



OIDO

Office of the Immigration
Detention Ombudsman

**OIDO
INSPECTION OF
RICHWOOD
CORRECTIONAL
CENTER**

OIDO-24-006

November 20, 2024



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MEMORANDUM FOR: Patrick J. Lechleitner
Deputy Director and Senior Official
Performing the Duties of the Director
U.S. Immigration and Customs Enforcement

FROM: Michelle Brané MICHELLE N BRANE
Ombudsman
Office of the Immigration Detention Ombudsman

SUBJECT: OIDO-24-006
Richwood Correctional Center
September 26–28, 2023

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Attached is the Office of the Immigration Detention Ombudsman’s final report based on its inspection of Richwood Correctional Center (RCC), located at 180 Pine Bayou Circle in Monroe, Louisiana, on September 26–28, 2023. We reviewed the facility’s performance as well as compliance with the 2011 Performance-Based National Detention Standards, as revised in 2016 (hereafter referred to as the 2011 PBNDS) and contract terms.

The report contains 11 recommendations aimed at improving the facility and its compliance with the 2011 PBNDS and its contract terms. Your office concurred with the recommendations provided herein. Based on the information provided in your response to the draft report, we consider two recommendations closed and nine recommendations open.

Attachment



**OIDO INSPECTION
OF
RICHWOOD CORRECTIONAL CENTER
Monroe, Louisiana**

Executive Summary

In September 2023, the Office of the Immigration Detention Ombudsman (OIDO) conducted an unannounced inspection of Richwood Correctional Center (RCC) in Monroe, Louisiana. OIDO reviewed the facility's performance as well as compliance with the detention standards and contract terms. OIDO also followed up on some issues found during a prior DHS Office of Inspector General inspection of the facility. In total, OIDO assessed compliance in the following areas of review: environmental health and safety, staff-detainee communication, medical care, personal hygiene, telephone access, grievance system, visitation, staffing, facility auditing, training, and employee screening.

OIDO's inspection led to several findings. The facility complied with requirements in eight areas and had 14 violations. The facility's violations were in the following areas: electronic request system, legal visitor logbooks, management of medical grievances and inquiries, chemical storage; eyewash station accessibility; facility sanitation and cleanliness; U.S. Immigrations and Customs Enforcement (ICE) Enforcement and Removal Operations (ERO) contact and visitation information; detainee request form availability; staff vacancy reporting; grievance procedure translation; facility auditing; monthly training information submissions; staff proficiency testing; and drug test reporting and workplace policy posting. While OIDO found 14 violations, it notes that the facility took corrective action during OIDO's inspection to address three by translating electronic request menu options, correcting the legal visitor logbook, and updating the electronic system to better manage medical grievances and inquiries.

OIDO made 11 recommendations to improve facility conditions and operations and to meet ICE detention standards.

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Introduction

Pursuant to its statutory responsibilities, the Department of Homeland Security (DHS) Office of the Immigration Detention Ombudsman (OIDO) Detention Oversight Division conducts independent, objective, and credible inspections of U.S. Immigration and Customs Enforcement (ICE) facilities throughout the United States. During its inspections, OIDO often completes follow-up assessments to determine whether a facility has taken corrective action to resolve violations or concerns identified during a prior inspection. OIDO also reviews, examines, and makes recommendations to address concerns with or violations of contract terms regarding immigration detention facilities and services.

On September 26–28, 2023, OIDO conducted an unannounced inspection of Richwood Correctional Center (RCC) to review the facility’s performance and compliance with the applicable detention standard, the 2011 Performance-Based National Detention Standards, as revised in 2016 (hereafter referred to as the 2011 PBNDS), and contract terms. OIDO also followed up on some issues found during the Office of Inspector General (OIG) inspection of the facility in June 2022.¹

Background

ICE Enforcement and Removal Operations (ERO) oversees the detention of noncitizens at facilities throughout the United States, which it manages directly or in conjunction with private contractors or federal, state, or local governments. ICE uses several detention standards to regulate conditions of confinement, program operations, and management expectations within the agency’s detention system.²

ICE has a contract with the Town of Richwood for correctional services at RCC.³ The RCC, located in Monroe, Louisiana, is owned and operated by LaSalle Corrections pursuant to an Intergovernmental Service Agreement (IGSA). LaSalle Corrections is the subcontractor who provides food services and contracts/subcontracts with Correct Medical to provide medical care, Correct Commissary to provide commissary services, and Correct Solutions Group to provide telephone services. JailATM provides kiosk and tablet services.

RCC began housing ICE detainees in 2019, under the oversight of ICE ERO’s New Orleans Field Office, and operates under the 2011 PBNDS. The National Commission on Correctional Health Care accredited the facility in June 2022. The facility currently houses male and female detainees classified as low security. The facility has a maximum capacity of 1,129 ICE detainees and had an

¹ See OIG, *Violations of ICE Detention Standards at Richwood Correctional Center in Monroe, Louisiana* (OIG-23-18), dated February 28, 2023, <https://www.oig.dhs.gov/sites/default/files/assets/2023-03/OIG-23-18-Mar23.pdf> (hereafter OIG-23-18).

² ICE currently has four detention standards in use at adult detention facilities throughout the United States. These include [2000 National Detention Standards](#), [2008 Performance-Based National Detention Standards](#), [2011 Performance-Based National Detention Standards](#), and [2019 National Detention Standards](#).

³ See Contract No. 70CDCR19DIG00006 (modification P00004, signed May 11, 2020) (period of performance April 8, 2019-April 4, 2024).

average daily population of 469 in fiscal year (FY) 2023.⁴ On the first day of OIDO's inspection, the total detained population was 693, including 131 males and 562 females.

The following compliance inspections were conducted at the facility prior to OIDO's inspection. The Nakamoto Group, Inc. conducted an annual inspection in September 2021 and found that 41 standards were found to meet standard, and zero standards did not meet standard.⁵ In June 2022, OIG conducted an inspection of RCC and found the facility did not meet all standards for facility conditions, grievances, staff-detainee communications, and legal visitations. Specifically, OIG found facility areas were not consistently clean or sanitary. Regarding staff-detainee communication, OIG noted that the facility did not have a reliable system for filing grievances, did not allow detainees to file medical grievances, did not track or file detainee requests, and did not timely respond to detainee communications or respond in a language the detainee could understand. In addition, OIG noted the facility restricted detainee access to legal visitation and calls. Finally, OIG found ICE paid for unused bedspace.

In October 2022, the ICE Office of Professional Responsibility (OPR) Office of Detention Oversight (ICE ODO) conducted an unannounced compliance inspection of RCC, assessing a total of 23 standards and finding 35 deficiencies in the following nine areas: environmental health and safety, transportation (by land), admission and release, contraband, funds and personal property, key and lock control, special management units (SMU), tool control, and food service.⁶ Finally, in April 2023, ICE ODO conducted a follow-up inspection of RCC.⁷ ICE ODO assessed compliance with a total of 20 standards and found 11 deficiencies in the following four areas: funds and personal property, key and lock control, tool control, and grievance system.

At the time of OIDO's inspection, OIDO Case Management Division (CMD) had one Case Manager assigned to the facility. The Case Manager visited the facility a total of nine times during the months of August and September 2023.

Objective, Scope, and Methodology

OIDO conducted an unannounced inspection to examine issues noted in recent compliance inspections as well as several additional areas of review. OIDO's objective was to assess the facility's performance and compliance with select standards under the 2011 PBNDS as defined by OIDO's FY 2023 priorities. In addition, OIDO followed up on issues found during the 2022 OIG inspection. OIDO limited its areas of review related to the OIG inspection to the following: environmental health and safety, grievance system, and staff-detainee communication. In total, OIDO assessed compliance in the following 11 areas: environmental health and safety, staff-

⁴ See ICE Detention Statistics: ICE Detention Data, EOFY23, https://www.ice.gov/doclib/detention/FY23_detentionStats.xlsx.

⁵ See The Nakamoto Group, Inc., *Annual Inspection of the Richwood Correctional Center*, dated September 23, 2021, https://www.ice.gov/doclib/facilityInspections/richwoodCorCntrLA_CL_09-23-2021.pdf.

⁶ See ODO, ODO Compliance Inspection, ERO New Orleans Field Office, Richwood Correctional Center, Louisiana, October 18-20, dated October 2022, https://www.ice.gov/doclib/foia/odo-compliance-inspections/richwoodCC_MonroeLA_Oct18-20_2022.pdf.

⁷ See ODO, ODO Follow-Up Compliance Inspection, ERO New Orleans Field Office, Richwood Correctional Center, Louisiana, April 25-27, dated April 2023, https://www.ice.gov/doclib/foia/odo-compliance-inspections/richwoodCorrCntrMonroeLA_Apr25-27_2023.pdf.

detainee communication, medical care, personal hygiene, telephone access, grievance system, visitation, staffing, facility auditing, training, and employee screening.

Seven personnel completed the inspection, including one team lead, four investigators, one medical advisor, and one deputy director. The inspection team conducted interviews with ICE ERO employees, facility staff, and detainees, made direct observations of facility conditions and operations, and reviewed documentary evidence, including but not limited to facility policies and procedures, reports and records, and logbooks.

Results of Inspection

OIDO's inspection led to several findings. The facility complied with requirements in eight areas and had 14 violations. The facility's violations were in the following areas: electronic request system, legal visitor logbooks, management of medical grievances and inquiries, chemical storage; eyewash station accessibility; facility sanitation and cleanliness; ICE ERO contact and visitation information; detainee request form availability; staff vacancy reporting; grievance procedure translation; facility auditing; monthly training information submissions; staff proficiency testing; and drug test reporting and workplace policy posting. While OIDO found 14 violations, it notes that the facility took corrective action during OIDO's inspection to address three by translating menu options in the electronic request system, correcting the legal visitor logbook, and updating the electronic system to better manage medical grievances and inquiries.

Inspection results are divided into three sections: areas of compliance, resolved areas of initial non-compliance, and areas of non-compliance.

A. Areas of Compliance

The Facility Complied with Requirements to Conduct Food Service Safety and Sanitation and Housing Unit Water and Temperature Inspections

The 2011 PBNDS section 1.2 on environmental health and safety requires the facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness. Environmental health conditions shall be maintained at a level that meets recognized standards. This includes ensuring timely emergency repairs or replacement to prevent dangerous and life-threatening situation.

OIDO reviewed a copy of the weekly comprehensive safety and sanitation inspection report binder for FY 2023, noting the facility performs weekly checks. OIDO selected and reviewed seven out of nine weekly comprehensive safety and sanitation inspection reports completed from January 3 and September 19, 2023. The reports describe the cleanliness of the food service area, including the operability and cleanliness of equipment used in food preparation, appropriateness of food and supply storage, and spoilage of food products.⁸ The reports also showed that the facility conducted weekly inspections of the sewer system drains to determine if they were clear and free of obstruction.

⁸ The title of this report is Weekly Comprehensive Safety and Sanitation Inspection, and it includes food service areas in its points of inspection.

OIDO also randomly selected and reviewed eight reports of the total 38 weekly housing unit⁹ water and room temperature check reports completed between January 4 and September 25, 2023.¹⁰ OIDO found that the facility had checked water temperature in each housing unit and documented results during each of the weeks reviewed.

The Facility Complied with Requirements to Conduct Weekly and Monthly Fire and Safety Inspections and Post Evacuation Routes

The 2011 PBNDS section 1.2 on environmental health and safety requires that a qualified departmental staff member conduct weekly fire and safety inspections. The facility must prominently post evacuation maps. In addition, facility maintenance (safety) staff shall conduct monthly inspections.

OIDO reviewed a binder containing records of weekly safety and sanitation/fire and safety inspection reports from January 2023 through September 19, 2023. OIDO reviewed the past six months of inspection reports and found that a qualified departmental staff member had conducted the inspection each week. OIDO reviewed the contents of each report and found that it included the following areas: maintenance, electrical, medical oxygen tanks, emergency keys, safety equipment, and fire prevention and protection.

