye drops, and provided an eye patch to use, as needed. The detainee was instructed to request a follow-up appointment with the medical provider if his condition worsened. As of January 14, 2021, the detainee has not made a follow-up request, and medical is awaiting an ophthalmology appointment and the scheduling of a radiology test.

Medical Care: One detainee expressed concern about not receiving medication he needs for vitiligo.

- Action Taken: ODO reviewed the detainee's medical record and interviewed the facility's HSA. A review of the detainee's medical showed on February 24, 2020, the FNP examined the detainee and ordered hydrocortisone cream 2.5% for the detainee to apply to his skin twice a day, for 30 days, with five refills. On November 25, 2020, the detainee visited with the medical provider and had no complaints related to vitiligo at that time. ODO also noted on December 16, 2020, the detainee received a wellness check with the provider to address any concerns he may have about his care.

COMPLIANCE INSPECTION FINDINGS

SAFETY

EMERGENCY PLANS (EP)

ODO reviewed the facility's environmental hazard emergency plan, interviewed facility staff, and found the facility plan did not include written procedures for each department and provisions for at least three-days' use in temporary quarters (**Deficiency EP-157⁷**) nor did the facility administrator designate an officer to supervise a detainee crew to seal off specified area(s) on time (**Deficiency EP-158⁸**).

ODO also found the facility's environmental hazard emergency plan did not include the following:

[REDACTED]

[REDACTED] (**Deficiency EP-171⁹**).

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed the facility's orientation procedures and found they did not notify detainees of the facility's policies and procedures concerning how to contact the deportation officer handling their docket and how to file formal complaints with the Department of Homeland Security's Office of Inspector General (**Deficiency A&R-66¹⁰**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the facility's detainee handbook and found it did not notify detainees of the procedure for claiming property upon release, transfer, or removal (**Deficiency F&PP-18¹¹**).

⁷ "Every department (e.g., food service, medical, maintenance, recreation, administration, etc.) shall have written procedures and at least three days' provisions for use in temporary quarters, with the objective to minimize disruption to daily routine." *See* ICE PBNDS 2011, Standard, Emergency Plans, Section (V)(E)(10)(a)(2).

⁸ "The facility administrator shall designate an officer to supervise a detainee crew, which shall seal off specified area(s) in a timely manner." *See* ICE PBNDS 2011, Standard, Emergency Plans, Section (V)(E)(10)(b)(1).

⁹ For every evacuation scenario, the plan shall:

- 1) identify and prepare a list of suppliers to provide essential goods and materials during the emergency;
- 2) prepare an alternative list, identifying product substitutions and alternate suppliers; and
- 3) assign priorities among the essentials listed, recognizing shortages likely to occur during an area-wide emergency.

See ICE PBNDS 2011, Standard, Emergency Plans, Section (V)(E)(12)(b)(1-3).

¹⁰ "Procedures for detainees to contact the deportation officer handling his/her docket; and How the detainee can file formal complaints with the DHS OIG of the Inspector General (OIG)." *See* ICE PBNDS 2011, Standard, Admission and Release, Section (V)(F)(4)(12).

¹¹ "The procedure for claiming property upon release, transfer, or removal." *See* ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(C)(4).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed 12 detainee detention files and found one out of 12 files did not have Form I-885, a 72-hour administrative segregation (AS) review written record of the decision and the justification for AS (**Deficiency SMU-46**¹²).

ODO reviewed the facility's policy, interviewed the facility's SMU staff, and found the SMU did not keep a separate visitor's log (**Deficiency SMU-95**¹³).

ODO reviewed 12 detainee detention files and found the following: in one out of 12 files, the releasing officer did not attach the medical assessment and AS detention order for inclusion into the detainee's detention file (**Deficiency MSU-104**¹⁴) and one out of 12 files was missing a face-to-face medical assessment for two days during a seven day period (**Deficiency SMU-132**¹⁵).

ODO reviewed the facility's detainee handbook, interviewed facility staff, and determined the facility did not issue guidelines concerning detainee privileges for each type of segregation (**Deficiency SMU-121**¹⁶).

ODO reviewed one week of 30-minute checks for the SMU and found six instances where staff in the SMU did not observe nor log detainee observations at least every [REDACTED] on an irregular schedule (**Deficiency SMU-126**¹⁷).

