



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

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

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

**Winn Correctional Center
Winnfield, Louisiana**

August 17-19, 2021

FOLLOW-UP COMPLIANCE INSPECTION
of the
WINN CORRECTIONAL CENTER
Winnfield, Louisiana

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Acting Team Lead	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
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[REDACTED]	Contractor	Creative Corrections
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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a follow-up compliance inspection of the Winn Correctional Center (WCC) in Winnfield, Louisiana, from August 17 to 19, 2021.¹ This inspection focused on the standards found deficient during ODO’s last inspection of WCC from March 15 to 19, 2021. The facility opened in 1990 and is owned and 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 in New Orleans (ERO New Orleans). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (2013 Errata).

ERO has assigned deportation officers to the facility. A WCC warden handles daily facility operations and manages █████ support personnel. Correct Commissary provides food services and commissary services, and LaSalle Management provides medical care at the facility. The facility does not hold any national accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	████
Average ICE Detainee Population ³	████
Male Detainee Population (as of August 17, 2021)	████
Female Detainee Population (as of August 17, 2021)	████

During its last inspection, in Fiscal Year (FY) 2021, ODO found 20 deficiencies in the following areas: Environmental Health and Safety (1); Funds and Personal Property (2); Law Libraries and Legal Material (2); Medical Care (6); Sexual Abuse and Assault Prevention and Intervention (3); Significant Self-harm and Suicide Prevention and Intervention (1); Staff-Detainee Communication (4); Use of Force and Restraints (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 Data Source: ERO Facility List Report as of August 16, 2021.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, and where detainees are housed for longer than 72 hours, to assess compliance with ICE National Detention Standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's UCAP, and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

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

PBNDs 2011 (2013 Errata) Standards Inspected ⁴	Deficiencies
Part 1 – Safety	
Emergency Plans	0
Environmental Health and Safety	4
Sub-Total	4
Part 2 – Security	
Admission and Release	1
Custody Classification System	0
Funds and Personal Property	0
Post Orders	4
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	2
Use of Force and Restraints	0
Sub-Total	7
Part 4 – Care	
Food Service	12
Hunger Strikes	0
Medical Care	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	12
Part 5 – Justice	
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	23

⁴ For greater detail on ODO's findings, see the *Follow-Up Compliance Inspection Findings* section of this report.

DETAINEE RELATIONS

ODO interviewed 32 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Three detainees exhibited signs of mental health issues during the interviews and ODO immediately referred them to ERO and facility medical staff for follow-up. Most detainees reported satisfaction with facility services except for the concerns listed below.

Medical Care: A detainee stated his concern over the long wait for a doctor's evaluation for an operation to release fluids from his neck. The detainee also stated he was depressed due to the denial of justice over his deportation case.

- Action Taken: ODO reviewed the detainee's medical record, interviewed the facility's medical staff, and found the detainee submitted a medical request on June 26, 2021. On June 27, 2021, the medical staff reviewed the medical request. On June 29, 2021, medical staff evaluated the detainee, diagnosed him with a neck abscess, and prescribed oral antibiotics for 10 days. On August 13, 2021, the detainee submitted another medical request for a bump on his neck, a sty on his left eye, and a fungal infection on his feet. On August 15, 2021, medical staff evaluated the detainee and prescribed Bactrim cream, anti-fungal cream, and a warm compress.

During the detainee interview, the detainee also expressed feelings of depression because he felt he did not get justice in his deportation case. ODO notified ERO and facility staff, who escorted the detainee to the medical department for a mental health evaluation. On August 18, 2021, a mental health professional evaluated the detainee. The detainee denied the need for medication or other mental health treatments and requested to resolve the depression by his own means of taking walks. Medical staff informed the detainee to notify staff of any ideations of self-harm or ideations about harming others. The detainee verbalized understanding, and medical staff allowed him to return to his housing unit.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO observed the facility's detainee housing areas and found the facility does not have an adequate number of sinks, urinals, toilets, nor showers (**Deficiency EHS-1⁵**). **This is a repeat deficiency.**

ODO inspected outside doors and found no door sweeps for two outside doors in the food service

⁵ "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).

area and one outside door in the laundry area (**Deficiency EHS-23⁶**).

ODO reviewed ■ fire drill reports and found in ■ reports the facility did not utilize the emergency keys drawn to unlock the emergency exit doors not in daily use (**Deficiency EHS-112⁷**).

ODO reviewed posted sanitation regulations in the barber shop and found the facility did not prohibit the common use of brushes, neck dusters, shaving mugs and shaving brushes (**Deficiency EHS-215⁸**).