OIDO also reviewed hard copies of weekly comprehensive safety and sanitation inspections conducted between January and September 19, 2023 and found that the facility had completed an inspection each week during that time frame. OIDO reviewed eight of the weekly reports and found that the inspections had been completed in full for each.¹¹

OIDO also reviewed the facility's monthly safety and sanitation inspection/monthly fire and safety reports. OIDO reviewed reports dated May 31 and August 31, 2023, and found the inspection covered the following ten areas: housekeeping, food service, maintenance, electrical, road and grounds, standing pipe, medical oxygen tank, emergency keys, fire prevention and protection, and general safety equipment. Each inspection had been completed in full.

Finally, OIDO observed posted evacuation routes throughout the facility.¹² The evacuation directions were posted in four languages.

ICE ERO Complied with Requirements to Respond Timely to Detainee Requests

The 2011 PBNDS section 2.13 on staff–detainee communication requires that in facilities with

⁹ According to the layout map, the facility consists of a primary cluster of four connected buildings with two adjacent buildings. The central cluster contains Units 1 through 7. The western adjacent building (E-Building) contains A-Dorm and B-Dorm, and the eastern adjacent building (F-Building) contains C-Dorm and D-Dorm. For consistency, OIDO references the group of housing areas as housing units but uses the applicable identifier when referring to a specific unit or dorm.

¹⁰ OIDO reviewed reports dated January 4, February 1, March 17, May 22, June 30, August 30, September 13, and September 25, 2023.

¹¹ OIDO reviewed weekly reports dated January 3, February 10, May 15, June 12, July 26, August 22, and September 19, 2023. These reports were selected at random by the inspector by pulling one page from each month of reports. March and April were inadvertently overlooked in this random selection.

¹² OIDO observed evacuation routes posted in the housing units, laundry facility, barber shop, and storage rooms.

ICE ERO onsite presence, the ICE ERO staff member receiving a request shall normally respond in person or in writing as soon as possible and practicable but no later than within three business days of receipt.

In June 2022, OIG conducted an inspection of the facility and found violations of standards related to the facility's practices for responding to ICE-specific requests.¹³ OIDO reviewed these aspects of staff–detainee communications during its inspection to verify whether the facility corrected the deficiencies.

The Supervisory Detention and Deportation Officer (SDDO) detailed to the facility indicated that the Contract Detention Processing Officer (CDPO) handles all detainee requests to ICE ERO—in other words, acts as a liaison to facilitate communication between the detained population and ICE ERO for routine ICE requests. The CDPO can respond to routine detainee requests that can be addressed without assistance from ICE, such as requests for an upcoming court date. If the request falls outside of the CDPO's duties, then the CDPO forwards the request to the detainee's assigned ICE ERO Deportation Officer (DO), who will respond to the detainee. The SDDO stated that CDPOs are assigned to ICE ERO and assist DOs with daily activities and facilitate staff–detainee communication. OIDO reviewed a sample of 20 of the 139 total detainee requests submitted to ICE between September 8 and 25, 2023, and found a CDPO or ICE ERO responded to all 20 requests within three business days.¹⁴ OIDO reviewed the case documents related to three detainees who had made requests to ICE about their immigration cases and found that their inquiries were responded to the day after the request was submitted.

The Facility Complied with Requirements to Record and File Completed Detainee Requests

The 2011 PBNDS section 2.13 on staff–detainee communication states that all requests shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose and a copy of each completed detainee request shall be filed in the detainee's detention file.

In June 2022, OIG conducted an inspection of RCC and found violations of standards related to the facility's practices for logging and filing detainee requests.¹⁵ OIDO reviewed these aspects of staff–detainee communications during its inspection to follow up on whether the facility had corrected the deficiencies. OIDO reviewed copies of request from logbooks for the month of September pertaining to the following facility departments: clothing, commissary, personal property, and grievance. OIDO found that the facility recorded detainee requests by maintaining a written logbook.

OIDO observed that there were four detention files on the Compliance Officer's desk at the time of inspection and requested to review them. Three of the four files had multiple non-confidential detainee requests in them, consistent with the requirement to file non-confidential requests in detention files. OIDO cross-checked the most recent request filed in each detention file with the logbook; OIDO found that in three of the detention files all requests reviewed were both filed and

¹³ See OIG-23-18.

¹⁴ OIDO used a Web-based random-number generator to select its sample of detainee requests.

¹⁵ See OIG-23-18.

logged.¹⁶ One of the four files did not have any requests filed therein; however, when OIDO reviewed the ICE ERO request logbook, OIDO found the detainee had filed a request on September 21, 2023. The request had not been placed in the detention file, but OIDO acknowledges that the file was still actively being worked.

The Facility Complied with Medical Staffing Requirements

The 2011 PBNDS section 4.3 on medical care requires that health care services shall be provided by a sufficient number of appropriately trained and qualified personnel, and the facility shall provide medical staff and sufficient support personnel to meet these standards. A staffing plan will identify the positions needed to perform the required services.

OIDO reviewed the facility staffing plan and found that it required the facility to have 17.3 medical staff positions.¹⁷ OIDO reviewed the staffing matrix dated July 5, 2023, and found the facility had 38.75 full-time employee positions filled and no vacancies noted. The Director of Nursing indicated the facility currently had two openings for Certified Nurse Assistants (CNAs) that it was in the interview stage of hiring.

The Facility Complied with Requirements to Issue Detainees Appropriate Clothing and Personal Hygiene Items and Had a Schedule for Laundering Items

The 2011 PBNDS section 4.5 on personal hygiene requires that during intake, all new detainees shall be issued clean, laundered, presentable, and temperature- and size-appropriate clothing. Each facility is required to have written policy and procedures for issuing and exchanging clothing, bedding, linens, towels, and personal hygiene items.

OIDO reviewed facility policy 4.5 on personal hygiene and found that it included a procedure for issuing detainees appropriate clothing and personal hygiene items. The facility shall replace clothing or shoes that are lost, unserviceable, indelibly stained, or bear offensive or otherwise unauthorized markings as soon as practical and that clothing will be issued at no cost to the detainee; all new detainees shall be issued clean, laundered, indoor/outdoor temperature-appropriate, size-appropriate, presentable clothing during intake; and that staff shall directly supervise the issuance of personal hygiene items to male and female detainees appropriate for their gender and shall replenish supplies as needed.

OIDO observed detainee clothing in several parts of the facility, including three housing areas, the barber shop, and the booking area. OIDO found detainees were wearing clothes and shoes that were clean and in good condition. Each detainee had additional clothing available within their storage drawer in the housing unit. Each unit had posted signage regarding laundry services and issuance of personal hygiene items. The custody officers had request forms available for detainees if they needed to exchange any clothing items.

OIDO observed a form in the intake area that detainees signed when they received items; this form was also signed by a booking officer and placed in the detainees' detention files. OIDO also

¹⁶ The requests were dated August 11, September 6, and September 22, 2023.

¹⁷ See Contract No. 70CDCR19DIG00006 (Modification P00004, signed May 11, 2020) (period of performance April 8, 2019–April 4, 2024) Attachment 9, Staffing Plan.

observed this form at the custody officers' stands in housing unit 5. In addition, OIDO observed forms for detainees to request replacement items and/or laundry service at the custody officer's desk as well as posted schedules in English and Spanish for laundry services in the housing units. The posted schedule outlined services, such as whites only on Monday, Wednesday, and Friday (towels, socks, sweaters, sheets) and colors only on Tuesday, Thursday, and Saturday (uniforms, blankets). OIDO observed a hygiene schedule written in English and Spanish posted in the female housing unit.

The Facility Complied with Requirements to Provide Detainees with Telephone Access

The 2011 PBNDS section 5.6 on telephone access states that to ensure sufficient access, each facility shall provide at least one operable telephone for every 25 detainees, with an optimum level of one telephone for every 10 detainees. Telephone access hours shall be posted near the telephones.

OIDO observed telephones in five of the nine units housing detainees at the time of inspection. The facility's Chief of Security provided OIDO with the data for number of telephones in each of the other five units.¹⁸ OIDO found that each housing unit had a ratio of at least one telephone for 20 detainees, and the average telephone to detainee ratio across the nine housing units was one telephone per 12.5 detainees. OIDO observed that the facility had telephone access hours posted near the telephones. Telephone usage is available every day from 6:00 a.m. to 10:00 p.m. The Maintenance Technician stated that detention staff check the telephones for operability twice a day, or once per shift. For scheduled legal calls, detainees are provided a separate room to take calls to ensure privacy.

The Facility Complied with Requirements to Timely Respond to Grievances and Provide for Grievance Appeals

The 2011 PBNDS section 6.2 on grievance system states that each facility shall establish three levels of formal grievance review. These reviews shall consist of (1) Grievance Officer (GO) review, (2) Grievance Appeals Board (GAB) review, and (3) appellate review. Each detainee shall be provided with a written or oral response within five days of receipt of the grievance. The grievance log shall contain the following information: date grievance filed; name of detainee who filed; nature of grievance; date decision provided to detainee; and the outcome of the adjudication. In addition, section 6.2 states staff shall be trained to respond appropriately and in an expeditious manner to emergency grievances.

In June 2022, OIG conducted an inspection of the facility and found violations of standards related to the facility's grievance policy.¹⁹ Specifically, OIG found the facility treated all detainee communications as requests and was unprepared to process grievance appeals. OIDO reviewed these aspects of the grievance system during its inspection to see if the facility had corrected the deficiencies.

¹⁸ OIDO notes that the facility had 11 total housing units (seven units and four dorms), but two of the units were not occupied at the time of its inspection. OIDO did not include the telephones in the unoccupied units as part of its calculations.

¹⁹ See OIG-23-18.

OIDO reviewed the facility’s grievance log, which contained the following information: date of grievance filed, time received, date received, grievance number, detainee name, detainee A-number, nationality, grievance category, date decision returned to detainee, disposition code, and officer received. The log had entries for 12 grievances submitted between April 19 and September 22, 2023. OIDO found that the facility responded to all 12 grievances within five days.²⁰

OIDO reviewed facility policy 6.2.1, Grievance System and Procedures, effective April 11, 2019, and found that the facility’s grievance procedures include three levels of formal review and an appeal. These reviews consist of GO review of an informal or formal grievance where the detainee is provided with a written or oral response within five days of receipt of the grievance, Grievance Appeals Board review (written decision to detainee within five days of receipt), and appellate review (facility administrator reviews and provides written decisions within five days of receipt).

OIDO interviewed the facility’s GO, who stated that all grievances are logged and that medical grievances are forwarded to the medical staff. The GO reviews grievances and tries to resolve each grievance informally. If the grievance cannot be resolved informally or if the detainee requests a formal grievance, the grievance is forwarded to the GAB.²¹ The GO noted that the committee consists of three members who are department heads and cannot include any individuals named in the grievance. The detainee can appeal the GAB’s decision to the warden.

Finally, OIDO reviewed a copy of the “Detainee Grievance Process” training material and copies of the training records for the GO and the four department heads. The training records showed the GO and four department heads completed the training in FY 2023. OIDO found the training describes the grievance system, explains the process, and breaks down the types of grievances (informal, formal, emergency, and medical) and the associated levels of review and appeals process, and includes information on recordkeeping and file maintenance. The Grievance Training Records show that the ICE Specialized Training for 2023 included grievance procedures and protocols, including medical grievances. OIDO observed that the training records dated April 2023 included 0.5 training hours, and the training records dated August 2023 included one training hour for grievance procedures and protocols.

