



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

**Office of Detention Oversight
Follow-Up Compliance Inspection**

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

**River Correctional Center
Ferriday, Louisiana**

May 10-13, 2021

FOLLOW-UP COMPLIANCE INSPECTION
of the
RIVER CORRECTIONAL CENTER
Ferriday, Louisiana

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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 River Correctional Center (RCC) in Ferriday, Louisiana, from May 10 to 14, 2021.¹ This inspection focused on the standards found deficient during ODO's last inspection of the RCC from October 19 to 22, 2020. The facility opened in 2001, is owned by Lasalle Corrections, and is operated by River Correctional Center. 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 National Detention Standards (NDS) 2019.

ERO has assigned deportation officers to the facility. An RCC warden handles daily facility operations and manages [REDACTED] support personnel. RCC provides food services, Lasalle Corrections provides medical care, and Correct Commissary provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	500
Average ICE Population ³	[REDACTED]
Adult Male Population (as of May 10, 2021)	[REDACTED]
Adult Female Population (as of May 10, 2021)	[REDACTED]

During its last inspection, in October 2020, ODO found 10 deficiencies in the following areas: Custody Classification System (1); Disabilities (1); Facility Security and Control (2); Grievance System (1); Medical Care (2); Sexual Abuse and Assault Prevention and Intervention (1); and Use of Force and Restraints (2).

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

² Data Source: ERO Facility List Report as of May 10, 2021

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.⁴

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.

⁴ ODO reviews the facility's compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5&6}	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Use of Force and Restraints	0
Special Management Units	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Significant Self-Harm and Suicide Prevention and Intervention	1
Disability Identification, Assessment, and Accommodation	0
Sub-Total	1
Part 6 – Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	1

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

⁶ Beginning in FY 2021, ODO added Emergency Plans, Facility Security and Control, 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, each of whom voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All the detainees interviewed reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

Medical Care: One detainee stated he submitted a medical request to have his teeth checked, but the facility medical staff had not scheduled an appointment for him.

- Action Taken: On May 11, 2021, ODO spoke with the facility health services administrator (HSA), who stated the facility initially denied the detainee's request to see a dentist for a routine check-up. The HSA said that a detainee had to be in ICE custody for at least six months to qualify for a routine dental exam. However, the HSA noted that the detainee will reach the required six months on May 28, 2021, at which point, the facility will schedule a comprehensive dental exam. At ODO's request, the facility medical staff informed the detainee of this fact.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

CARE

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)

ODO reviewed suicide watch logs for [REDACTED] detainees placed on suicide watch during the inspection period and found the facility did not document monitoring of the detainees every [REDACTED] (or more frequently if needed) for all [REDACTED] detainees (**Deficiency SSHSPI-21**⁷).

FOOD SERVICE (FS)

ODO interviewed the food service manager (FSM), reviewed food service inspection reports, and found that the facility received its last annual, independent food inspection on January 13, 2020. The FSM informed ODO the health department had not scheduled a visit within the annual time-period due to the COVID-19 pandemic. The facility received written notification from the Concordia Parish Health Unit, dated October 2, 2020, stating the health department has not received approval to enter correctional facilities and will not deny licensure to facilities while waiting for approval to conduct inspections. ODO notes this lapse in food service inspection as an **Area of Concern**.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 14 standards under NDS 2019 and found the facility in compliance with 13 of those standards. ODO found one deficiency in the remaining one standard. ODO commends facility staff for its responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	First FY 2021 (NDS 2019)	Second FY 2021 (NDS 2019)
Standards Reviewed	18	14
Deficient Standards	7	1
Overall Number of Deficiencies	10	1
Repeat Deficiencies	0	0
Areas of Concern	1	1
Corrective Actions	1	0

⁷ "The monitoring must be documented every [REDACTED] or more frequently if necessary." See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(F).