Office of Professional Responsibility

Richwood Correctional Center

Inspection 2026-001-175

September 1-3, 2026

U.S. Immigration and Customs Enforcement

INSPECTION
of the
RICHWOOD CORRECTIONAL CENTER
Monroe, Louisiana

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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted an inspection of the Richwood Correctional Center (RCC) in Monroe, Louisiana, from September 1 to 3, 2026..[1] The facility opened in 1998 and is owned by Monroe County and operated by Lasalle Corrections. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at RCC in 2019 under the oversight of ERO's Field Office Director in New Orleans (ERO New Orleans). The facility is a non-dedicated ICE detention facility and operates under National Detention Standards (NDS) 2025.

ERO New Orleans has deportation officers assigned full-time to the facility. They are on-site Sunday through Saturday, from 8 a.m. to 5 p.m. A warden handles daily facility operations and manages (b)(7)(e) support personnel. Performance Food provides food services, Correct Med provides medical care, and Correct Commissary provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in June 2022. In February 2025, RCC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was found DHS PREA compliant.

Capacity and Population Statistics	Quantity
ICE Bed Capacity.[2]	(b)(7)(e)
Average ICE Population[3]	(b)(7)(e)
Adult Male Population (as of September 1, 2026)	(b)(7)(e)
Adult Female Population (as of September 1, 2026)	(b)(7)(e)

During its last rated inspection in Fiscal Year (FY) 2026, ODO found 5 deficiencies in the following areas: Admission and Release (2); Detainee Handbook (1); and Food Service (2).

[1] This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods greater than 72 hours.
[2] Data Source: ERO Custody Management Division Authorized Facility List as of August 27, 2026.
[3] *Ibid.*

INSPECTION PROCESS

ODO conducts the following annual and biennial oversight inspections of ICE detention facilities to assess and rate each facility's compliance with their contractually obligated detention standards as noted in the Facility Overview section above.

- Dedicated facility: ODO conducts annual on-site inspections of dedicated inter-governmental service agreement (IGSA) facilities, contract detention facilities (CDF), family residential centers, and service processing centers.

- Non-dedicated IGSA facility:
  - For facilities with an average daily population (ADP) of 50 or more, ODO conducts biennial on-site inspections.
  - For facilities with an ADP of 50 or less,
    - If the facility has not previously had a rated ODO inspection, then ODO conducts an initial on-site inspection, and
    - If the facility has had an ODO inspection, then the facility completes a biennial ODO-assisted self-inspection process (OASIP).

- U.S. Marshals Service (USMS): USMS CDF and intergovernmental agreement facilities complete biennial OASIPs.

In FY 2025, ODO implemented OASIPs, which replaced the annual Special Review inspections ODO conducted at most low ADP and/or short-term use facilities. This new inspection framework is more reflective of the actual operation demand of facilities with a low ADP and/or short-term use. OASIP inspections focus on facility compliance with detention standard requirements that directly affect detainee life, health, safety, and/or well-being. Facilities have 30 calendar days to complete the OASIP inspection and ODO staff will go on-site for 1 day towards the end of the 30-day inspection window to observe facility conditions, interview ICE detainees, and spot-check the facility's reported findings.[4]

ODO defines a "deficiency" as any violation of detention standards, policies, or operational procedures, as applicable. ODO highlights instances when the facility resolves deficiencies prior to the completion of the ODO inspection as corrective actions. Where applicable, these corrective actions are annotated with a "C" in the *Inspection Findings* section of the report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. ODO shares a summary of these findings shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final report to: (i) assist ERO in developing and initiating a uniform corrective action plan (UCAP); and (ii) provide senior executives with an independent assessment of facility operations. ODO's findings inform ICE executive management in their decision-making to better allocate resources across the agency's entire detention inventory.

[4] When ODO conducts on-site inspections for non-OASIP facilities, the facility is notified 4 weeks before the inspection and ODO is on-site for 2-3 business days conducting the inspection.