B. Resolved Areas of Initial Non-Compliance

The Facility Had Policies and Practices to Provide Communication Assistance to Detainees, but Menu Options for Detainees to Submit Electronic Requests Were Not Translated

The 2011 PBNDS section 2.13 on staff–detainee communication requires that the facility’s standard operating procedures include provisions to translate detainee requests and staff responses. When language services are needed, the facility should use bilingual staff or qualified interpretation and translation services to communicate with limited English proficient detainees.

In June 2022, OIG conducted an inspection of the facility and found violations of standards related to staff–detainee communications, specifically that the system for submitting requests

²⁰ OIDO notes that all grievances reviewed were resolved prior to reaching the appeals stage. One of the 12 grievances went through the formal process to the Detainee Grievance Committee, but the detainee did not appeal the decision of the committee.

²¹ The GAB is referred to as the Detainee Grievance Committee on the grievance forms.

electronically was only available in English.²² OIDO reviewed these aspects of the request system during its inspection to see if the facility had corrected the deficiencies.

OIDO reviewed RCC policy 2.13, Staff and Detainee Communication, effective June 25, 2019, and found that it included provisions to translate detainee request and staff responses. Specifically, the policy provides that “detainees with disabilities, who are illiterate, possess a limited English proficiency, or other impediment to services or communication may petition the housing officer or case manager for assistance with request forms, grievances, appeals, or other needs. When translation or other language services are needed, the language line or a qualified staff interpreter is utilized to ensure access and understanding.” OIDO reviewed the personnel roster and found that 6 of the 207 employees listed on the roster at the time of OIDO’s inspection were identified as being able to provide translation. Further, OIDO observed a Lionbridge language line poster with instructions stapled to a wall-mounted corkboard in Hall A near the SMU. Finally, during OIDO’s inspection, the Deputy Warden said the facility had recently purchased five handheld language translator devices, though the devices were not yet in service as the facility was updating policies to include them.

OIDO reviewed 20 requests from a total of 139 requests detainees had submitted to ICE between September 8 and 25, 2023.²³ Of the 20 requests reviewed, 15 were submitted in Spanish. OIDO found all the requests submitted in Spanish that required a response received a response in Spanish. However, OIDO observed that when a detainee entered the JailATM kiosk system to submit an electronic request and selected the Spanish option for inquiry, or “Consulta,” the subcategories for where to send the communication appeared in English (*See Exhibit 1*).

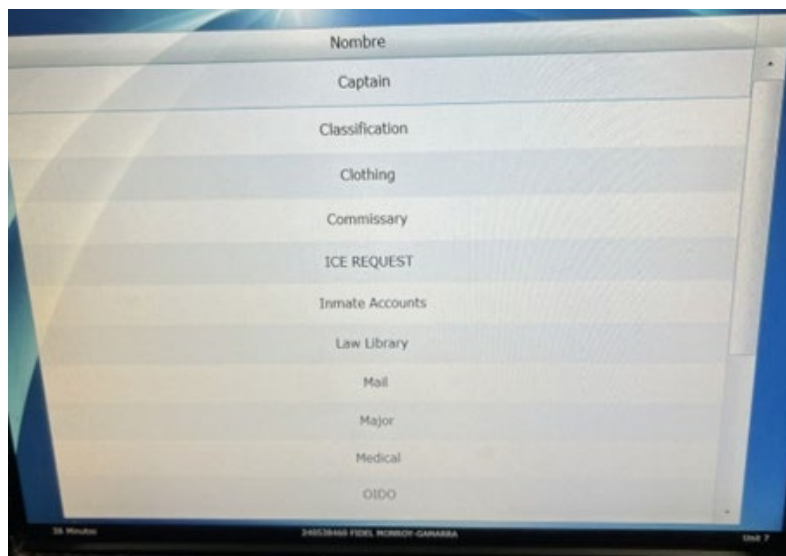


Exhibit 1. JailATM kiosk screen displaying English subcategories after “Consulta” was selected, as observed by OIDO on September 26, 2023.

Source: OIDO

OIDO informed the Chief of Security that the menu subcategories were not translated into Spanish

²² See OIG-23-18.

²³ OIDO used a Web-based random-number generator to select its sample of ICE requests.

though the Spanish option had been selected to start the electronic submission process. The Chief of Security immediately worked with TechFriends support, the company that manages the JailATM and kiosk systems, to resolve the issue. The next day, the Chief of Security with the TechFriends tech demonstrated that the subcategories now would appear in Spanish when the detainee selected to view the options in Spanish (*See Exhibit 2*).

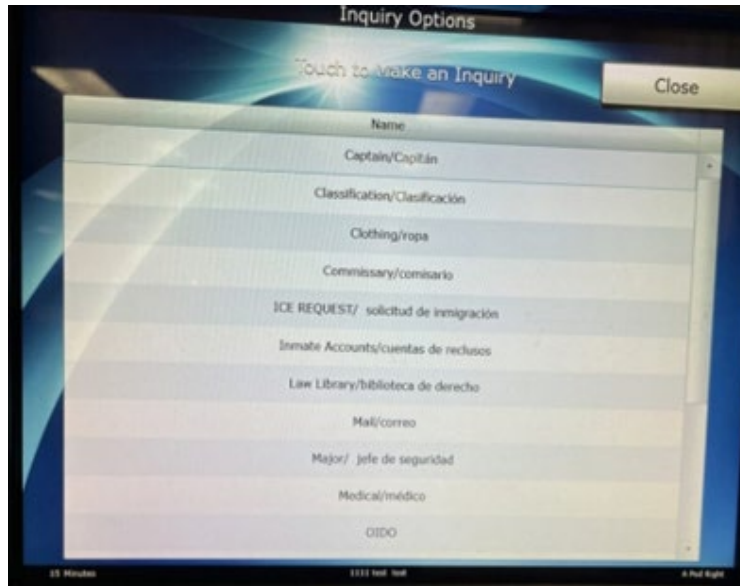


Exhibit 2. JailATM kiosk system screen displaying Spanish subcategories after “Consulta” was selected, as observed by OIDO on September 27, 2023.

Source: OIDO

The Facility Corrected Aspects of the Legal Visitor Logbooks

The 2011 PBNDS section 5.7 on visitation states that the facility shall maintain a log of all general visitors. Staff shall record the following in the general visitor log: the name and alien registration number (A-number) of the detainee visited; the visitor’s name and address; the visitor’s relationship with the detainee; and the date, arrival time, and departure time. The facility shall also maintain a separate log to record all legal visitors, including those denied access to the detainee. The log shall include the reason(s) for denying access. Log entries shall contain the date; arrival time; visitor’s name; visitor’s address; supervising attorney’s name (if applicable); detainee’s name and A-number; whether the detainee currently has a G-28 on file;²⁴ time visit began; and time visit ended.

OIDO reviewed the facility visitor logs and determined that the facility maintained separate logs for general and legal visitors. OIDO found that the general visitor logs had all the fields for collecting the required information. However, the legal visitor log was missing the columns for “Supervising attorney (if applicable)” and “Does detainee have a G-28 on file.” OIDO noted the issue to the Compliance Manager who, on September 26, 2023, edited the electronic copy of the logbook page to include the missing columns, printed new forms, and replaced the old versions.

²⁴ DHS Form G-28, [Notice of Entry of Appearance As Attorney or Accredited Representative](#), is required when providing legal representation to an individual on immigration matters. *See* [Attorney Information and Resources](#).

OIDO viewed the corrected legal visitation logbook and found it contained all the required information.

The Facility Corrected System Access, Response, Tracking, and Filing Issues for Medical Grievances and Inquiries

The 2011 PBNDS section 6.2 on grievances regarding medical care states that they shall follow the same procedures as the PBNDS section for formal written grievances and shall be submitted directly to medical personnel designated to receive and respond to medical grievances. Designated medical staff shall act on the grievance within five working days of receipt and provide the detainee with a written response of the decision and the rationale. In addition, medical grievances should be maintained in the detainee's medical file (i.e., electronic medical record).

In June 2022, OIG conducted an inspection of RCC and found violations of standards related to the facility's medical grievance policy.²⁵ Specifically, OIG found the facility's protocols did not allow detainees to file medical grievances because all medical requests were treated as "sick call" requests and medical grievance forms were not provided in any of the housing units. OIDO reviewed these aspects of the grievance system during its inspection to see if the facility had corrected the deficiencies.

During the inspection, OIDO observed that grievances (medical and non-medical) were submitted electronically through the JailATM system. According to the Health Services Administrator (HSA), after submission, the facility GO then reviews, categorizes, and directs all medical-related grievances to the HSA or designee. The HSA stated that medical grievances are addressed within 24 hours and a written response is provided to the detainee within five working days.

When observing the JailATM system, OIDO found that two options were available for communication with medical staff: Inquiries and Grievances. OIDO also observed that the Inquiries section had an option for detainees to select Medical as a subcategory. Medical grievances were routed directly to the HSA. The GO indicated that when a detainee selected an Inquiry subcategory, the Inquiry would be routed to the corresponding department head; however, the HSA stated that she was not aware of this function and did not have access to this area. This area contained 94 unaddressed Medical Inquiries, ranging from April 24 to September 28, 2023. In addition, OIDO reviewed the handwritten facility grievance logbook for September 2022 to September 2023 and found it contained a total of four medical grievances. OIDO reviewed the four grievances and the corresponding detainee medical files and found copies of the grievances had not been uploaded into the medical files. In addition, OIDO noted the logbook did not contain a resolution section as required.

The facility conducted on-the-spot corrections for OIDO's medical grievance-related findings. The HSA was provided access to all medical-related areas in the JailATM system and reported that all 94 outstanding inquiries were reviewed and addressed. OIDO then performed a test of the system and found medical grievances were appropriately routed directly to the HSA after the on-the-spot correction. Finally, OIDO reviewed the grievance logbook for completion and found the resolution section had been updated and copies of the medical grievances were verified as uploaded

²⁵ See OIG-23-18.

into each respective detainee’s medical file.

C. Areas of Non-Compliance

The Chemical Room Was Dirty, Cluttered, and Disorganized and Chemicals Were Improperly Stored

The 2011 PBNDS section 1.2 on environmental health and safety requires that every facility shall establish a system for storing, issuing, using, and maintaining inventories of an accountability for hazardous materials. As required by the Federal Hazardous Substances Labeling Act any liquid or aerosol labeled “flammable” or “combustible” must be stored and used as prescribed on the label. In addition, Occupational Safety and Health Administration (OSHA) regulations require a minimum vertical clearance of 18 inches between ceiling sprinklers and stored material.²⁶

OIDO inspected the chemical room and found it was dirty, cluttered, and disorganized. It was also observed that the floor and drain were uneven. Specifically, the floor had a drain cover inserted into the middle of a floor tile, and neither the drain cover nor the tile was flush with the rest of the floor. In addition, some of the other floor tiles were broken and missing pieces, resulting in uneven surfaces (*See Exhibit 3*).



Exhibit 3. Drain on floor in chemical room showing that tile and drain are not flush with the rest of the floor (left); floor tiles in chemical room with broken and missing pieces (right), as observed by OIDO on September 26, 2023.

Source: OIDO

In addition, tiles surrounding the sink area were stained, broken, and/or missing, and the black sink area was covered in stains. Further, the floor inside the wired-off area (Chemical Storage Area)

²⁶ See 29 CFR 1910.159(c)(10) (stating that the minimum vertical clearance between sprinklers and material below shall be 18 inches). See also Clarification of OSHA regulation 29 CFR 1910.159(c)(10), Sprinkler spacing, available at [Clarification of OSHA regulation 29 CFR 1910.159\(c\)\(10\), Sprinkler spacing. | Occupational Safety and Health Administration](#), stating the “18-inch vertical clearance requirement is treated as a horizontal plane through the storage room or area. All materials must be stored below this horizontal plane. The clear space between stored materials and the sprinkler deflectors allows discharge from sprinklers to overlap and pre-wet combustibles to effectively contain a fire.”

was dirty and cluttered with brooms, mop poles, water buckets, and buckets filled with mop heads. The chemical room Safety Data Sheet binder was not secured to the wall.

