



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

Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO New Orleans Field Office

Winn Correctional Center
Winnfield, Louisiana

March 15-19, 2021

**COMPLIANCE INSPECTION
of the
WINN CORRECTIONAL CENTER
Winnfield, Louisiana**

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (2013 ERRATA) MAJOR CATEGORIES.....	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	8
SAFETY.....	8
Environmental Health and Safety	8
SECURITY	8
Funds and Personal Property	8
Sexual Abuse and Assault Prevention and Intervention	9
Staff-Detainee Communication	9
Use of Force and Restraints	10
CARE	10
Medical Care	10
Significant Self-Harm and Suicide Prevention and Intervention.....	11
JUSTICE.....	11
Law Libraries and Legal Material.....	11
OTHER STANDARDS INSPECTED.....	12
Performance-Based National Detention Standards 2011 (Revised 2016) Disability Identification, Assessment, and Accommodation.....	12
CONCLUSION	12

COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead
Inspections and Compliance Specialist
Inspections and Compliance Specialist
Contractor
Contractor
Contractor
Contractor

ODO
ODO
ODO
Creative Corrections
Creative Corrections
Creative Corrections
Creative Corrections

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Winn Correctional Center (WCC) in Winnfield, Louisiana, from March 15 to 19, 2021.¹ The facility opened in 1990, is owned by the Louisiana Department of Corrections, and is operated by LaSalle Management. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at WCC in 2019 under the oversight of ERO’s Field Office Director (FOD) in New Orleans (ERO New Orleans). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (2013 Errata).²

ERO has assigned deportation officers to the facility. A WCC warden handles daily facility operations and is supported by [REDACTED] personnel. Merchants Distribution provides food services, LaSalle Management provides medical care, and Correct Commissary provides commissary services at the facility. WCC does not hold any accreditations from any outside entities. In September 2020, WCC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA Certified.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ³	1576
Average ICE Detainee Population ⁴	[REDACTED]
Male Detainee Population (as of 3/15/2021)	[REDACTED]
Female Detainee Population	N/A

During its last inspection, in Fiscal Year (FY) 2020, ODO found 49 deficiencies in the following areas: Environmental Health and Safety (2); Admission and Release (5); Custody Classification System (4); Funds and Personal Property (4); Sexual Abuse and Assault Prevention and Intervention (2); Special Management Units (3); Staff-Detainee Communication (3); Use of Force and Restraints (6); Food Service (3); Medical Care (10); Personal Hygiene (1); Disability Identification, Assessment, and Accommodation (1); Religious Practices (1); Telephone Access (3); and Grievance Systems (1).

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

² The facility has not signed the contract modification for PBNDS 2011 (Revised 2016). ODO inspected WCC against PBNDS 2011 (Revised 2016) and all findings were verified against the PBNDS 2011 (2013 Errata) prior to being cited as a deficiency. ERO Headquarters informed ODO on January 12, 2021, WCC should be inspected against PBNDS 2011 (2013 Errata).

³ Data Source: ERO Facility List Report as of March 1, 2021.

⁴ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for longer than 72-hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁵

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

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

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (2013 ERRATA) MAJOR CATEGORIES

PBNDS 2011 (2013 Errata) Standards Inspected ⁶	Deficiencies
Part 1 – Safety	
Emergency Plans	0
Environmental Health and Safety	1
Sub-Total	1
Part 2 – Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	2
Sexual Abuse and Assault Prevention and Intervention	3
Special Management Units	0
Staff-Detainee Communication	4
Use of Force and Restraints	1
Sub-Total	10
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	6
Significant Self-harm and Suicide Prevention and Intervention	1
Sub-Total	7
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	2
Sub-Total	2
Other Standards Inspected	
PBNDS 2011 (Revised 2016) Disability Identification, Assessment, and Accommodation	0
Sub-Total	0
Total Deficiencies	20

⁶ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination; however, one detainee stated ICE staff used excessive force on him. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

Medical Care: One detainee stated he suffers from hemorrhoids and only received one out of four of his scheduled Infrared Coagulation (IRC) treatments in October 2020. The detainee advised ODO he had submitted multiple sick call requests since November 2020; however, the facility refuses to take him for his additional treatments, and he continues to observe blood in his stool.

- Action Taken: ODO interviewed the facility's health services administrator (HSA), reviewed the detainee's medical record, and found on October 13, 2020, a surgical specialist saw the detainee following a colonoscopy. The detainee's colonoscopy revealed multiple second-degree hemorrhoids, and the surgical specialist ordered four sessions of IRC therapy as treatment, in which treatments are completed in two-week increments. On October 27, 2020, the detainee received his first IRC treatment; however, on November 5, 2020, the detainee went to the emergency room (ER) due to complaints of chest pain and rectal bleeding. On November 6, 2020, the facility's provider examined the detainee and postponed the detainee's second IRC treatment due to his ER visit on the previous day and ODO found nothing in his medical record to indicate the facility rescheduled the cancelled appointment.

