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U.S. Immigration and Customs Enforcement  
Office of Professional Responsibility  
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Washington, DC 20536-5501

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Office of Detention Oversight  
Compliance Inspection

Enforcement and Removal Operations  
ERO New Orleans Field Office

Winn Correctional Center  
Winnfield, Louisiana

February 4-6, 2020

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

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## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
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Inspections and Compliance Specialist	ODO
Section Chief	ODO
Contractor	Creative Corrections

## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Winn Correctional Center (WCC) in Winnfield, Louisiana, from February 4 to 6, 2020.<sup>1</sup> The facility opened in 1990 and is owned by the Louisiana Department of Corrections and operated by LaSalle Corrections. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at WCC in May 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 (Revised 2016).

ERO has assigned deportation officers and a detention services manager to the facility. A LaSalle Corrections warden handles daily facility operations and is supported by [REDACTED] personnel. LaSalle Corrections provides food services and medical care, and Correct Commissary, LLC provides commissary services at the facility. The facility is accredited by the American Correctional Association (ACA) and the National Commission on Correctional Health Care.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	1900
Average ICE Detainee Population <sup>3</sup>	1346
Male Detainee Population (as of 2/4/2020)	1059
Female Detainee Population (as of 4/2/2020)	N/A

This was ODO's first inspection of WCC.

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

<sup>2</sup> Data Source: ERO Facility List Report as of February 3, 2020.

<sup>3</sup> *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.<sup>4</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components,” which are considered critical to facility security and the legal and civil rights of detainees. 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.

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

## FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES

PBNDS 2011 Standards Inspected <sup>5</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	2
<b>Sub-Total</b>	<b>2</b>
<b>Part 2 – Security</b>	
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
<b>Sub-Total</b>	<b>27</b>
<b>Part 4 – Care</b>	
Food Service	3
Medical Care	10
Personal Hygiene <sup>6</sup>	1
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	1
<b>Sub-Total</b>	<b>15</b>
<b>Part 5 – Activities</b>	
Recreation	0
Religious Practices	1
Telephone Access	3
Visitation	0
<b>Sub-Total</b>	<b>4</b>
<b>Part 6 – Justice</b>	
Grievance System	1
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>1</b>
<b>Total Deficiencies</b>	<b>49</b>

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

<sup>6</sup> The deficiency cited under the Personal Hygiene standard was identified while reviewing the Environmental Health and Safety standard. The Personal Hygiene Standard was not reviewed in its entirety but is counted in the total number of standards reviewed in the report’s conclusion and associated table.

## DETAINEE RELATIONS

ODO interviewed 32 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services except for the concerns listed below.

*Medical Care:* One detainee stated he was told to wait for six months before he could see a dentist.

- Action Taken: ODO reviewed the detainee's medical file and found that he complained about dental issues on September 27, 2019, and was prescribed Ibuprofen for 10 days. On October 28, 2019, the detainee had an appointment with the dentist and was prescribed antibiotics for cavities for seven days. On December 28, 2019, the detainee complained about cavities and was referred to a dentist. On January 4, 2020, the detainee was seen by the dentist again and prescribed additional medication for pain.

*Medical Care:* One detainee stated he is transgender and was not eating due to being depressed.

- Action Taken: ODO spoke with facility medical staff and reviewed the detainee's medical file, which showed the detainee was seen on January 16, 2020, for depression by a nurse practitioner. The detainee was treated and released with no issues. He continues to be regularly monitored for his depression in the chronic care clinic.

*Medical Care:* One detainee complained he was not being provided an alternate diet for his medical condition.

- Action Taken: ODO spoke with medical staff and reviewed the detainee's medical file, which showed the detainee is diabetic and hypertensive. The detainee's last chronic care visit with a nurse practitioner was on September 5, 2019. The detainee's medication was active, and he was receiving it on time. The detainee was also on a low sodium diet for his medical condition.

*Medical Care:* One detainee complained he has consistently high blood pressure and has not been provided with medication or a special diet.

- Action Taken: ODO spoke with medical staff and reviewed the detainee's medical file, which showed that the detainee had not been regularly monitored in the chronic care clinic, and his blood pressure had been unstable. The detainee's medical file showed he is on hypertension medication and the medication amount had been adjusted by medical staff as needed. The detainee was placed on a low sodium on September 5, 2019.

*Medical Service:* One detainee stated he has a growth on his left ear that is heavy and uncomfortable. According to the detainee, medical visits were scheduled for removal of the growth on January 10, 2020, and January 27, 2020. However, both appointments were canceled, and no new dates were provided.

- Action Taken: ODO reviewed the detainee's medical file and found that the detainee does have a keloid on his left ear and removal was scheduled for January 10, 2020, and

January 27, 2020. However, both medical visits were canceled for to an unknown reason. Although the detainee had been advised on February 10, 2020, that he was already scheduled for another removal appointment, the facility did not convey this to the detainee due to transportation security concerns.