In addition, OIDO observed improper storage of hazardous chemicals inside the wired-off area. Specifically, items were stored on paper or plastic shelving material. OIDO observed flammable Super Sani-Cloths that were not stored in a separate room or flame locker. OIDO also observed large containers of hazmat chemicals that were not stored on lower shelves to reduce the likelihood of spillage and personal injury hazards. Finally, OIDO observed large items stored on the top shelf with less than the required minimum clearance of 18 inches from the ceiling (*See Exhibit 4*).



Exhibit 4. Chemical room storage showing item on top of shelf (left), sitting on the floor, and broom and mop storage (right), as observed by OIDO on September 27, 2023.

Source: OIDO

RCC's facilities included three housing unit buildings that contained two chemical rooms and one cleaning closet. Because there is limited storage space, the chemical rooms contained both chemicals and cleaning supplies. Shelves were not marked with labels to help staff organize and properly store supplies, chemicals, and equipment in the chemical rooms. Only one item in storage is considered toxic—the Super Sani-Cloths—and others are potentially hazardous with use. Because the chemical rooms are used to store both chemicals and cleaning supplies, they are overcrowded with supplies, which makes organization difficult. In addition, many personnel have access to the rooms, and some may not take care to put equipment and supplies in storage in a way that does not leave the room dirty or cluttered.

It is important to store cleaning materials properly. Proper storage increases efficiency, prevents accidents, preserves the cleaning products, prevents environmental waste, and ensures operator, environmental, and equipment safety. It is important to store chemicals according to their hazard class and to be aware of which chemicals may cause dangerous reactions when mixed. Physical safety in the chemical and cleaning rooms is compromised by clutter, which can become a tripping hazard. In addition, a lack of signage indicating warnings about the room's contents can lead to improper use of chemicals or cleaning products, which may result in injury or death to personnel or detainees, as well as damage to facility fixtures and surfaces.

The Chemical Room Eyewash Station Was Obstructed, lacked a Continuous Water Source and Testing Certification Tags

The 2011 PBNDS section 1.2 on hazardous materials and protective equipment requires that eyewash stations meeting OSHA standards shall be installed in designated areas throughout the facility. The OSHA standard for eyewash stations states that suitable facilities for quick flushing of the eyes and body shall be provided within the work area for immediate use.²⁷ Eyewash stations are to be positioned at least six inches from the wall or nearest obstruction.²⁸ It should be easy to identify the eyewash station via signage.²⁹

OIDO reviewed copies of the weekly eyewash stations inspections dated from April 19, 2023 to September 19, 2023. OIDO found that neither the weekly inspection form nor facility policy 1.2, Environmental Health and Safety, defined the type of eyewash stations in use, identified testing procedures for the eyewash stations, or listed the expiration date of the eyewash solution bottles.

OIDO observed eyewash stations in three areas: laundry, barber shop, and chemical room. The laundry facility and barber shop had closed systems that contained eyewash solution in bottles. The chemical room had both eyewash solution bottles and an eyewash basin station with an attached water source for continuous flushing. The door to the chemical room did not indicate there was an eyewash station inside the room. In addition, the eyewash basin station was obstructed by brooms and mop poles and did not have testing certification tags attached. Finally, OIDO observed that the water supply valve attached to the continuous flushing eyewash station was turned off; therefore, the station did not have a continuous source of water (*See Exhibit 5*).

²⁷ See 29 CFR 1910.151(c). OSHA regulations specify where and when eyewash stations must be available. OSHA regulations do not specify eyewash station type, installation, operation, or maintenance requirements. The American National Standards Institute (ANSI) and the International Safety Equipment Association (ISEA) developed the American National Standard for Emergency Eyewash and Shower Equipment (ANSI/ISEA Z358.1). Violations of ANSI standards are evidence of hazards, but are not non-compliance with OSHA regulations (*see e.g., [OSHA interpretation on enforcement of ANSI standards](#)*, stating, “OSHA does not cite for violations of ANSI standards that have not been adopted as OSHA standards, but ANSI or other industry standards are sometimes referred to in citations and used as evidence of hazard recognition or feasible abatement means”).

²⁸ See ANSI/ISEA Z358.1 Standard Guidelines for 29 CFR 1910.151(c), at 2.

²⁹ See, e.g., ANSI Z358.1 2014 Plumbed & Portable Eyewash Standard, at 2.

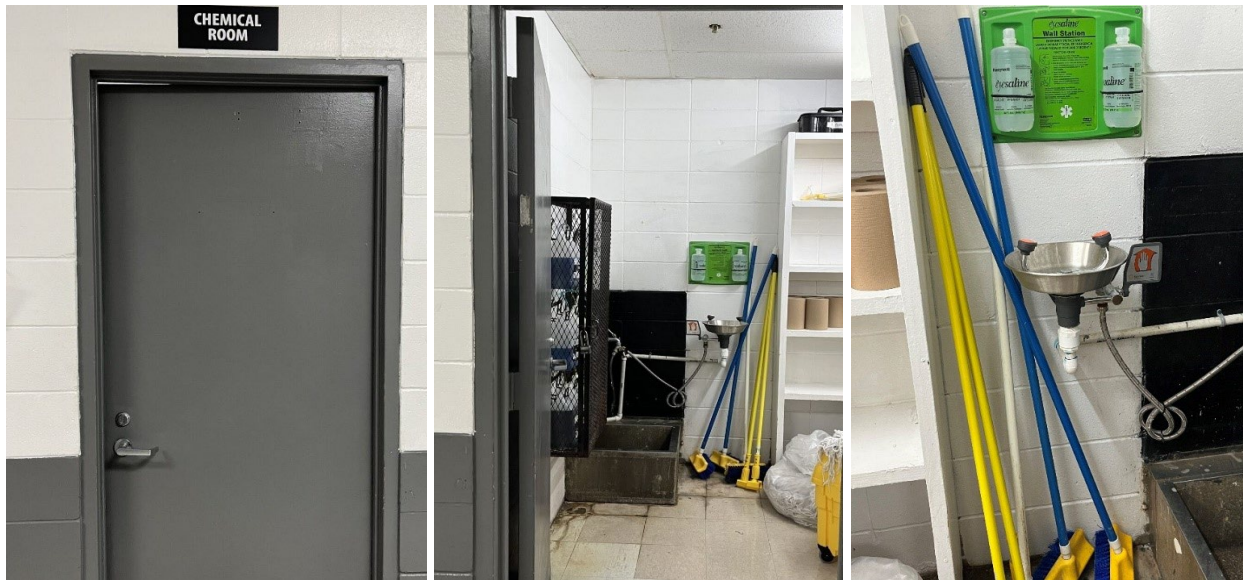


Exhibit 5. Closed chemical room door missing notice of eyewash station inside (left), obstructed eyewash station in chemical room without continuous source of water (middle), and missing testing certification tags (right), as observed by OIDO on September 27, 2023.

Source: OIDO

It appeared that the facility was using eyewash stations that had eyewash solution bottles; OIDO observed these bottles in all three locations where there were eyewash stations. The eyewash basin station in the chemical room, which should be connected to a continuous water source, seemed to no longer be in use. It appears that the facility intended to replace this station with eyewash solution bottles, as during OIDO's visit there were two eyewash bottles in place above the eyewash basin station. There were no signs stating that the eyewash station was not functional. The weekly eyewash station checklist that was being completed asked only whether a station was satisfactory, had a work order, or was hazardous. The checklists OIDO reviewed were all marked as satisfactory. There was no documentation that the eyewash basin station in the chemical room had been tested to ensure water was available from the continuous flow source and that there were no objects obstructing access to the eyewash basin station. There was no documentation or evidence to show that this eyewash basin station was being flushed on a regular basis. In addition, there was no signage on the door to the chemical room indicating any eyewash station was available inside.

If the facility fails to routinely test its eyewash stations that have a continuous flow source, such as the one located in the chemical room, there is a risk that equipment may not work or may fail during an emergency. Eyewash stations with continuous flow source need to be flushed routinely and tested for obstructions in the water line to ensure they are in working order. In addition, failure to remove the nonfunctional fixture or at least post signs that it is not in working order increases the likelihood that someone needing eyewash equipment in a time of emergency will not realize the eyewash basin station is not functional and try to use it first, rather than immediately using the eyewash solution bottles that sit above the eyewash basin station. This delay in rinsing eyes could result in greater eye injury.

The Facility Did Not Maintain a High Standard of Sanitation and General Cleanliness

The 2011 PBNDS section 1.2 on environmental health and safety requires that the facility maintain high standards of cleanliness and sanitation. In June 2022, OIG conducted an inspection of the facility and found violations of standards related to the condition and cleanliness of housing units at the facility.³⁰ OIDO reviewed these aspects of the request system during its inspection to see if the facility had corrected the deficiencies.

OIDO reviewed facility local policy 1.2 on environmental health and safety, effective April 1, 2019, which states that the facility administrator ensures that staff and detainees maintain a high standard of facility sanitation and general cleanliness, and unit detention officers shall oversee housekeeping of their areas. OIDO also reviewed the facility’s contract with ServiceMaster Action Cleaning and found that the contract provided for janitorial services two days a week. OIDO also reviewed a document titled “Janitorial Daily Job Duties” that the facility provided. The job duties included cleaning administrative area, main building, A and B hallways, booking/medical area, F-building, E-building, all chemical closets, and hallway air vents. Detainee workers were responsible for cleaning the housing units, including restroom and showers.

OIDO inspected C Dorm and observed two unassigned mattresses with torn ends. Toilets had discoloration with black and white spots inside, on, and around them; a sink had stagnant water spots; and the bottom lip on the privacy walls between the three toilet stalls observed had caked on black debris (See Exhibit 6). In addition, OIDO observed spots of discoloration on the grout, walls, and ceiling in the shower area.



Exhibit 6. Discolored toilet in C Dorm with black and white spots inside (left) and black debris on privacy walls between the toilets in Unit 5 (right), as observed by OIDO on September 27, 2023.

Source: OIDO

³⁰ See OIG-23-18.

OIDO also inspected housing Unit 5,³¹ which housed female detainees, and observed discoloration and spotting from an unknown substance on and around the toilets. An unknown black substance in the toilet water was also observed. The privacy walls between the toilet stalls had a buildup of an unknown black substance and areas of rust. One toilet area did not have a sink. Further, in the shower area, OIDO observed missing and cracked tiles, discoloration of grout, and buildup of a black substance around the lower corners, vent grates, and ceiling. Finally, paint was coming off in an area of the wall above a bed, and a ceiling vent was covered in a heavy dust-like substance. OIDO observed the windows located above the door leading to the recreation area and side window were covered with something that looked like aluminum foil, which had deteriorated and was covered with a black substance (*See Exhibit 7*). OIDO observed the same issue on the elongated window located to the left side of the door; however, there was less of a buildup of the black substance.



Exhibit 7. Window above door leading to recreation area, located in the female housing unit 5, covered in black substance, as observed by OIDO on September 27, 2023.

Source: OIDO

RCC uses custody officers and detainees for cleaning, except for areas covered by contracted janitorial services. The facility's policy for environmental health and safety states that staff and detainees provide the cleaning in areas where detainees are allowed but does not include information on how restrooms and shower areas should be cleaned or how often. The facility did not have a reporting mechanism for personnel to report areas that are not being cleaned well.

Poorly cleaned bathroom and shower facilities can lead to various problems, including a buildup of mold and bacteria, which can lead to infection and disease among detainees. Personnel exposed to mold and bacteria are also at risk of experiencing negative health consequences. Uncleaned fixtures and surfaces can also develop a buildup of dirt and grime, which can make future cleaning efforts more difficult. The fixtures and surfaces may also become damaged from infrequent

³¹ OIDO notes that, on the facility map, the female housing unit is referred to Unit 5; however, the signage above the door stated Dorm 5.

cleaning and the need for harsher chemicals to clean them when a thorough cleaning does occur.