ODO inspected the facility's detainee shower areas and found multiple showers requiring significant repair. Specifically, ODO observed shower privacy screens dislodged from wall mount brackets, detached faucet handles, and substantial amounts of rust in-and-around the shower entrance areas. ODO interviewed the fire safety manager and found he initiated maintenance work orders to facilitate the repairs; however, repairs remained pending during this onsite inspection. ODO noted this as an **Area of Concern**.

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed ■ detainee detention files and found ■ files lacked Orders to Detain (Form I-203) signed by an ERO authorizing official and another ■ detention files lacked a Form I-203 altogether (**Deficiency AR-54⁹**).

POST ORDERS (PO)

ODO reviewed the facility's post orders and acknowledgement sheets and found facility officers do not consistently acknowledge the post orders before assuming a post (**Deficiency PO-6¹⁰**).

ODO reviewed the facility's post orders and acknowledgement sheets and found facility supervisors do not consistently ensure facility officers understand and acknowledge the post orders (**Deficiency PO-7¹¹**).

ODO reviewed the facility's Armed and Perimeter Access post order and found the post order did not describe nor explain the proper care and safe handling of firearms nor the circumstances and

⁶ "Doors to the outside should be tight fitting and door sweeps should be installed to prevent the entry of vermin from outside." See ICE PBNDS 2011 (2103 Errata), Standard, Environmental Health and Safety, Section (V)(A)(4).

⁷ "Emergency keys shall be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use." See ICE PBNDS 2011 (2013 Errata), Standard, Environmental Health and Safety, Section (V)(C)(4)(c).

⁸ "The common use of brushes, neck dusters, shaving mugs and shaving brushes is prohibited." See ICE PBNDS 2011 (2013 Errata) Standard, Environmental Health and Safety, Section (V)(E)(4).

⁹ "An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee." See ICE PBNDS 2011 (2013 Errata), Standard, Admission and Release, Section (V)(E).

¹⁰ "Even in the event that an officer has worked a post in the past, he/she shall assume the post orders have changed, and shall be required to read and comprehend all Post Order documents upon assuming their posts." See ICE PBNDS 2011 (2013 Errata), Standard, Post Orders, Section (V)(B).

¹¹ "Supervisors shall ensure that officers understand the post orders, regardless of whether the assignment is temporary, permanent, or due to an emergency." See ICE PBNDS 2011 (2013 Errata), Standard, Post Orders, Section (V)(B).

conditions under which the facility authorizes the use of firearms (**Deficiency PO-14¹²**).

ODO reviewed [REDACTED] post orders and found [REDACTED] post order folders in need of repair (**Deficiency PO-22¹³**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the facility's local detainee handbook and found it does not include the contact information for ERO New Orleans nor the scheduled hours and days detainees may contact ERO New Orleans staff (**Deficiency SDC-3¹⁴**). **This is a repeat deficiency.**

ODO reviewed [REDACTED] detainee requests and found in [REDACTED] requests, ERO New Orleans staff did not respond to requests within 3 business days of receipt (**Deficiency SDC-16¹⁵**). **This is a repeat deficiency.**

CARE

FOOD SERVICE (FS)

ODO reviewed the contents of the sack meals provided to detainees and found the sacks did not include a fruit item (**Deficiency FS-287¹⁶**).

ODO observed four outside door openings and found three out of the four door openings did not have functional controlled air curtains (**Deficiency FS-326¹⁷**).

ODO interviewed the food service administrator (FSA) and found the facility did not develop a schedule for the routine cleaning of equipment (**Deficiency FS-331¹⁸**).

ODO observed four outside door openings and found three out of the four door openings did not

¹² “In addition to the above requirements for all post orders, post orders for armed and perimeter-access posts assignment shall describe and explain:

1. the proper care and safe handling of firearms; and
2. circumstances and conditions under which use of firearms is authorized.” *See* ICE PBNDS 2011 (2013 Errata), Standard, Post Orders, Section (V)(F)(1-2).

¹³ “Post Orders shall be kept current at all times. Post orders shall be formally reviewed annually, at a minimum, and updated as needed. Should staff members become aware that any part of a folder containing post orders is out of date, or in need of repair or replacement, they shall immediately notify the shift supervisor.” *See* ICE PBNDS 2011 (2013 Errata), Standard, Post Orders, Section (V)(G).

¹⁴ “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).

¹⁵ “In facilities with ICE/ERO Onsite Presence: 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).