On December 1, 2020, the detainee submitted a sick call request regarding bloody stool and the facility's medical staff referred him to a physician. On December 3, 2020, a facility physician evaluated the detainee and prescribed him stool softeners and a hemorrhoid suppository for treatment. On January 4, 2021, the detainee submitted a sick call request regarding complaints for pain in the rectal area and a nurse practitioner (NP) evaluated the detainee, prescribed him hemorrhoid cream, and ordered blood work. On January 12, 2021, during the detainee's scheduled follow-up, the NP evaluated the detainee, ordered additional diagnostic work, prescribed him medication, educated him on self-treatments, and scheduled a 30-day follow-up appointment for him.

On March 1, 2021, the detainee submitted a sick call request regarding rectal bleeding and the facility's medical staff referred him to the NP. On March 2, 2021, the NP evaluated the detainee; however, the NP terminated the visit early due to the detainee's loud and aggressive behavior regarding his non-compliance of his prescribed treatment. On March 2, 2021, the NP referred the detainee to a specialist for further evaluation. On March 11, 2021, the specialist evaluated the detainee, scheduled four sessions of IRC treatments, informed the detainee to increase his water intake, and prescribed fiber as treatment. The HSA advised ODO the detainee will be advised of his scheduled appointments and he will see the specialist as soon as a date is available.

Use of Force and Restraints: One detainee advised ODO that on January 14, 2021, ICE staff forced him to the floor to take his fingerprints for deportation. The detainee stated he was restrained by his neck, choked until he couldn't breathe, fingerprinted, and later taken to the facility's medical center.

- Action Taken: ODO interviewed the assistant field office director (AFOD) and the HSA and reviewed the use of force (UOF) incident documentation and video. ODO found ICE staff were involved in a UOF incident with the detainee, in which the detainee was non-compliant in providing his fingerprints when ICE staff attempted to fingerprint him. ICE staff used force in accordance with ICE Directive 10089.1, Required Fingerprints from Non-Compliant Individuals, to obtain the detainee's fingerprints. The UOF documentation indicated the facility's medical staff examined the detainee immediately after the incident, where the detainee did not report any injuries and refused to sign the medical documents. The AFOD advised ODO the facility sent all the UOF documentation and the video of the incident to OPR and the DHS Office of Inspector General. OPR records indicate the investigation is still under review.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the facility's EH&S program, interviewed the facility's quality assurance manager, and found the facility did not maintain an adequate number of sinks, urinals, toilets, nor showers (EH&S-1⁷).

SECURITY

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed 15 detainee admission files and found 15 out of 15 detainee admission files did not have the date and/or time of admission noted on the personal property inventory form (F&PP-85⁸).

ODO reviewed the facility's F&PP property program and found the property and valuables logbook does not record the time the staff conducted inventory (F&PP-101⁹).

⁷ "Environmental health conditions shall be maintained at a level that meets recognized standards of hygiene, including those from the:

a. American Correctional Association." See ICE PBNDS 2011 (2013 Errata), Standard, Environmental Health and Safety, Section (V)(A)(1)(a).

⁸ "... The personal property inventory form must contain the following information at a minimum:

1. date and time of admission." See ICE PBNDS 2011 (2013 Errata), Standard, Funds and Personal Property, Section (V)(I)(1).

⁹ "... The property and valuables logbook shall record the date, time and the name of the officer(s) conducting the inventory." See ICE PBNDS 2011 (2013 Errata), Standard, Funds and Personal Property (V)(J).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's SAAPI program, interviewed facility staff, and found the facility's intake process did not include an explanation that a detainee reporting an assault shall not negatively impact the detainee's immigration proceedings (**SAAPI-58**¹⁰).

ODO reviewed the facility's four general files for SAAPI incidents and found two out of four general files did not include steps for communicating the reports up the facility's chain of command (**SAAPI-205**¹¹).

ODO reviewed the facility's SAAPI program and found the facility administrator's SAAPI incident log did not include names of the sexual assault victims, assailants, nor did it include the location where the SAAPI incident took place (**SAAPI-214**¹²).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the facility's SDC program and found the facility's detainee handbook local supplement did not include the contact information for ERO New Orleans nor the scheduled hours and days detainees at the facility could contact ERO New Orleans staff (**SDC-3**¹³).

ODO reviewed 720 detainee requests and found in 29 out of 720 detainee requests, ERO New Orleans staff did not provide a response within three business days of receiving the detainees' requests (**SDC-16**¹⁴).