The Detainee Handbook Supplement and Posters in Housing Units Provided Different ICE ERO Contact and Visitation Schedule Information

The 2011 PBNDS section 2.13 on staff–detainee communication states that the local supplement to the detainee handbook shall include ICE ERO Field Office contact information and the scheduled hours that detainees can contact ICE ERO staff in the facility. The same information shall be posted in the facility living areas.

The facility local supplement to the detainee handbook section on communication with staff stated that ICE ERO staff and representatives will visit the facility to talk with detainees Monday through Friday from 8:00 a.m. to 4:00 p.m. The supplement listed a contact address for ICE ERO in New Orleans, Louisiana.

OIDO observed posters with ICE ERO contact information in housing unit 7 and the D Dorm. The poster in housing unit 7 was dated May 11, 2023, and listed the assigned Case Officer, contact information for the local ERO Field Office, and hours the officers would conduct visits. The visitation hours on the poster were listed as 10:00 a.m. to 12:00 p.m., Monday, Wednesday, and Friday. The poster in D Dorm was not dated; it contained a list of assigned Case Officers but did not include the hours or days the officers would visit. In addition, the D Dorm poster listed contact information for the local ERO Field Office but did not indicate the days and hours that the Field Office could be contacted. Finally, both posters listed a contact address for ICE ERO in Oakdale, Louisiana; this address differed from the one listed in the local supplement.

OIDO found that the ICR ERO contact and visitation documentation at the facility was structured and organized inconsistently, making it time-consuming to update each resource when changes in ICE ERO employees and schedules take place. Nonetheless, detainees rely on the facility’s handbook and posters displayed in their housing units for information regarding their rights and responsibilities. When this information is not correct, detainees must make inquiries about it. These inquiries take time to process and answer, creating a delay and additional hurdles to communication between detainees and ICE ERO officers.

The Facility Did Not Make Detainee Request Forms Readily Available

The 2011 PBNDS section 2.13 on staff detainee communication states that the facility shall ensure that adequate supplies of detainee requests forms, envelopes, and writing implements are available. The facility policy 2.13, Staff and Detainee Communication, states that adequate supplies of blank detainee request forms, envelopes, and writing implements are maintained in each housing unit and the SMU. If supplies are exhausted, detainees may make verbal requests to any staff member for replenishment. Both the facility local supplement and orientation video state that detainee request forms are available within the housing unit or from any facility staff member.

In June 2022, OIG conducted an inspection of the facility and found violations of standards related to staff–detainee communications, specifically that the facility did not routinely provide access to paper request forms.³² OIDO reviewed these aspects of the request system during its inspection to

³² See OIG-23-18.

see if the facility had corrected the deficiencies.

OIDO observed that request forms and writing supplies were not available in housing unit 7 and the D Dorm. In addition, OIDO observed that neither housing unit had sick call request or medical grievance forms available. OIDO interviewed the Unit Officer assigned to housing unit 7, who stated that detainees can request forms and writing supplies anytime and that forms are kept in the control room. OIDO noted, however, that housing unit 7 was not adjacent to a control room. OIDO interviewed three detainees from housing unit 7 and three detainees from the D Dorm. All three detainees interviewed from housing unit 7 were aware of the paper forms, and one detainee had submitted a paper form. All three detainees interviewed from the D Dorm were unaware of the paper request forms.

Because paper forms were not easily accessible, detainees who wanted to make general requests, grievances, or ICE requests had to request forms from staff, which can take time and may reduce the likelihood of detainees making requests or grievances.

The facility has a kiosk system available for detainees to submit inmate requests to ICE. During OIDO's inspection, OIDO observed a detainee operating the kiosk system to submit a request to ICE ERO. The detainee showed OIDO the screen requiring the detainee to select her country of nationality. The detainee's country, Peru, was not listed (*See Exhibit 8*). The detainee stated that the kiosk system would not let you move forward without selection of a nationality.

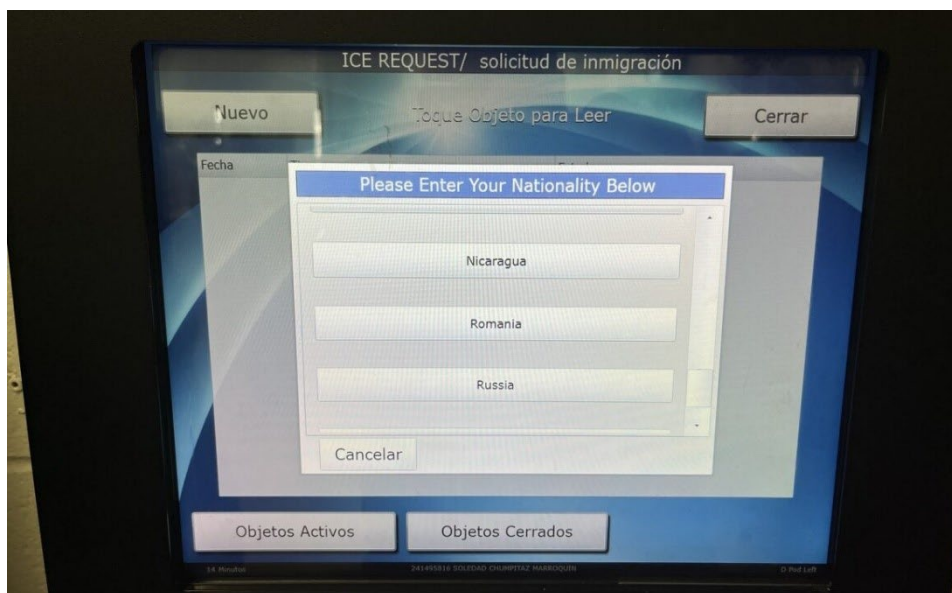


Exhibit 8. Nationality selection screen on kiosk did not list Peru, as observed by OIDO on September 27, 2023.

Source: OIDO

Given that paper forms and writing supplies were not readily available, detainees were relegated to using the kiosk system to submit requests electronically. To submit requests detainees must select a nationality. However, OIDO observed not all nationalities were listed in the system. This prevented the detainee from submitting a request or required them to use a nationality not

associated with them.

RCC is using a kiosk system to replace or augment the detainee request process. However, a paper form-based process is required by the PBNDS and must be maintained. Additionally, many detainees do not have the aptitude to navigate through electronic systems necessary to submit requests to the facility or ICE ERO. Not making paper forms and writing supplies readily available requires the detainees to request these supplies from a staff member, which can prevent or create significant delays in their ability to submit requests.

The Facility Did Not Report the Current Monthly Average Vacancy Rate to the Contracting Officer's Representative

The IGSA requires that the number, type, and distribution of staff described in the staffing plan be maintained absent a written change request and the Contracting Officer's Representative (COR) approval. Staffing levels shall not fall below a monthly average of 95 percent of the total ICE-approved staffing plan.³³ The IGSA provides that, each month, the facility shall submit to the COR the current average monthly vacancy rate and indicate any individual positions that have been vacant for more than 120 days. Failure to fill any individual position within 120 days of the vacancy may result in a deduction from the monthly invoice.

OIDO found that the facility did not report their current monthly average vacancy rate to the COR, indicating which positions had been vacant for over 120 days. On September 27, 2023, the Acting COR said that ICE has received quarterly staffing numbers but not monthly staffing numbers. The Acting COR stated that ICE will ensure the facility provides the necessary monthly reporting. OIDO notes that it was not able to calculate the facility's staffing numbers and vacancy rates because the facility was not completing the required monthly reporting.

The Facility Did Not Provide All Grievance Procedures in Spanish

The 2011 PBNDS section 6.2 on grievance systems states that each facility shall have written policy and procedures for a detainee grievance system that establishes a process for any detainee to file an informal or formal grievance. The facility shall provide each detainee, upon admittance, a copy of the detainee handbook and local supplement, in which the grievance section provides notice of the grievance system process. This includes the handling of oral and informal complaints and grievances, filing of grievances, and an appeal process. The facility shall provide communication assistance to detainees who have limited English proficiency (LEP), including interpretation and translation services, to provide them with meaningful access to programs and activities. All written materials provided to detainees generally shall be translated into Spanish.

In June 2022, OIG conducted an inspection of RCC and found violations of standards related to the facility's grievance policy.³⁴ Specifically, OIG found the facility handbook did not accurately reflect the grievance process. OIDO reviewed these aspects of the grievance system during its inspection to see if the facility had corrected the deficiencies. OIDO reviewed the National Detainee Handbook section concerning how to file a grievance and the RCC policy 6.2.1,

³³ See Contract No. 70CDRCR19DIG00006 (Modification P00004, signed May 11, 2020), Attachment 9, Staffing Plan.

³⁴ See OIG-23-18.

Grievance System and Procedures, effective April 11, 2019.³⁵ OIDO found that the policy describes the facility’s grievance system that provides for both informal and formal grievances, informs detainees about grievance procedures, and outlines staff member responsibilities.

OIDO also reviewed the facility’s local supplement to the National Detainee Handbook. OIDO found that the section titled “Grievance System” explained the detainee’s right to file both informal and formal grievances and appeals and the processes to do so. The supplement noted that detainees may place their grievances in a grievance box located in their housing unit or file a grievance with the use of digital tablets located in the housing units. However, though the English version of the local supplement included a reference to the detainee’s ability to electronically file a grievance via the tablets, OIDO found the Spanish version of the supplement did not include this statement.

Finally, OIDO reviewed the Detainee Orientation Video and found that it contained information about the grievance policy, including medical and emergency grievances. The video also noted that complete rules on the grievance system are in the detainee handbook. However, OIDO found that the video was available only in English. The facility did not provide a Spanish version of the video.

While the facility had updated its documentation to reflect the facility’s grievance policies more accurately, the facility did not verify that the Spanish translation of the local supplement handbook included all necessary information—specifically, that a detainee may submit a grievance via tablet. In addition, the facility did not verify that the Detainee Orientation Video provided information in Spanish.

The omission of details on how to submit grievances via tablet in the Spanish local supplement to the National Detainee Handbook could keep detainees who have LEP from submitting grievances. Those detainees may not understand the written forms or may be embarrassed to ask for help filling out the forms, so making detainees aware of the availability of submitting grievances in Spanish through tablets is important. In addition, the English-only Detainee Orientation Video presents a challenge, as detainees may be unable to understand the details of this important overview of their rights and responsibilities as well as the facility’s rules and regulations.

OIDO Could Not Confirm the Service Provider Conducts Quality Control Plan Reviews or Monthly Facility Audits

The IGSA requires the service provider to have a Quality Control Plan (QCP) and to periodically review and update the QCP policies and procedures at least on an annual basis.³⁶ The facility shall audit operations associated with ICE and ICE detainees monthly for compliance with the QCP. The facility shall notify the Government 48 hours in advance of the audit to ensure the COR is available to participate.

OIDO interviewed the Acting COR, who stated that because he began acting in that position in April/May 2023, he could attest only to documents that ICE received from the facility after May 2023. The Acting COR reported that since May 2023, he had not received any monthly QCP audits

³⁵ See [National Detainee Handbook](#), at 36-38 (available in 14 languages).

³⁶ See Contract No. 70CDCR19DIG00006 (Modification P00004, signed May 11, 2020) (period of performance April 8, 2019-April 4, 2024), Article 31, at 59-60.

or notification within 48 hours of a facility audit. While OIDO requested the QCP, as well as additional documentation related to the QCP, including monthly audits and notification to the COR of monthly audits, OIDO has not received those documents. To date, the facility has not provided any documents to show that they conducted annual reviews of its QCP, conducted monthly QCP audits, or provided its COR with 48 hours' notice prior to conducting monthly audits.