¹⁶ “In addition, each sack shall include:

- 1) one piece of fresh fruit, or properly packaged canned fruit (or paper cup with lid), complete with a plastic spoon.” *See* ICE PBNDS 2011 (2013 Errata), Standard, Food Service, Section (V)(I)(6)(c)(1).

¹⁷ “Outside openings shall be protected by tight-fitting screens, windows, controlled air curtains and self-closing doors.” *See* ICE PBNDS 2011 (2013 Errata), Standard, Food Service, Section (V)(J)(5)(k).

¹⁸ “The FSA shall develop a schedule for the routine cleaning of equipment.” *See* ICE PBNDS 2011 (2013 Errata), Standard, Food Service, Section (V)(J)(6).

have functional controlled air curtains (**Deficiency FS-387¹⁹**).

ODO inspected the food service department and found electrical outlets in the food service department lacked ground fault protection (**Deficiency FS-403²⁰**).

ODO inspected the hood systems installed over cooking equipment and found the facility cleaned the hood systems after each use; however, the facility did not remove the filters in the hood systems nor clean the filters after each use (**Deficiency FS-409²¹**).

ODO observed the FSA did not post a cleaning schedule in each food service area (**Deficiency FS-423²²**).

ODO observed the FSA did not group all areas and equipment for cleaning by frequency (**Deficiency FS-424²³**).

ODO inspected coolers and freezers and found the interior release mechanism did not disengage the safety locks and provide egress (**Deficiency FS-457²⁴**), (**Deficiency FS-458²⁵**) and (**Deficiency FS-459²⁶**).

ODO reviewed the food service departments monthly inspection reports for May, June, and July 2021, and found in all three reports, the FSA and the safety manager did not review the refrigerators and freezers for proper operation of the interior release mechanisms (**Deficiency FS-460²⁷**).

¹⁹ “To protect against insects and other pests, air curtains or comparable devices shall be used on outside doors where food is prepared, stored or served.” See ICE PBNDS 2011 (2013 Errata), Standard, Food Service, Section (V)(J)(10).

²⁰ “Machines shall be guarded in compliance with OSHA standards:

5) The maintenance manager shall provide ground fault protection wherever needed in the food service department, and shall document this protection for the FSA.” See ICE PBNDS 2011 (2013 Errata), Standard, Food Service, Section (V)(J)(12)(c)(5).

²¹ “Hood systems shall be cleaned after each use to prevent grease build-up, which constitutes a fire risk.” See ICE PBNDS 2011 (2013 Errata), Standard, Food Service, Section (V)(J)(12)(g).

²² “The FSA shall develop a cleaning schedule for each food service area and post it for easy reference.” See ICE PBNDS 2011 (2013 Errata), Standard, Food Service, Section (V)(J)(13).

²³ “All areas (e.g., walls, windows, vent hoods) and equipment (e.g., chairs, tables, fryers, ovens) shall be grouped by frequency of cleaning (e.g., after every use, daily, weekly, monthly, semiannually or annually).” See ICE PBNDS 2011 (2013 Errata), Standard, Food Service, Section (V)(J)(13).

²⁴ “Walk-in boxes shall be equipped with safety locks that require no more than 15 pounds of pressure to open easily from the inside.” See ICE PBNDS 2011 (2013 Errata), Standard, Food Service, Section (V)(K)(8).

²⁵ “If latches and locks are incorporated in the door’s design and operation, the interior release mechanism must open the door with the same amount of pressure even when locks or bars are in place.” See ICE PBNDS 2011 (2013 Errata), Standard, Food Service, Section (V)(K)(8).

²⁶ “Whether new or used, the inside lever of a hasp-type lock must be able to disengage locking devices and provide egress.” See ICE PBNDS 2011 (2013 Errata), Standard, Food Service, Section (V)(K)(8).

²⁷ “The FSA, along with the Safety Manager, shall review the walk-in freezer(s) and refrigerator(s) to ensure that they operate properly.” See ICE PBNDS 2011 (2013 Errata), Standard, Food Service, Section (V)(K)(8).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 15 standards under PBNS 2011 (2013 Errata) and found the facility in compliance with 10 of those standards. ODO found 23 deficiencies in the remaining 5 standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO New Orleans work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the uniform corrective action plan for ODO's last inspection of WCC in March 2021.

Compliance Inspection Results Compared	First FY 2021 (PBNS 2011) (2013 Errata) (PBNS 2011) (Revised 2016)	Second FY 2021 (PBNS 2011) (2013 Errata)
Standards Reviewed	18/1	15
Deficient Standards	8	5
Overall Number of Deficiencies	20	23
Repeat Deficiencies	0	3
Areas of Concern	2	1
Corrective Actions	0	0