*Religious Practices:* One detainee stated the facility does not have an Arabic Quran and that he needs a Halal diet.

- Action Taken: ODO spoke with the facility chaplain and reviewed the facility food service. ODO found that the chaplain had loaned all the facility's Arabic Qurans to other detainees. The facility chaplain stated he would obtain more Qurans in Arabic for detainee use. The detainee was also aware of the shortage of Qurans and was sharing with another detainee. Prior to engaging with ODO, the detainee was provided the common fare diet as an acceptable substitute for a Halal diet.

*Sexual Abuse and Assault Prevention and Intervention:* One transgender detainee alleged that when outside of his housing unit, on his way to meals or recreation, other detainees (housed in different housing buildings) would make insulting or derogatory comments. The detainee indicated he was not subject to such comments within his housing unit and did not feel physically threatened or concerned for his safety.

- Action Taken: ODO notified the facility Prison Rape Elimination Act (PREA) compliance manager, who is aware of this as a general issue and takes it into account when placing transgender detainees in specific housing buildings. He indicated staff have been attempting to minimize hallway contact between detainees of different housing units but that completely stopping all talking/yelling is not always feasible.

*Sexual Abuse and Assault Prevention and Intervention:* One transgender detainee alleged that in November 2019, an unnamed detainee threatened to use an object to penetrate the transgender detainee's anus. The transgender detainee stated he got in a physical altercation with the other detainee over the threat.

- Action Taken: Although the detainee did not initially report the threat as a PREA incident, ODO immediately referred the allegation to the facility PREA compliance manager. The detainee stated he felt comfortable returning to the dorm and did not need any medical evaluation as the other detainee was not housed in the same dorm. The detainee was already seeing mental health personnel on a regular basis for other mental health issues. ODO reviewed the incident report from the fight and discovered that the transgender detainee only recorded on the statement that the other detainee had "threatened them" but made no reference to the nature of the threat, thus the initial allegation was not referred to the PREA compliance manager. In light of the information provided by ODO, the facility reported the PREA allegation to ERO.

# COMPLIANCE INSPECTION FINDINGS

## SAFETY

### ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO observed the exit door in one housing unit was completely rusted through at the bottom (**Deficiency EH&S-1<sup>7</sup>**).

ODO found the exit doors in the general housing unit tiers have been removed and replaced with a steel panel that does not open; therefore, each tier has only one designated exit (**Deficiency EH&S-2<sup>8</sup>**).

## SECURITY

### ADMISSION AND RELEASE (A&R)

Through observation and staff interviews, ODO confirmed the facility routinely uses detainees as interpreters during the admissions process, and staff were unaware of the facility's telecommunication device for deaf persons (**Deficiency A&R-1<sup>9</sup>**).

ODO reviewed 26 detainee files and found criminal history and classification documents are available at intake and that detainee files typically include the Record of Deportable/Inadmissible Alien (Form I-213). However, of the 26 files reviewed, 4 were missing the Form I-213, 3 were missing ERO signatures on the Form I-213, and 1 had a Form I-213 that was addressed to another facility (**Deficiency A&R-2<sup>10</sup>**).

ODO observed the facility's orientation video and confirmed WCC does not have a facility-

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<sup>7</sup> "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, Standard, Environmental Health and Safety, Section (V)(A)(4). **This is a Priority Component.**

<sup>8</sup> "Every facility shall comply with standards and regulations issued by:

- a. OSHA;
- b. the American Correctional Association 'mandatory' Expected Practices [Mandatory ACA Expected Practice 4-ALDF-1C-07 requires that the facility conform to applicable federal, state and/or local fire safety codes, and that of the authority having jurisdiction over document compliance....]; ....

In addition, construction shall comply with the latest edition of the National Fire Protection Association (NFPA)'s 101, Life Safety Code and National Fire Codes (NFCs)."

See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(C)(1)(a)(b); see also NFPA 101, Life Safety Code, Section 7.5.1.1.2, which states, "Exit access corridors shall provide access to not less than two approved exits, unless otherwise provided in 7.5.1.1.3 and 7.5.1.1.4."

<sup>9</sup> "The facility will also provide detainees who are LEP with language assistance, including bilingual staff or professional interpretation and translation services, to provide them with meaningful access to its programs and activities." See ICE PBNDS 2011, Standard, Admission and Release, Section II.

<sup>10</sup> "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, Standard, Admission and Release, Section (V)(E). **This is a Priority Component.**

specific video (**Deficiency A&R-3<sup>11</sup>**).

ODO reviewed 26 detainee files and found that detainees signed and acknowledged orientation video forms prior to watching the video. ODO cites this practice as an **Area of Concern**.