RCC could not provide documentation demonstrating the COR was notified of impending audits or that the audits were conducted as required. Without maintenance and production of these records, OIDO could not confirm that the facility was performing these functions as required by the contract.

Facilities must meet contractual obligations for required auditing and monitoring of operations for compliance with ICE standards to identify, prevent, and address issues that could negatively affect the welfare and safety of detainees.

The Facility Did Not Submit Monthly Training Information to the Contracting Officer's Representative

The IGSA Performance Work Statement (PWS)³⁷ requires the facility to submit a training forecast and lesson plans to the COR or ICE designee, on a monthly basis, for the following 60-day period. The training forecast shall provide date, time, and location of scheduled training and afford the COR observation/evaluation opportunity. In addition, the PWS provides that the facility shall certify and submit the training hours, type of training, date and location of training, and name of the instructor monthly for each employee to the COR or ICE designee.

The Training Manager, who assumed the position in an acting capacity in March 2023, stated that facility did not submit the training forecast or lesson plans monthly to the COR or ICE designee. In addition, while the training hours, dates, and location information was sent to the Warden, the facility did not certify and submit the training hours, type of training, date and location of training, and name of the instructor monthly for each employee to the COR or ICE designee.

OIDO reached out to ICE requesting documents relating to the training forecast, lesson plans, type of training, training hours, and date and location of trainings. The Acting COR stated that he had not received monthly documentation from the facility related to training since May 2023 when he assumed the position. He could not attest to whether documents and information had been submitted prior to May 2023.

RCC could not provide documentation reflecting training forecasts, lesson plans, hours, dates, locations, or assigned instructors. Without maintenance and production of these records, OIDO could not confirm that the facility was performing these functions as required by the contract. The maintenance and conduct of a comprehensive, well-documented training program are critical to the efficient and effective operation of a detention facility, and necessary to ensure that the highest level of conditions of confinement are met.

³⁷ See Contract No. 70CDCR19DIG00006 (Modification P00004, signed May 11, 2020), Performance Work Statement, Attachment 8, Section IV, Background and Clearance Procedures, B. Training, 6. Training Documentation, at 24.

The Facility Did Not Comply with Staff Testing Requirements

The IGSA PWS requires that the facility give each officer and custody staff a written examination consisting of at least 25 questions after each classroom-training course is completed.³⁸ The PWS further provides that the COR shall approve the questions before the contractor can administer the examination. To pass any examination, each officer and custody staff must achieve a score of 80 percent or better. The facility must provide the COR with the eligible officer or custody staff's completed exam before they may be assigned to duties under the agreement.

The facility training manager stated that examinations consist of seven daily tests, each with 25 questions worth four points each. Then, the final test consists of 100 questions worth one point each. The facility calculates the overall score by first finding the average of the daily test scores and then averaging the average daily test score with the final test score. The facility requires a score of 70 percent or higher on every test to pass. The training manager was unaware that the PWS required a score of 80 percent or higher and did not know if the COR had approved the test questions. In addition, the facility was unable to confirm whether they provided the COR with the eligible officer or custody staff's completed exam before they were assigned to duties under the agreement.

RCC could not provide documentation reflecting test questions or completed exam results were provided to the COR as required by the contract. Without maintenance and production of these records, OIDO could not confirm that the facility was performing these functions as required by the contract.

A comprehensive, well documented training program supported by a valid examination process that meets all contractual requirements is necessary to ensure staff receive sufficient training needed to perform all duties and assignments associated with their position.

The Facility Did Not Report Drug Testing Results to ICE or Display the ICE Drug-Free Workplace Policy

The IGSA PWS requires the facility to obtain screening for the use of illicit drugs for every employee and prospective employee working under the agreement.³⁹ Further, the facility must submit the results of the drug screening to the COR no later than 21 calendar days after receipt of an applicant's personnel suitability packet. In addition, the contractor must post the ICE Drug-Free Workplace Policy in all facility work areas.

The Human Resource Officer noted that ICE performs background investigations on new employees, including drug screening. However, while the drug screening results are maintained in the staff member's file, the facility did not provide the COR with employee drug test results. In addition, the Acting COR stated that he had not received copies from the facility of applicants' drug results since May 2023. He noted that had only been in the acting position since March/April 2023 and could only attest to documents and information received after May 2023.

OIDO observed bulletin boards in various work areas within the facility, including Hall A, Hall B,

³⁸ *Id.*, Section IV, Background and Clearance Procedures, B. Training, 5. Proficiency Training, at 23–24.

³⁹ *Id.*, Section IV, Background and Clearance Procedures, A. Initial Drug Testing, at 21.

Building E, the Security Entrance Hall, and outside of the Administrative Clerk's Office. None of the bulletin boards displayed the ICE Drug-Free Workplace Policy.

ICE performs background investigations on new employees, including drug screening. However, these results are not being submitted to the COR for review/ RCC did not provide documentation reflecting that drug screening results were submitted to the COR for review. Failure to do so impedes the COR's ability to ensure drug screening processes for prospective employees are being implemented as required by the contract.

Conclusion

OIDO's inspection led to several findings. The facility complied with standards for conducting food service safety and sanitation and housing unit water and temperature inspections; conducting weekly and monthly fire safety inspections and posting evacuation routes; responding timely to detainee requests; recording and filing completed detainee requests; providing adequate medical staffing; issuing appropriate clothing and personal hygiene items to detainees, as well as maintaining a schedule for laundering items; providing detainees with telephone access; and responding timely to grievances and providing a grievance appeals process.

However, the facility had 14 non-compliance issues in the following areas: electronic request menu option translation, legal visitor logbooks, management of medical grievances and inquiries, chemical storage; eyewash station accessibility; facility sanitation and cleanliness; ICE ERO contact and visitation information; electronic request system; detainee request form availability; staff vacancy reporting; grievance procedure translation; facility auditing; monthly training information submissions; staff proficiency testing; and drug test reporting and workplace policy posting.

As noted, the facility acknowledged and took corrective action to address deficiencies in the following three areas: electronic request menu option translation, legal visitor logbooks, and management of medical grievances and inquires. OIDO acknowledges these corrective actions as sufficient and does not make further recommendation below.

Recommendations

Recommendation 1: Regarding the chemical room cleanliness and organization, create internal controls, training, and oversight that ensures the facility properly uses, stores, and maintains accountability of hazardous materials in accordance with required standards. The facility should:

- a) repair the floor;
- b) ensure shelves are clearly labeled and chemicals are properly stored; and
- c) ensure area is clean and cleaning equipment is organized and not blocking access.

Recommendation 2: Regarding the eyewash stations, create internal controls, training, and oversight that ensures the facility properly operates eyewash stations in accordance with required standards. The facility should:

- a) ensure a continuous water source is connected to the station in the chemical room and that it functions properly;
- b) post all required weekly testing certification documentation of stations; and
- c) ensure stations are clearly marked and accessible at all times.

Recommendation 3: Regarding general sanitation and general cleanliness in the housing units and common areas, create and implement internal controls, training, schedules, cleaning instructions, and oversight that ensure the facility's staff maintain a high standard of facility sanitation and general cleanliness, including restrooms and showers areas, replacement of missing and cracked tiles, and eradication of all mold and mildew from housing units, to include checking insulation that may be impacted. ICE should ensure staff and detainees are properly informed of their cleaning responsibilities within the housing units.

Recommendation 4: Regarding staff-detainee communication, the facility should update the local supplement to the National Detainee Handbook to accurately reflect the contact information for the ICE ERO Field Office and scheduled hours and days that ERO staff is available to be contacted by the detainee. The facility should also ensure the same information is posted in the living areas of the facility.

Recommendation 5: Regarding staff-detainee communication, ICE and the facility should:

- a) ensure that paper forms (including sick call and medical grievance forms), envelopes, and writing supplies are readily available in every housing unit; and
- b) ensure all nationalities are included in the Electronic Request Kiosk System.
- c) ensure these findings are shared among all ICE detention facilities serviced by JailATM so the necessary updates to the JailATM system can be deployed system wide.

Recommendation 6: Regarding facility staffing levels, establish and implement internal controls, training, and oversight to ensure:

- a) comprehensive reviews of facilities are conducted to address staffing level inadequacies or shortages to specifically address non-compliance with the prescribed staffing requirements of maintaining monthly average staffing levels that are at or above 95 percent of the total ICE-approved staffing plan; and
- b) the facility submits reports monthly to the COR of the current monthly average employee vacancy rate, including any individual positions that have been vacant for over 120 days, to ensure compliance with contract requirements.

Recommendation 7: Regarding the grievance system, the facility should ensure that:

- a) the *Grievance Systems* section of the facility's local supplement to the National Detainee Handbook procedures is accurately translated into the Spanish language; and
- b) a Spanish language version of the Detainee Orientation Video is available.

Recommendation 8: Regarding QCP reviews and monthly facility audits, establish and

implement internal controls, training, and oversight to ensure the facility:

- a) periodically reviews and updates the QCP, at least annually;
- b) audits facility operations monthly for compliance with the QCP; and
- c) notifies the COR of an audit 48 hours in advance to ensure the COR is available to participate, to ensure compliance with contractual requirements.

Recommendation 9: Regarding submission of monthly training information to the COR, establish and implement internal controls, training, and oversight to ensure:

- a) the facility submits a training forecast and lesson plans to the COR or ICE designee monthly for the following 60-day period; and
- b) the facility certifies and submits all training hours, training topics, date and location of training, and name of the instructor to the COR or ICE designee to ensure compliance with contract requirements, as needed.

Recommendation 10: Regarding staff testing requirements related to training, establish and implement internal controls, training, and oversight to ensure:

- a) test questions are submitted to the OCR for review;
- b) facility employees achieve a score of 80 percent or better prior to duty assignment; and
- c) results of examinations are forwarded to the COR.

Recommendation 11: Regarding drug-free workplace requirements, establish and implement internal controls, training, and oversight to ensure:

- a) the facility screens every employee and prospective employee for the use of illicit drugs and submits the drug screening results to the COR no later than 21 days after the COR's receipt of an applicant's personnel suitability packet; and
- b) the facility posts the ICE Drug-Free Workplace Policy in all facility work areas.

Response from Inspected Component and OIDO Analysis

ICE Officials concurred with all 11 recommendations and stated they implemented corrective actions to address the issues identified during OIDO's inspections. Based on the information provided in the response to the draft report, OIDO considers two recommendations closed and nine recommendations open. Below is a summary of ICE's response and OIDO's analysis thereof. The full response is available in Appendix A.

Component Response to Recommendation 1: ICE concurred with OIDO's recommendation regarding the chemical room cleanliness and organization, identified corrective actions, and submitted documentation to demonstrate the identified actions.

For Recommendation 1(a), ICE indicated the facility replaced tiles and repaired the drain in the chemical room.

OIDO Analysis: OIDO finds this corrective action to be responsive to the recommendation; however, the referenced attachment in the ICE response does not depict the area where the damaged floor tiles in the chemical room were located. Therefore, OIDO considers this matter open. OIDO will close this recommendation when ICE provides documentation that clearly demonstrates the correction was completed.

For Recommendation 1(b), ICE indicated the facility removed a box that had been placed at the top of the shelving, secured the MSDS binder, removed the hazardous and flammable materials, and removed paper and plastic shelving.

OIDO Analysis: OIDO finds this corrective action to be responsive to the recommendation; however, the referenced photo attachment in the ICE response does not depict the shelving is labeled. Therefore, OIDO considers this matter open. OIDO will close this recommendation when ICE provides documentation that clearly demonstrates the correction was completed.

For Recommendation 1(c), ICE indicated the facility cleaned, repainted, and removed all excess clutter from the chemical storage room.

