

# Office of Professional Responsibility

## River Correctional Center Inspection 2025-002-025

November 19-21, 2024



U.S. Immigration  
and Customs  
Enforcement



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

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**Office of Detention Oversight  
Compliance Inspection  
2025-002-025**

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

**River Correctional Center  
Ferriday, Louisiana**


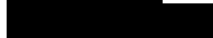
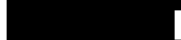
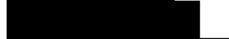
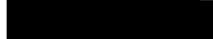
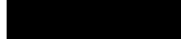
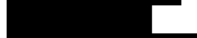
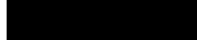
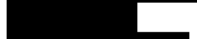
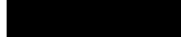
**November 19-21, 2024**

**COMPLIANCE INSPECTION  
of the  
RIVER CORRECTIONAL CENTER  
Ferriday, Louisiana**

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## COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Unit Chief	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections

## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the River Correctional Center (RCC) in Ferriday, Louisiana, from November 19 to 21, 2024.<sup>1</sup> The facility opened in 2001 and is owned and operated by LaSalle Corrections. 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).

[REDACTED]

A LaSalle Corrections warden handles daily facility operations and manages [REDACTED] support personnel. LaSalle Corrections provides food services and 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 December 2021, 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 <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of November 19, 2024)	[REDACTED]
Adult Female Population (as of November 19, 2024)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 3 deficiencies in the following areas: Grievance System (1); Post Orders (1); and Staff-Detainee Communication (1).

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

<sup>2</sup> Data Source: ERO Custody Management Division Authorized Facility List as of November 18, 2024.

<sup>3</sup> *Ibid.*

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.<sup>4</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as “deficiencies.” ODO highlights instances when 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.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

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

PBNS 2011 (Revised 2016) Standards Inspected <sup>5,6</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Emergency Plans	0
Environmental Health and Safety	0
Transportation (by Land)	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 2 - Security</b>	
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	3
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Tool Control	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>4</b>
<b>Part 3 - Order</b>	
Disciplinary System	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
Food Service	0
Medical Care	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 5 - Activities</b>	
Recreation	0
Visitation	1

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

<sup>6</sup> Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

<b>Sub-Total</b>	<b>1</b>
<b>Part 6 - Justice</b>	
Detainee Handbook	0
Grievance System	1
Legal Rights Group Presentations	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 7 - Administration and Management</b>	
Interview and Tours	0
Staff Training	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>7</b>

## DETAINEE RELATIONS

ODO interviewed 31 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of mistreatment, discrimination, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Medical Care:* One detainee stated his prescribed medication provides no relief from his auditory hallucinations and he dislocated his jaw on three separate occasions.

Action Taken: ODO spoke with the facility's health services administrator (HSA) and medical staff and reviewed the detainee's medical file. On September 4, 2024, the detainee submitted a sick call request due to complaints of auditory hallucinations. On September 7, 2024, facility medical staff prescribed Zyprexa (7.5 mg) to be taken daily. On September 20, 2024, during a follow-up visit, a facility medical provider increased the Zyprexa dosage to 10 mg. On October 23, 2024, during a follow-up visit, the facility provider prescribed Vistaril (25 mg) twice a day, followed by an increase in frequency to every 6 hours as needed. During that same visit, facility staff educated the detainee on taking medication consistently to alleviate underlying mental health symptoms. On November 13, 2024, during the detainee's follow-up visit, the facility provider increased the Zyprexa dosage to 15 mg. After the conclusion of the inspection ODO interviewed the HSA and mental health staff. ODO found on November 26, 2024; the detainee received counseling from the facility mental health counselor. On December 13, 2024, the detainee refused to attend an appointment with facility mental health staff. The detainee saw the Mental Health Counselor on December 26, 2024, where they discussed lowering the prescribed medications. The detainee was seen by a facility medical nurse practitioner (MNP) on January 02, 2025, where his demeanor was noted to have improved. The detainee's mental health treatment is ongoing, and he is scheduled to see the MNP on January 8, 2025.

On August 10, 2024, the detainee submitted a sick call due to complaints of a dislocated jaw. The facility medical provider examined the detainee for a jaw dislocation and sent the detainee to a local emergency room (ER) for a computer tomography (CT) scan of his



head. ER staff found no indication the detainee's jaw was dislocated. On October 3, 2024, the detainee submitted a sick call due to complaints of choking and a dislocated jaw. Facility medical staff sent the detainee to the local ER for treatment, and upon discharge facility medical staff scheduled the detainee for X-rays and a CT scan. On October 18, 2024, the medical provider sent the detainee to the local ER for a CT scan of the head and jawbone and for an X-ray to diagnose for temporomandibular joint disorder as a possible cause for the repeated jaw discomfort, with the results pending. On November 15, 2024, an oral maximal facial surgeon reviewed the CT and X-ray results where he diagnosed the detainee with a temporomandibular joint disorder and educated the detainee by providing informational exercises and behavioral changes to strengthen the temporomandibular joint and prevent future jaw discomfort.

*Medical Care:* One detainee stated he was not satisfied with the current level of medical care for an inflamed cyst caused by an intestinal tumor that developed while at RCC. The detainee believed the facility hid the existence of this tumor from him.