ODO reviewed six detainee files for detainees who had been released and found that four did not have an Order to Release (Form I-203a) (**Deficiency A&R-4<sup>12</sup>**).

ODO's interview with the WCC business manager confirmed funds for detainees released after hours were left unsecured in the control center. The clear, sealed bag with detainee funds were placed on the counter in the control center, and no documentation was maintained reflecting placement of the funds into or out of the control center. ODO cites this as an **Area of Concern**.

After interviewing the ERO Supervisory Detention and Deportation Officer, ODO confirmed that, upon release, detainees or their family are required to pay for transportation to local bus stations, and detainees are not given a list of legal, medical, social, or shelter services (**Deficiency A&R-5<sup>13</sup>**).

ODO observed that showers are not available in the processing areas for incoming detainees. Providing detainees, the opportunity to shower prior to entering their respective housing units facilitates high standards of personal hygiene and helps prevent the spread of communicable diseases and other unhealthy conditions within housing units. ODO cites the absence of showers in processing areas as an **Area of Concern**.

ODO's review of detainee detention files and interviews with the laundry supervisor and property room supervisor, confirmed the facility does not document issuance of clothing, bedding, or hygiene items to verify proper issuance. ODO cites this as an **Area of Concern**.

## **CUSTODY CLASSIFICATION SYSTEM (CCS)**

ODO's review of detainee files determined 26 out of 26 files did not reflect that supervisory

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<sup>11</sup> "Facility administrators at non-dedicated facilities shall, to the extent practicable, produce an orientation video as described above and screen it for all detainees. Facility administrators at non-dedicated facilities shall screen for all detainees any orientation video provided to them by ICE/ERO." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(F). **This is a Priority Component.**

<sup>12</sup> "A detainee's out-processing begins when release processing staff receive the Form I-203, 'Order to Detain or Release,' signed by an authorizing official." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(H)(1). **This is a Priority Component.**

<sup>13</sup> "Facilities that are not within a reasonable walking distance of, or that are more than one mile from, public transportation shall transport detainees to local bus/train/subway stations prior to the time the last bus/train leaves such stations for the day. If public transportation is within walking distance of the detention facility, detainees shall be provided with an information sheet that gives directions to and describes the types of transportation services available. However, facilities must provide transportation for any detainee who is not reasonably able to walk to public transportation due to age, disability, illness, mental health or other vulnerability, or as a result of weather or other environmental conditions at the time of release that may endanger the health or safety of the detainee. Detainees will be provided with a list of legal, medical, and social services that are available in the release community, and a list of shelter services available in the immediate area along with directions to each shelter. Detainees will be released with one set of non-institutionalized, weather-appropriate clothing." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(I). **This is a Priority Component.**

reviews of classifications were conducted (**Deficiency CCS-1<sup>14</sup>**).

ODO's review of 25 detainee files found 20 detainees were not timely reclassified. Five detainees who were released from disciplinary segregation required special classification but did not receive it. Additionally, there were 12 detainees at the facility long enough to require a second reclassification, but none were completed (**Deficiency CCS-2<sup>15</sup>**).

ODO's review of housing unit rosters found one medium-high detainee with a history of assault on a correctional officer at the facility was housed with low and medium-low detainees (**Deficiency CCS-3<sup>16</sup>**).

*Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by moving the detainee to an appropriate housing unit commensurate with his classification level (**C-1**).

ODO's review of the detainee handbook found it informs detainees of their rights to appeal classification and the appeal process. However, it does not explain the classification levels with the restrictions and conditions applicable to each classification level (**Deficiency CCS-4<sup>17</sup>**).

## **FUNDS AND PERSONAL PROPERTY (F&PP)**

ODO's review of the detainee handbook confirmed it informs detainees of how to file a claim for lost, damaged, or stolen property. However, it does not include notification to detainees that they may request an ERO-certified copy of identification documents, rules for storing/mailing unauthorized property, and how to access funds to pay for legal services (**Deficiency F&PP-1<sup>18</sup>**).

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<sup>14</sup> "The designated classification supervisor or facility administrator designee shall review the intake processing officer's classification files for accuracy and completeness and ensure that each detainee is assigned to the appropriate housing unit." See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(E).

<sup>15</sup> "Staff shall record whether a classification process is being conducted for an initial classification or subsequent reclassification:

1. The first reclassification assessment shall be completed 60 to 90 days after the date of the initial classification.
2. Subsequent reclassification assessments shall be completed at 90- to 120-day intervals.
3. Special Reclassification Assessments: Staff shall complete a special reclassification within 24 hours before a detainee leaves the Special Management Unit (SMU), following an incident of abuse or victimization, and at any other time when warranted based upon the receipt of additional, relevant information, such as after a criminal act, or if a detainee wins a criminal appeal, is pardoned or new criminal information comes to light."