ODO reviewed the facility's SDC program-electronic request log and found the log did not consistently record the date ERO New Orleans staff received the detainee's request, the detainee's nationality, the name of the staff member who logged the request, nor staff response and action taken (**SDC-20**¹⁵).

¹⁰ "Following the intake process, the facility shall provide instruction to detainees on the facility's Sexual Abuse and Assault Prevention and Intervention Program and ensure that such instruction includes (at a minimum): ...
6. prohibition against retaliation, including an explanation that reporting an assault shall not negatively impact the detainee's immigration proceedings." *See* ICE PBNDS 2011 (2013 Errata), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(F)(6).

¹¹ "1. General files include: ...
d. detailed reporting timeline, including the names of the individuals who reported the incident and received the report of sexual assault, date and time the report was received, and steps taken to communicate the report up the chain of command." *See* ICE PBNDS 2011 (2013 Errata), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(L)(1)(c).

¹² "In addition, the facility administrator shall maintain a listing of the names of sexual assault victims and assailants, along with the dates and locations of all sexual assault incidents occurring within the facility, on his/her computerized incident reporting system." *See* ICE PBNDS 2011 (2013 Errata), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(L)(2).

¹³ "The local supplement to the detainee handbook shall include contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility." *See* ICE PBNDS 2011 (2013 Errata), Standard, Staff-Detainee Communication, Section (V)(A).

¹⁴ "The ICE/ERO staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no later than within three (3) business days of receipt." *See* ICE PBNDS 2011 (2013 Errata), Standard, Staff-Detainee Communication, Section (V)(B)(1)(a).

¹⁵ "At a minimum, the log shall record:

ODO reviewed the facility's SDC program and found ERO New Orleans did not ensure facility staff operationally tested all detainee telephones at least weekly (**SDC-24**¹⁶).

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed the audiovisual recording of one calculated UOF incident, which occurred during the inspection period, and found facility staff participating in the calculated UOF were not dressed in protective gear (**UOFR-79**¹⁷).

CARE

MEDICAL CARE (MC)

ODO reviewed the facility's MC program and found the quarterly administrative meeting minutes did not contain documentation of review nor discussion of infectious and communicable disease control activities (**MC-26**¹⁸).

ODO reviewed the facility's MC program and found appropriate medical personnel did not triage detainees' medical requests within 24 hours from when the detainees submitted their requests (**MC-182**¹⁹).

ODO reviewed the facility's MC program and found all written sick call requests were not date and time stamped nor filed in the detainee's medical record (**MC-183**²⁰).

-
- a. date of receipt;
 - b. detainee's name;
 - c. detainee's A-number;
 - d. detainee's nationality;
 - e. name of the staff member who logged the request;
 - f. date that the request, with staff response and action, was returned to the detainee;
 - g. any other pertinent site-specific information, including detention condition complaints;
 - h. specific reasons why the detainee's request is urgent and requires a faster response; and
 - i. the date the request was forwarded to ICE/ERO and the date it was returned shall also be recorded." *See*

ICE PBNDS 2011 (2013 Errata), Standard, Staff-Detainee Communication, Section (V)(B)(2)(a-i).

¹⁶ "Field Office Directors shall ensure that all phones for detainee use are tested at least weekly in accordance with standard '5.6 Telephone Access.'" *See* ICE PBNDS 2011 (2013 Errata), Standard Staff-Detainee Communication, Section (V)(C).

¹⁷ "Use-of-force team members and others participating in a calculated use of force shall wear protective gear, taking particular precautions when entering a cell or area where blood or other body fluids could be present." *See* ICE PBNDS 2011 (2013 Errata), Standard, Use of Force and Restraints, Section (V)(I)(3)(c)(1).

¹⁸ "Infectious and communicable disease control activities shall be reviewed and discussed in the quarterly administrative meetings as described in Section V.DD of this detention standard." *See* ICE PBNDS 2011 (2013 Errata), Standard, Medical Care, Section (V)(C)(1).

¹⁹ "Each facility shall have a sick call procedure that allows detainees the unrestricted opportunity to freely request health care services (including mental health and dental services) provided by a physician or other qualified medical staff in a clinical setting. This procedure shall include: ...

4. an established procedure shall be in place at all facilities to ensure that all sick call requests are received and triaged by appropriate medical personnel within 24 hours after a detainee submits the request."

See ICE PBNDS 2011 (2013 Errata), Standard, Medical Care, Section (V)(Q)(4).

²⁰ "All written sick call requests shall be date and time stamped and filed in the detainee's medical record." *See* ICE PBNDS 2011 (2013 Errata), Standard, Medical Care, Section (V)(Q)(4).

ODO reviewed 20 detainee medical treatment refusal forms and found 9 out of 20 refusal forms did not contain a signature from the detainee nor notation of refusal to sign by medical staff, indicating medical staff made reasonable efforts to explain to the detainee the necessity for and propriety of the recommended treatment (MC-244²¹).