OIDO Analysis: OIDO finds this corrective action to be responsive to the recommendation; however, the referenced attachment in the ICE response does not demonstrate the entire chemical room is fully clean and cleaning equipment organized due to the limited view of the room the photograph depicts. Therefore, OIDO considers this matter open. OIDO will close this recommendation when ICE provides documentation that clearly demonstrates this correction was completed.

Component Response to Recommendation 2: ICE concurred with OIDO's recommendation regarding the eyewash stations, identified corrective actions, and submitted documentation to demonstrate the correction.

For Recommendation 2(a), ICE indicated the facility checked that all eyewash stations were in working order and valves were placed in the 'water flow' position. The facility also removed eyewash solution bottles.

OIDO Analysis: OIDO finds this corrective action to be responsive to the recommendation; however, the referenced attachment in the ICE response does not depict a permanent, continuous water source is connected to the station in the chemical room and that it functions properly. The eyewash station observed by OIDO in the chemical room had a silver eyewash basin, but the photograph provided has an orange basin and appears to be in another location. Therefore, OIDO considers this matter open. OIDO will close this recommendation when ICE provides documentation that clearly demonstrates the correction was completed.

For Recommendation 2(b), ICE indicated the facility placed inspection tags at each eyewash station.

OIDO Analysis: OIDO finds this corrective action to be responsive to the recommendation; however, the referenced attachment in the ICE response does not depict the same eyewash station OIDO observed in the chemical room with a silver eyewash basin. Therefore, OIDO considers this matter open. OIDO will close this recommendation when ICE provides documentation that clearly

demonstrates the correction was completed.

For Recommendation 2(c), ICE indicated the facility removed clutter from the chemical room so that nothing blocked the eyewash station, positioned eyewash stations six inches from the wall, and placed proper signage above the chemical storage room door.

OIDO Analysis: OIDO finds this corrective action to be responsive to the recommendation; however, the referenced attachment in the ICE response does not depict required signage is posted to ensure stations are clearly marked. Therefore, OIDO considers this matter open. OIDO will close this recommendation when ICE provides documentation that clearly demonstrates the correction has been completed.

Component Response to Recommendation 3: ICE concurred with OIDO's recommendation regarding general sanitation and cleanliness in the housing units, identified corrective actions, and submitted documentation to demonstrate the correction. ICE indicated the facility completed housing unit renovations, including installing new toilets, sinks, and shower heads, replacing tiles, painting, and deep cleaning. The facility also cleared trash/debris from the window gratings and tops of doors and replaced all mattresses. Finally, the facility established a new sanitation schedule.

OIDO Analysis: OIDO finds these corrective actions to be responsive to the recommendation; however, the referenced attachment in the ICE response does not demonstrate toilets are clean in housing units, that insulation has been checked to ensure there is no negative impact to detainee health and welfare, and that staff and detainees were properly informed of their cleaning responsibilities within the housing units. Therefore, OIDO considers this matter open. OIDO will close this recommendation when ICE provides documentation that clearly demonstrates the correction has been completed.

Component Response to Recommendation 4: ICE concurred with OIDO's recommendation regarding staff-detainee communication, identified corrective actions, and submitted documentation to demonstrate the correction. ICE indicated the facility updated the housing unit posters to reflect ICE ERO liaison visits and contact information of assigned case officers. ICE indicated that all information posted now coincides with what is stated in the local supplement to the National Detainee Handbook.

OIDO Analysis: OIDO finds these corrective actions to be responsive to the recommendation; however, the referenced attachment in the redacted ICE response is not sufficient, as officers, dorms, hours, and days are not visible. Therefore, OIDO considers this matter open. OIDO will close this recommendation when ICE provides documentation that clearly demonstrates the correction was completed.

Component Response to Recommendation 5: ICE concurred with OIDO's recommendation regarding staff-detainee communication. ICE indicated the kiosk/tablet system at the facility has 17 nationalities available, and the facility continues to monitor for the availability of additional languages. Meanwhile, a detainee can submit a paper request to speak with ERO if their language is unavailable. In addition, all housing units have request/grievance forms and writing supplies available upon request, and the process for obtaining said forms and writing supplies is posted in each housing unit and detailed in the National Detainee Handbook.



OIDO Analysis: OIDO finds these corrective actions to be responsive to the recommendation and considers this matter addressed and closed.

Component Response to Recommendation 6: ICE concurred with OIDO's recommendation regarding facility staffing levels and identified corrective actions.

For Recommendation 6(a), ICE indicated ERO conducts staffing level reviews with the contractor as needed to address staffing inadequacies and implement corrective action as warranted.

OIDO Analysis: OIDO finds this corrective action to be responsive to the recommendation; however, ICE must provide supporting documentation that clearly demonstrates comprehensive reviews of facility staffing levels were conducted to address non-compliance with maintaining monthly average staffing levels. Therefore, OIDO considers this matter open. OIDO will close this recommendation when ICE provides documentation that clearly demonstrates the correction was completed.

For Recommendation 6(b), ICE indicated the facility submits monthly 'strength reports' to the COR, which include the staffing vacancy rate for each category of staffing and the number of days individual positions are vacant.

OIDO Analysis: OIDO finds this corrective action to be responsive to the recommendation; however, ICE must provide supporting documentation to demonstrate the submission of the monthly report to the COR of the monthly average employee vacancy rate, including any positions that have been vacant for over 120 days, to ensure compliance with contract requirements. Therefore, OIDO considers this matter open. OIDO will close this recommendation when ICE provides documentation that clearly demonstrates the correction was made.

Component Response to Recommendation 7: ICE concurred with OIDO's recommendation regarding the grievance system and identified corrective actions.

For Recommendation 7(a), ICE indicated the grievance procedures are found in the Spanish version of the facility's local supplement to the National Detainee Handbook.

OIDO Analysis: OIDO finds this corrective action to be responsive to the recommendation; however, ICE must provide supporting documentation to demonstrate the Grievance Systems section of the facility's local supplement to the National Detainee Handbook procedures is accurately translated into the Spanish language. Therefore, OIDO considers this matter open. OIDO will close this recommendation when ICE provides documentation that clearly demonstrates the correction was completed.

For Recommendation 7(b), ICE indicated the facility provides video in Spanish of its local supplement to the National Detainee Handbook.

OIDO Analysis: OIDO finds this corrective action to be responsive to the recommendation; however, ICE must provide supporting documentation to demonstrate a Spanish language version of the Detainee Orientation video is being presented to detainees. Therefore, OIDO considers this matter open. OIDO will close this recommendation when ICE provides documentation that clearly

demonstrates the correction was completed.

Component Response to Recommendation 8: ICE concurred with OIDO's recommendation regarding QCP reviews and monthly facility audits and identified corrective actions.

For Recommendation 8(a), ICE did not provide a response.

OIDO Analysis: OIDO finds this to be unresponsive and considers this matter open. OIDO will close this recommendation when ICE provides a proposed corrective action and supporting documentation to demonstrate that periodic reviews and updates to the QCP are completed at least annually.

For Recommendation 8(b), ICE indicated the facility conducts monthly internal/external audits with sign-in sheets.

OIDO Analysis: OIDO finds this corrective action to be responsive to the recommendation; however, ICE must provide supporting documentation to demonstrate the completion of the monthly audits of the QCP. Therefore, OIDO considers this matter open. OIDO will close this recommendation when ICE provides supporting documentation that clearly demonstrates the correction was completed.

For Recommendation 8(c), ICE did not provide a response.

OIDO Analysis: OIDO finds this corrective action to be unresponsive and considers this matter unaddressed and open. OIDO will close this recommendation when ICE provides supporting documentation to demonstrate that the COR is notified of an audit 48 hours in advance to ensure the COR is available to participate, to ensure compliance with contractual requirements. OIDO will close this recommendation when ICE provides supporting documentation that clearly demonstrates the correction was completed.

Component Response to Recommendation 9: ICE concurred with OIDO's recommendation regarding submission of monthly training information to the COR, identified corrective actions, and submitted documentation to demonstrate correction.

For Recommendation 9(a), ICE indicated the facility implemented internal controls to ensure all training forecast and lesson plans are shared with the COR on a monthly basis.

OIDO Analysis: OIDO finds this corrective action to be responsive to the recommendation; however, the referenced attachments in the ICE response are insufficient to demonstrate the training forecast and lesson plans were sent to the COR or ICE designee monthly for the following 60-day period. Therefore, OIDO considers this matter open. OIDO will close this recommendation when ICE provides supporting documentation that clearly demonstrates the correction was completed.

For Recommendation 9(b), ICE indicated the facility certifies and submits all training information to the COR to ensure compliance of the terms of the contract.

OIDO Analysis: OIDO finds this corrective action to be responsive to the recommendation; however, the referenced attachments in the ICE response are insufficient to demonstrate the facility

certified and submitted all training hours, training topics, dates, locations of training, and the name of the instructor to the COR or ICE designee. Therefore, OIDO considers this matter open. OIDO will close this recommendation when ICE provides supporting documentation that clearly demonstrates the correction was completed.

Component Response to Recommendation 10: ICE concurred with OIDO’s recommendation regarding staff testing requirements related to training, ICE concurred with OIDO’s recommendation and identified corrective actions.

For Recommendation 10(a), ICE indicated test questions had been submitted to the COR.

OIDO Analysis: OIDO finds this corrective action to be responsive to the recommendation; however, ICE must provide supporting documentation to demonstrate test questions are submitted to the COR for review. Therefore, OIDO considers this matter open. OIDO will close this recommendation when ICE provides supporting documentation that clearly demonstrates correction was completed.

For Recommendation 10(b), ICE indicated the facility implemented internal controls to ensure only staff who achieve 80 percent or better on all training are allowed to be assigned to duties.

OIDO Analysis: OIDO finds this corrective action to be responsive to the recommendation; however, the referenced attachments in the ICE response are not sufficient to demonstrate facility employees achieved a score of 80 percent or better prior to duty assignment. Therefore, OIDO considers this matter open. OIDO will close this recommendation when ICE provides supporting documentation that clearly demonstrates the correction was completed.

For Recommendation 10(c), ICE indicated the facility implemented internal controls to ensure all custody staff results of examination are forwarded to the COR.

OIDO Analysis: OIDO finds this corrective action to be responsive to the recommendation; however, the referenced attachments in the ICE response are insufficient to demonstrate that results of examinations are forwarded to the COR. Therefore, OIDO considers this matter open. OIDO will close this recommendation when ICE provides supporting documentation that clearly demonstrates the correction was completed.

Component Response to Recommendation 11: ICE concurred with ICE’s recommendation regarding drug-free workplace requirements, identified corrective actions, and submitted documentation to demonstrate correction.

For Recommendation 11(a), ICE indicated the facility screens every employee and prospective employee for the use of illicit drugs and sends the results to the COR no later than 21 days after receiving an application’s suitability packet.

OIDO Analysis: OIDO finds this corrective action to be responsive to the recommendation and considers this matter addressed and closed.

For Recommendation 11(b), ICE indicated the facility updated work areas to reflect the ICE Drug Free Workplace Policy throughout.



OIDO Analysis: OIDO finds these corrective actions to be responsive to the recommendation and considers this matter addressed and closed.

Appendix A: Component Response

Enforcement and Removal Operations

U.S. Department of Homeland Security
500 12th Street, SW
Washington, DC 20536



**U.S. Immigration
and Customs
Enforcement**

MEMORANDUM FOR: David D. Gersten
Acting Ombudsman
Office of the Immigration Detention Ombudsman

FROM: Daniel A. Bible **DANIEL A BIBLE** Digitally signed by DANIEL A BIBLE
Date: 2024.10.01 09:51:29 -0400
Executive Associate Director
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement

SUBJECT: ICE Response to OIDO's Draft Report on Richwood Correctional
Center

Purpose

This memorandum is in response to the Department of Homeland Security's Office of the Immigration Detention Ombudsman's (OIDO) draft report, *OIDO Inspection of Richwood Correctional Center* (Case No. 23-001114).