FINDINGS BY NATIONAL DETENTION STANDARDS 2025 MAJOR CATEGORIES

NDS 2025 Standards Inspected[5]	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	2
Sub-Total	**2**
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	**0**
Part 4 - Care	
Food Service	1
Hunger Strikes	0
Medical Care	2
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	**3**
Part 5 - Activities	
Correspondence and Other Mail	0
Religious Practices	0
Telephone Access	0
Voluntary Work Program	0
Sub-Total	**0**
Part 6 - Justice	
Grievance System	0
Law Libraries and Legal Material	0
Sub-Total	**0**
Part 7 - Administration and Management	
Detainee Transfers	0
Detention Files	0
Sub-Total	**0**
Total Deficiencies	**5**

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

DETAINEE RELATIONS

ODO interviewed 23 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

Food Service: One detainee complained she was denied a Kosher meal.

- Action Taken: ODO spoke to the facility chaplain who stated the facility is no longer required to provide kosher meals, but they provide common-fare meals as a substitute. ODO spoke to the food service (FS) subject matter expert (SME) who later confirmed the facility had kosher meals available to be served. The FS SME spoke with the chaplain who confirmed the detainee previously made a verbal request and the chaplain informed her to submit a written request to complete a religious meal accommodation. On September 3, 2026, ODO requested the chaplain meet with the detainee and conduct an assessment since she had already made a verbal request. ODO followed up with the facility and confirmed the detainee's request was approved on September 3, 2026.

Medical Care: One detainee complained he was seen by facility medical staff following a fall in the shower and complained several times about the pain but was not provided with an x-ray for care.

- Action Taken: ODO spoke with facility medical staff on September 1, 2026, to address the detainee's complaint. The detainee complained of joint pain on May 23, 2026, a few days after his fall, and facility nursing staff evaluated him during sick call at his request. Nursing staff referred him for a provider visit. On June 17, 2026, a medical provider evaluated the detainee and prescribed Naproxen 500 mg, 1 tablet twice daily for 14 days, for pain. According to the detainee's medical records, medical staff conducted two follow-up appointments: a sick-call visit on July 20, 2026, for bilateral leg joint pain, during which staff provided muscle rub; and a provider follow-up on August 21, 2026, during which examination findings were documented as normal. The provider documented the detainee did not report concerns warranting an x-ray, could walk without assistance, and could perform several squats without difficulty. Based on the assessment and examination findings, the medical provider determined an x-ray was not clinically indicated. The detainee submitted no additional knee or joint-pain complaints after July 20, 2026. On September 3, 2026, ODO followed up with the detainee, who confirmed he received the medical provider's explanation, did not raise continuing concerns, and understood how to seek further care. Based on the medical-record review, documented clinical evaluations and treatment, and follow-up with the detainee, ODO closed the complaint.

Medical Care: One detainee stated she was examined by the onsite dentist November 2025, however, she has not received dental care since. The detainee stated she submitted a sick-call request to see the dentist for an extraction.

- Action Taken: ODO spoke with medical staff, who confirmed the detainee requested a dental referral during a chronic care visit on October 29, 2025. The onsite dentist evaluated the detainee on November 13, 2025. During that evaluation, the detainee reported pain while brushing and eating sweet foods. The dentist noted that tooth #12 might require a root canal in the future but did not recommend an extraction at that time. Facility medical staff evaluated the detainee for dental pain on August 28, 2026, after receiving her sick-call request. The examination showed no redness, swelling, or drainage; therefore, medical staff did not identify an immediate clinical need for a dental referral or extraction. Medical staff provided acetaminophen 325 mg twice daily as needed for 5 days and instructed the detainee to return to sick call if her symptoms worsened or did not improve. The detainee did not submit additional dental sick-call requests before transferring to another facility on September 6, 2026. Based on the documented evaluation, treatment, and absence of additional requests before her transfer, the facility addressed the detainee's concern.

INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO observed 11 out of 11 housing units and found in 4 out of 11 housing units the environmental health conditions were not maintained at a level that meets recognized standards of hygiene. Specifically, ODO observed rust color stains in 10 out of 40 toilet stalls and floors, peeling paint on 40 out of 40 toilet stall metal divider walls, food and hygiene debris in 5 out of 20 shower drains, and mildew-like substance on common hygiene area floors in housing units (b)(7)(e) and (b)(7) **(Deficiency EHS-58[6])**.

ODO observed 11 out of 11 housing units and found facility cleanliness and sanitation were not maintained in 4 out of 11 housing units and all surfaces, fixtures, and equipment were not kept clean and in good repair. Specifically, ODO observed rust color stains in 10 out of 40 toilet stalls and floors, peeling paint on 40 out of 40 toilet stall metal divider walls, food and hygiene debris in 5 out of 20 shower drains, and mildew-like substance on common hygiene area floors in housing units (b)(7)(e), and (b)(7) **(Deficiency EHS-64[7])**.

CARE

FOOD SERVICE (FS)

ODO observed FS area and found FS staff did not maintain a high level of sanitation in the FS department with cooking equipment and pans in accordance with the 2022 U.S. Food and Drug

[6] "Environmental health conditions will be maintained at a level that meets recognized standards of hygiene." *See* ICE NDS 2025, Standard, Environmental Health and Safety, Section (II)(I).
[7] "Facility cleanliness and sanitation shall be maintained. All surfaces, fixtures, and equipment shall be kept clean and in good repair." *See* ICE NDS 2025, Standard, Environmental Health and Safety, Section (II)(I)(2).

Administration Food Code. Specifically, ODO observed visible dark, encrusted residue remaining after cleaning on 25 out of 25 sheet pans and 15 out of 15 two-inch hotel pans stored on drying racks in the kitchen. ODO also observed visible dark, encrusted residue on the interior and exterior walls and doors of 4 out of 4 kitchen ovens **(Deficiency FS-78[8])**.

MEDICAL CARE (MC)

ODO reviewed 25 detainee medical records and found 1 out of 25 detainees did not receive tuberculosis screening within 72 hours of arrival and before placement in the general population, as required by the most current Centers for Disease Control and Prevention guidelines. Specifically, the facility placed 1 detainee in general population on July 9, 2026, 54 days after the detainee's arrival, the medical record contained no documentation of a tuberculin skin test or chest radiograph **(Deficiency MC-18[9])**. **This is a priority component**.

ODO reviewed 25 detainee medical records and found 1 out of 25 medical records, medical staff did not obtain separate documented informed consent forms that included a description of the medication's side effects prior to administering **(Deficiency MC-92[10])**. **This is a priority component**.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 24 standards under NDS 2025 and found the facility in compliance with 21 of those standards. ODO found five deficiencies in three standards. Although ODO conducted a prior inspection of RCC, ODO cannot perform an analysis due to the change in standard from PBNDS 2011 (Revised 2016) to NDS 2025. ODO recommends ERO New Orleans continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

[8] "All food service employees are responsible for maintaining a high level of sanitation in the food service department in accordance with the most recent edition of the U.S. Food and Drug Administration (FDA) Food Code and/or applicable local standards." *See* ICE NDS 2025, Standard, Food Service, Section (II)(I)(1).

[9] "All new arrivals shall receive tuberculosis (TB) screening in accordance with the most current Centers for Disease Control and Prevention (CDC) guidelines, including, but not limited to, CDC Guidelines for Correctional Facilities, prior to being placed in general population." *See* ICE NDS 2025, Standard, Medical Care, Section (II)(D)(1).

[10] "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medications side effects, shall be obtained." *See* ICE NDS 2025, Standard, Medical Care, Section (II)(O).

Inspection Results Compared	FY 2025 PBNDS 2011 (Revised 2016)	FY 2026 NDS 2025
Standards Reviewed	25	24
Deficient Standards	3	3
Overall Number of Deficiencies	5	5
Priority Component Deficiencies	0	2
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Good

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