ODO reviewed 20 detainee medical treatment refusal forms and found 9 out of 20 refusal forms did not contain a signature from the detainee nor notation of refusal to sign by medical staff, indicating the detainee was provided the opportunity to ask medical personnel questions regarding the treatment (MC-245²²).

ODO reviewed 20 detainee medical treatment refusal forms and found 9 out of 20 refusal forms did not contain a signature from the detainee nor notation of refusal to sign by medical staff, indicating the medical staff explained the medical risks of declining treatment (MC-246²³).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSH&SP&I)

ODO reviewed the facility's SSH&SP&I program and photographs of the facility's isolation room and found a damaged concrete block and mortar with loose particles or sharp edges that could facilitate a suicide attempt (SSH&SP&I-36²⁴).

JUSTICE

LAW LIBRARIES AND LEGAL MATERIAL (LL&LM)

ODO reviewed the facility's LL&LM program and found the facility's detainee handbook does not provide detainees with the procedures for notifying a designated employee that library materials are missing, out of date, or damaged (LL&LM-23²⁵).

ODO reviewed the facility's LL&LM program and found the facility's detainee handbook does not provide detainees the scheduled hours of access to the law library, nor the procedure for notifying a designated employee that library material is missing or damaged (LL&LM-71²⁶).

²¹ "If the detainee refuses to consent to treatment, medical staff shall make reasonable efforts to explain to the detainee the necessity for and propriety of the recommended treatment." *See* ICE PBNDS 2011 (2013 Errata), Standard, Medical Care, Section (V)(X)(7).

²² "Medical staff shall ensure that the detainee's questions regarding the treatment are answered by appropriate medical personnel." *See* ICE PBNDS 2011 (2013 Errata), Standard, Medical Care, Section (V)(X)(8).

²³ "Medical staff shall explain the medical risks if treatment is declined and shall document their treatment efforts and refusal of treatment in the detainee's medical record." *See* ICE PBNDS 2011 (2013 Errata), Standard, Medical Care, Section (V)(X)(9).

²⁴ "The isolation room must be suicide resistant, which requires that it be free of objects and structural elements that could facilitate a suicide attempt." *See* ICE PBNDS 2011 (2013 Errata), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

²⁵ "2. Updating and Replacing Legal Materials ...

The detainee handbook shall also provide detainees with information regarding the procedure for notifying a designated employee that library material is missing, out of date, or damaged." *See* ICE PBNDS 2011 (2013 Errata), Standard, Law Libraries and Legal Material, Section (V)(E)(2).

²⁶ "The detainee handbook or supplement shall provide detainees the rules and procedures governing access to legal

OTHER STANDARDS INSPECTED

PBNDS 2011 (REVISED 2016) DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIAA)

ODO reviewed the facility's DIAA program and found the facility does not complete an initial re-assessment of approved accommodations within 30 days of the original assessment, which ODO cited as an **Area of Concern (DIAA-49²⁷)**.

ODO reviewed the facility's DIAA program and found the facility does not complete subsequent periodic reassessments of approved accommodations at a minimum of every 90 days, which ODO cited as an **Area of Concern (DIAA-51²⁸)**.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 (2013 Errata), 1 standard under PBNDS 2011 (Revised 2016), and found the facility in compliance with 11 of those standards. ODO found 20 deficiencies in the remaining 8 standards. ODO noted two **Areas of Concern** within the DIAA standard regarding completing the initial and subsequent periodic reassessments within the proper timeframe. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 (PBNDS 2011) (Revised 2016)	FY 2021 (PBNDS 2011) (2013 Errata)/ (PBNDS 2011) (Revised 2016)
Standards Reviewed	19	18/1
Deficient Standards	15	8
Overall Number of Deficiencies	49	20
Repeat Deficiencies	0	0
Areas of Concern	0	2
Corrective Actions	7	0

materials, including the following information: ...

2. the scheduled hours of access to the law library; ...

6. the procedure for notifying a designated employee that library material is missing or damaged;"

See ICE PBNDS 2011 (2013 Errata), Standard Law Libraries and Legal Material, Section (V)(N)(2) and (6).

²⁷ "An initial re-assessment of approved accommodations must be completed within 30 days of the original assessment by the multidisciplinary team." *See* ICE PBNDS 2011 (2013 Errata), Standard, Disability Identification, Assessment, and Accommodation, Section (V)(F)(4)(f).

²⁸ "Subsequent periodic reassessments of approved accommodations shall take place at a minimum every 90 days thereafter, unless requested sooner by the detainee." *See* ICE PBNDS 2011 (2013 Errata), Standard, Disability Identification, Assessment, and Accommodation, Section (V)(F)(4)(f).