Background

U.S. Immigration and Customs Enforcement (ICE) is a federal agency charged with enforcing the nation's immigration laws in a fair and effective manner. ICE identifies, apprehends, detains, and removes noncitizens who are amenable to removal from the United States. ICE Enforcement and Removal Operations (ERO) uses its immigration detention authority to effectuate this mission by detaining noncitizens in custody while they await the outcome of their immigration proceedings and/or removal from the United States.

ICE has important obligations under the U.S. Constitution and other federal and state laws when it determines that a noncitizen is subject to detention. ICE national detention standards ensure that detained noncitizens are treated humanely, protected from harm, provided appropriate medical and mental health care, and receive the rights and protections to which they are entitled.

ICE ensures detention facilities used to house ICE detained noncitizens do so in accordance with ICE national detention standards. These standards were developed in cooperation with ICE stakeholders, the American Correctional Association, and nongovernmental organizations, and were created to ensure that all noncitizens in ICE custody are treated with dignity and respect and provided appropriate care. Each detention center must meet a set of specified standards.

www.ice.gov

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ICE Response to OIDO Recommendations

Recommendation 1: Regarding the chemical room cleanliness and organization, create internal controls, training, and oversight that ensures the facility properly uses, stores, and maintains accountability of hazardous materials in accordance with required standards. The facility should:

- a) repair the floor;
- b) ensure shelves are clearly labeled and chemicals are properly stored; and
- c) ensure area is clean and cleaning equipment is organized and not blocking access.

Response: ICE concurs with this recommendation. Please refer to attachment 7. The facility took the following actions to clean and organize the chemical storage room:

- Removed a box that had been placed on top of the shelving so there are now no boxes/containers within 18 inches of the ceiling.
- Cleaned, repainted, and removed all excess clutter from the chemical storage room.
- Replaced all tiles in the chemical storage room and repaired the drain.
- Secured the Material Safety Data Sheet binder to the wall, in a "binder holder", with no detainee access.
- Removed the floor-stripper from the chemical storage room and secured it in the proper area; the chemical storage area now contains no hazardous materials.
- The Super Sani-Cloths, and all other flammable materials, were removed from the chemical storage room and secured in the proper area.
- All paper or plastic shelving was removed from the chemical storage room.

ICE recommends closing this recommendation.

Recommendation 2: Regarding the eyewash stations, create internal controls, training, and oversight that ensures the facility properly operates eyewash stations in accordance with required standards. The facility should:

- a) ensure a continuous water source is connected to the station in the chemical room and that it functions properly;
- b) post all required weekly testing certification documentation of stations; and
- c) ensure stations are clearly marked and accessible at all times.

Response: ICE concurs with this recommendation. Please refer to attachment 8. The facility took the following actions to ensure the eyewash stations are operated accordingly:

- All excess clutter was removed from the chemical room; there is no longer anything blocking the eyewash station.
- Eyewash stations are now positioned six inches from the wall.
- Proper signage has been placed above the chemical storage room door, identifying the

ICE Response to OIDO's Draft Report on Richwood Correctional Center
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eyewash stations.

- Inspection tags were placed at each eyewash station, and the Fire Safety Manager conducts weekly, and monthly, inspections on the eyewash stations.
- Eyewash station solution bottles were removed from the areas.
- Each eyewash station was checked, all valves are in a "water flow" position, and all are in working order.

ICE recommends closing this recommendation.

Recommendation 3: Regarding general sanitation and general cleanliness in the housing units and common areas, create and implement internal controls, training, schedules, cleaning instructions, and oversight that ensure the facility's staff maintain a high standard of facility sanitation and general cleanliness, including restrooms and showers areas, replacement of missing and cracked tiles, and eradication of all mold and mildew from housing units, to include checking insulation that may be impacted. ICE should ensure staff and detainees are properly informed of their cleaning responsibilities within the housing units.

Response: ICE concurs with this recommendation. Please refer to attachments 9 through 13. The facility staff took the following actions:

- All facility housing units underwent renovations in which new polished toilets, sinks, and shower heads were installed. Tiles were replaced and each housing unit received new paint and deep cleanings.
- The facility established the following sanitation schedule: facility staff will clean all administrative areas, facility hallways, windows of said areas, and take out the trash from said areas Monday through Friday, 7am-3pm; detained noncitizens working as a part of the volunteer work program will clean the housing units (floors, windows, showers, sinks, toilets, windows, and vents) daily.
- All trash/debris was cleared from the window gratings and on top of the doors.
- All mattresses were replaced with new ones.

ICE recommends closing this recommendation.

Recommendation 4: Regarding staff-detainee communication, the facility should update the local supplement to the National Detainee Handbook to accurately reflect the contact information for the ICE ERO Field Office and scheduled hours and days that ERO staff is available to be contacted by the detainee. The facility should also ensure the same information is posted in the living areas of the facility.

Response: ICE concurs with this recommendation. The facility handbook supplement/housing unit posters have been updated to reflect information for on-site ICE Enforcement and Removal Operations (ERO) liaison visits, along with the contact information for their assigned case officer. ERO Deportation Officers conduct unscheduled liaison visits at various times throughout the week. All information posted now coincides with what is stated in the National Detainee Handbook supplement. Please refer to attachments 3 and 4.

ICE recommends closing this recommendation.

Recommendation 5: Regarding staff–detainee communication, ICE and the facility should:

- a) ensure that paper forms (including sick call and medical grievance forms), envelopes, and writing supplies are readily available in every housing unit;
- b) ensure all nationalities are included in the Electronic Request Kiosk System; and
- c) ensure these findings are shared among all ICE detention facilities serviced by JailATM so the necessary updates to the JailATM system can be deployed system-wide.

Response: ICE concurs with this recommendation. The kiosk/tablet system that provides electronic communication at the facility currently has 17 nationalities available (Bolivia, Brazil, Cameroon, China, Colombia, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, India, Mexico, Nicaragua, Romania, Russia, and Venezuela). The facility continues to monitor for the availability of adding different nationalities/languages. At any time, a detained noncitizen can submit a written (paper) request to speak with ERO if their language is unavailable on the kiosk/tablet system. Meanwhile, all housing units have request/grievance forms and writing supplies available to detained noncitizens upon request. The process for obtaining said request forms (and how to complete them) and writing supplies is posted in each housing unit, as well as in the National Detainee Handbook. Please refer to attachments 19-25.

ICE recommends closing this recommendation.

Recommendation 6: Regarding facility staffing levels, establish and implement internal controls, training, and oversight to ensure:

- a) comprehensive reviews of facilities are conducted to address staffing level inadequacies or shortages to specifically address non-compliance with the prescribed staffing requirements of maintaining monthly average staffing levels that are at or above 95 percent of the total ICE-approved staffing plan; and
- b) the facility submits reports monthly to the COR of the current monthly average employee vacancy rate, including any individual positions that have been vacant for over 120 days, to ensure compliance with contract requirements.

Response: ICE concurs with this recommendation.

- a) ERO conducts staffing level reviews with the contractor as needed to address staffing inadequacies, concerns, and implement corrective action as warranted as part of its oversight and contract oversight responsibilities.
- b) RCC submits monthly “strength reports” to the COR which provides the staffing vacancy rate for each category of staffing as well as the number of days individual positions are vacant. For example, the attached staffing report for August 2024 demonstrates on average, the facility is exceeding the 95% average staffing level across all staffing categories. Additionally, once the pending staff receive clearance the facility would only

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have a variance in the support staff category and the overall average staffing levels would improve to over 128%. The COR will continue to work with the facility to resolve all staffing vacancies and address any overages in specific staffing categories as appropriate.

ICE recommends closing this recommendation.

Recommendation 7: Regarding the grievance system, the facility should ensure that:

- a) the Grievance Systems section of the facility's local supplement to the National Detainee Handbook procedures is accurately translated into the Spanish language; and
- b) a Spanish language version of the Detainee Orientation Video is available.

Response: ICE concurs with this recommendation. The grievance procedures are found in the facility's detained noncitizen Spanish version of the handbook (the facility is not authorized to make changes to the verbiage of the National Detainee Handbook). The facility also provides a video (in Spanish) of the facility's detained noncitizen handbook.

ICE recommends closing this recommendation.

Recommendation 8: Regarding QCP reviews and monthly facility audits, establish and implement internal controls, training, and oversight to ensure the facility:

- a) periodically reviews and updates the QCP, at least annually;
- b) audits facility operations monthly for compliance with the QCP; and
- c) notifies the COR of an audit 48 hours in advance to ensure the COR is available to participate, to ensure compliance with contractual requirements.

Response: ICE concurs with this recommendation. The facility conducts monthly internal/external audits with sign-in sheets. The sign-in sheets provide the date, time, department, standard, and staff conducting the audit.

ICE recommends closing this recommendation.

Recommendation 9: Regarding submission of monthly training information to the COR, establish and implement internal controls, training, and oversight to ensure:

- a) the facility submits a training forecast and lesson plans to the COR or ICE designee monthly for the following 60-day period; and
- b) the facility certifies and submits all training hours, training topics, date and location of training, and name of the instructor to the COR or ICE designee to ensure compliance with contract requirements, as needed.

Response: ICE concurs with this recommendation. The facility implemented internal controls to ensure all training forecast and lesson plans are shared with the Contracting Officer's Representative (COR) on a monthly basis. The facility certifies and submits all training information to the COR to ensure compliance of the terms of the contract. Please refer to attachments 14-18, and 26-59.

ICE Response to OIDO's Draft Report on Richwood Correctional Center
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ICE recommends closing this recommendation.

Recommendation 10: Regarding staff testing requirements related to training, establish and implement internal controls, training, and oversight to ensure:

- a) test questions are submitted to the COR for review;
- b) facility employees achieve a score of 80 percent or better prior to duty assignment; and
- c) results of examinations are forwarded to the COR.

Response: ICE concurs with this recommendation. The facility implemented internal controls to ensure all all custody staff scores are reviewed by the COR and only staff who achieve 80 percent or better on all training are allowed to be assigned to duties. Test questions have been submitted to the COR. Results of examinations from this week's examinations will be forwarded to COR at the end of every week.

ICE recommends closing this recommendation.

Recommendation 11: Regarding drug-free workplace requirements, establish and implement internal controls, training, and oversight to ensure:

- a) the facility screens every employee and prospective employee for the use of illicit drugs and submits the drug screening results to the COR no later than 21 days after the COR's receipt of an applicant's personnel suitability packet; and
- b) the facility posts the ICE Drug-Free Workplace Policy in all facility work areas.

Response: ICE concurs with this recommendation. The facility has updated the facility work areas to reflect the ICE Drug Free Workplace Policy throughout. The facility screens every employee and prospective employee for the use of illicit drugs and sends the drug screening results to the COR no later than 21 days after receiving an applicant's suitability packet. Employee drug test results for July and photos of workplace policy posting have been forwarded to the COR. Please refer to Attachments 1, 2, 5, and 6.

ICE recommends closing this recommendation.

Attachments

- Attachment 1-2: Weekly Employee Drug Testing
- Attachment 3: Deportation Officer Rounds
- Attachment 4: Staff and Detainee Communication
- Attachment 5: ICE Drug Free Policy
- Attachment 6: ICE Drug Free Workplace Policy
- Attachment 7: Chemical Closet
- Attachment 8: Eye Wash Station
- Attachment 9: Shower 1
- Attachment 10: Shower 2
- Attachment 11: Shower 3

Additional Information and Copies

To view any of our other reports,
please visit:
www.dhs.gov/OIDO.

For further information or questions, please contact the Office
of the Immigration Detention Ombudsman at:
detentionombudsman@hq.dhs.gov.