- Action Taken: ODO spoke with the facility's HSA and medical staff and reviewed the detainee's medical file. On August 15, 2024, the detainee submitted a sick call request due to abdominal pain, and he was examined by a facility medical provider the same day. The medical provider prescribed Bactrim DS (800 mg sulfamethoxazole/160 mg trimethoprim) for a rectal mass and/or possible abscess and scheduled a follow-up for August 21, 2024. On August 21, 2024, facility medical staff sent the detainee to a local ER for a CT scan of the pelvis, where ER staff found no abscess. The facility medical provider informed the detainee of the results and prescribed Clindamycin (150 mg). On September 3, 2024, during a follow-up examination, the facility medical provider prescribed probiotics and referred the detainee to an outside surgeon. On September 23, 2024, the outside surgeon examined the detainee and found no abscess nor hemorrhoids but did find scar tissue in the detainee's rectum. The surgeon informed the detainee of finding no cyst and recommended an increase in the detainee's fiber and water intake. ODO found no evidence facility medical staff diagnosed the detainee with an intestinal tumor, and found facility medical staff discussed their findings with the detainee after each medical encounter.

*Religious Practices:* One detainee stated he requested to go to religious services several weeks ago but never received followed-up confirmation from facility staff.

- Action Taken: ODO spoke with the facility's chaplain, reviewed request logs, and located the detainee's request to attend Catholic mass. On October 18, 2024, facility staff advised the detainee the next scheduled mass would be in December 2024 and confirmed his name was on the list to attend. The chaplain stated Catholic mass is held once a month at the facility, depending upon the availability of a priest. On December 26, 2024, ODO reviewed facility records which indicated the detainee attended Catholic mass on November 20, 2024, and December 18, 2024.

# COMPLIANCE INSPECTION FINDINGS

## SAFETY

### TRANSPORTATION (BY LAND) (TBL)

ODO interviewed security and transportation staff and found the transportation crew members do not carry portable radios to maintain contact upon leaving their vehicle (**Deficiency TBL-149**<sup>7</sup>).

## SECURITY

### FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed facility policies and procedures, █ detainee files, interviewed the facility booking supervisor, and found in █ out of █ detainee files, the detainees' personal property forms did not include the time of admission (**Deficiency FPP-85**<sup>8</sup>).

### KEY AND LOCK CONTROL (KLC)

ODO interviewed the facility key security officer, observed the recreation yard fence of the four general population housing units and the SMU, and found pad locks with chains secured the gates (**Deficiency KLC-42**<sup>9</sup>).

ODO observed the fence surrounding the SMU recreation area had a fenced-in ceiling and a padlock to secure the gate (**Deficiency KLC-53**<sup>10</sup>).

ODO interviewed the facility key control officer and a perimeter officer, observed the facility entrance and exits from the secure perimeter, and found a padlock and chain secured the vehicle sally port entrance (**Deficiency KLC-54**<sup>11</sup>).

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<sup>7</sup> "Every crew shall also carry at least one portable radio, so that officers can maintain contact if one or more must leave the vehicle." See ICE PBNDS 2011 (Revised 2016), Standard, Transportation (by Land), Section (V)(M).

<sup>8</sup> "1. Date and time of admission." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(I)(1).

<sup>9</sup> "Either deadbolts or deadlocks shall be used in detainee-accessible areas." See ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(C)(4)(a).

<sup>10</sup> "1) Padlocks and hasps may be used only where specified below: ...

a) Fence-gates in areas without ceilings."

See ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(C)(h)(1)(a).

<sup>11</sup> "Entrances and exits from the secured perimeter shall be controlled by sally ports, with all doors and gates interlocking electronically." See ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(C)(4)(h)(2).

## **ACTIVITIES**

### **VISITATION (V)**

ODO reviewed the general visitation log and found no record of the detainee's name and A-number, visitor's address, nor the visitor's relationship to the detainee (**Deficiency V-15**<sup>12</sup>).

*Corrective Action:* Prior to the conclusion of the inspection, facility staff initiated corrective action by editing the general visitation log to contain the required columns for future visits (**C-1**).

## **JUSTICE**

### **GRIEVANCE SYSTEM (GS)**

ODO reviewed the facility's grievance logs and found in 2 out of 25 grievances submitted, no facility staff response within a 5-day period for a grievance dated October 15, 2024, nor for a grievance dated November 14, 2024 (**Deficiency GS-57**<sup>13</sup>).

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 27 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 22 of those standards. ODO found seven deficiencies in the remaining five standards. Since RCC's last rated inspection in November 2023, the facility's compliance with PBNDS 2011 (Revised 2016) has trended downward. RCC went from 3 deficient standards and 3 deficiencies in November 2023 to 5 deficient standards and 7 deficiencies during this compliance inspection. RCC completed its uniform corrective action plan for its last inspection in May 2024, which likely resolved ODO's previously cited deficiencies. ODO recommends ERO New Orleans work with the facility to resolve any deficiencies in accordance with contractual obligations.

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<sup>12</sup> "Staff shall record in the general visitors' log: ...

1. The name and alien-registration number (A-number) of the detainee visited;
2. The visitor's name and address; and
3. The visitor's relationship to the detainee."

See ICE PBNDS 2011 (Revised 2016), Standard, Visitation, Section (V)(D)(1-3).

<sup>13</sup> "Detainee shall be provided with a written or oral response within five days of receipt of the grievance." See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(C)(3)(b)(1)(b).

<b>Compliance Inspection Results Compared</b>	<b>FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)</b>	<b>FY 2025 Full Inspection (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	28	27
Deficient Standards	3	5
Overall Number of Deficiencies	3	7
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	1
Facility Rating	Superior	Good



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