Additionally, ODO determined in 12 out of 12 detainee detentions files reviewed, the facility's SMU staff did not record specific allotments of recreation time for both AS and disciplinary segregation (DS). However, further review of the facility's policy showed the detainees in AS received one hour of exercise per day, seven days a week (**Deficiency SMU-194**¹⁸) and detainees in DS received one hour of recreation, five days per week (**Deficiency SMU-195**¹⁹), contrary to the standard.

¹² "A written record shall be made of the decision and the justification. The administrative segregation review (Form I-885) shall be used for the review." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(A)(3)(a)(2).

¹³ "A separate log shall be maintained in the SMU of all persons visiting the unit." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(C)(2).

¹⁴ "Upon a detainee's release from the SMU, the releasing officer shall attach that detainee's entire housing unit record to either the administrative segregation order or disciplinary segregation order and forward it to the Chief of Security or equivalent for inclusion into the detainee's detention file." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(C)(3)(d).

¹⁵ "Health care personnel shall conduct face-to-face medical assessments at least once daily for detainees in an SMU." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(N).

¹⁶ "Each facility shall issue guidelines in accordance with this standard concerning the privileges detainees may have in each type of segregation." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(K).

¹⁷ "Detainees in SMU shall be personally observed and logged at least every [REDACTED] on an irregular schedule." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(L).

¹⁸ "Detainees in the SMU for administrative reasons shall be offered at least two hours of exercise per day, seven days a week, unless documented security, safety or medical considerations dictate otherwise." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(X)(1).

¹⁹ "Detainees in the SMU for disciplinary reasons shall be offered at least one hour of exercise per day, seven days a week, unless documented security, safety or medical considerations dictate otherwise." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(X)(12).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO interviewed the facility's medical staff, reviewed the facility's policy, reviewed six UOF files, and determined the HSA did not take part in six out of six after-action reviews, as required (**Deficiency UOF-154²⁰**).

CARE

MEDICAL CARE (MC)

ODO examined photographs of the facility's pharmacy and found it did not have a solid ceiling (**Deficiency MC-95²¹**).

ODO reviewed 12 detainee medical files to include 35 medication refusal forms, and found 29 out of 35 forms did not have the detainee's signature indicating medical staff explained the medical risks to the detainees, when medications were declined, nor reflect the detainee's missing pill call was considered a refusal, in which medical staff did not provide consultation nor request the detainee's signature (**Deficiency MC-246²²**).

ODO interviewed the HSA, reviewed the facility's policy, and determined the RCC medical facility did not achieve accreditation with the National Commission on Correctional Health Care. ODO noted this as an **Area of Concern**.

JUSTICE

LAW LIBRARIES AND LEGAL MATERIAL (LL&LM)

ODO reviewed the facility's detainee handbook and found it did not supply the scheduled hours of access to the law library (**Deficiency LL&LM-71²³**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 20 standards under PBNDS 2011 and found the facility in compliance with 13 of those standards. ODO found 17 deficiencies in the remaining seven standards. ODO commends facility staff for their responsiveness during this inspection.

²⁰ The facility administrator, the assistant facility administrator, the Field Office Director's designee and the health services administrator (HSA) shall conduct the after-action review." *See* ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(P)(3).

²¹ "Each detention facility shall have and comply with written policy and procedures for the management of pharmaceuticals, to include...all pharmaceuticals to be stored in a secure area with...solid walls from floor to ceiling and a solid ceiling;" *See* ICE PBNDS 2011, Standard Medical Care, Section (V)(G)(8)(c).

²² "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." *See* ICE PBNDS 2011, Standard, Medical Care, Section (V)(X)(9).

²³ "The detainee handbook or supplement shall provide detainees the rules and procedures governing access to legal materials, including the following information: 2. the scheduled hours of access to the law library." *See* ICE PBNDS 2011, Standard, Law Libraries and Legal Materials, Section (V)(N)(2).

ODO also recommends ERO 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 (PBNS 2011, Revised 2016)	FY 2021 (PBNS 2011)
Standards Reviewed	18	20
Deficient Standards	12	7
Overall Number of Deficiencies	38	17
Repeat Deficiencies	N/A	N/A
Areas of Concern	2	1
Corrective Actions	4	0