See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(H)(1)(2) and (3).

<sup>16</sup> "Ordinarily, detainees in different custody classification levels are housed separately. When it becomes necessary to house detainees of different classification levels in the same housing unit, the following guidelines shall apply: ...

5. Under no circumstance may a medium custody detainee with a history of assaultive or combative behavior be placed in a low custody housing unit."

See ICE PBNDS 2011, Custody Classification System, Section (V)(G)(5). **This is a Priority Component.**

<sup>17</sup> "The ICE Detainee Handbook standard section on classification shall include:

- An explanation of the classification levels, with the conditions and restrictions applicable to each."

See ICE PBNDS 2011, Custody Classification System, Section (V)(K).

<sup>18</sup> "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures related to personal property, including: ...

2. that, upon request, they shall be provided an ICE/ERO-certified copy of any identity document (e.g., passport, birth certificate), which shall then be placed in their A-files;

ODO's review of detainee files found that only one staff member signed the valuables receipt forms. Furthermore, 24 out of 26 files did not have intake receipts for valuables (**Deficiency F&PP-2<sup>19</sup>**).

ODO observed that inside the property room, property was not stored in a tamper-resistant manner (**Deficiency F&PP-3<sup>20</sup>**).

A review of inventory/audit forms for valuables confirmed the facility did not maintain documentation to clearly reflect the results of audits that all valuables and property were accounted for (**Deficiency F&PP-4<sup>21</sup>**).

The facility's policies list the procedures for lost/damaged property. However, interviews with the colonel, property room supervisor, and business manager confirm the facility has not identified staff responsible for the various tasks required in the standard, and ODO found that staff are not familiar with the procedures. ODO cites this as an **Area of Concern**.

### **SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)**

ODO noted the SAAPI policy does not outline how employees can report suspicions or observations of sexual abuse and assault through the chain of command, and the current policy is not available on the facility website (**Deficiency SAAPI-1<sup>22</sup>**).

*Corrective Action:* During the course of the inspection, the facility initiated corrective action by updating their policy to reflect how employees can report suspected or observed instances of sexual abuse through their chain of command and posting the policy on their website (**C-2**).

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3. the rules for storing or mailing property not allowed in their possession; ...

6. access to detainee personal funds to pay for legal services."

See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(C).

<sup>19</sup> "The Form G-589 or equivalent should be used to describe generally each item of value. The officers should then record the issuance of this Form G-589 in the facility's Property Receipt Logbook or equivalent, place the valuables in a secured envelope, and deposit the envelope in the drop safe or similarly secured depository....Large valuables are items that do not fit into property envelopes, for example, televisions or musical instruments. The Form G-589 or equivalent should be used to describe generally each item of value. The officers should then record the issuance of this Form G-589 in the facility's Property Receipt Logbook or equivalent, tag the large valuable with a copy of the Form G-589 and a Baggage Check (Form I-77), and secure the item(s) in the designated storage area." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(G)(2)(3).

<sup>20</sup> "All detainee luggage and facility containers used for storing detainee personal property shall be secured in a tamper-resistant manner and shall only be opened in the presence of the detainee." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(I).

<sup>21</sup> "The facility's inventory audit shall indicate the inventory's date and time, and the name of the officer(s) conducting the inventory. Any discrepancies shall be reported immediately to the facility administrator." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(J).

<sup>22</sup> "Each facility shall have written policy and procedures for a Sexual Abuse or Assault Prevention and Intervention Program. This policy must mandate zero tolerance toward all forms of sexual abuse or assault, outline the facility's approach to preventing, detecting, and responding to such conduct and include, at a minimum: ...procedures for immediate reporting of sexual abuse allegations through the facility's chain of command, from the reporting official to the highest facility official as well as the Field Office Director....Each facility shall also post its protocols on its website." See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(A)(2)(a).

During interviews and a review of 25 detention files, ODO noted the facility does not document detainees who are at risk for sexual victimization or have higher potential for sexual predation. The facility also does not take steps to mitigate the chance of sexual assault by tracking the potential victims and potential predators or using such information to inform housing assignments (**Deficiency SA-API-2<sup>23</sup>**).

### **SPECIAL MANAGEMENT UNITS (SMU)**

ODO found that Administrative Segregation (AS) orders for detainees involved in an organized protest were kept in a separate incident file, not in the respective detention files for each detainee as required by the standard (**Deficiency SMU-1<sup>24</sup>**).

*Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action by placing segregation orders in each detainee file (**C-3**).

ODO interviewed the chief of security and SMU officer in charge and found that all detainees are routinely placed in [REDACTED] whenever they are removed from their cells, without documentation to support the use of [REDACTED] for detainees requiring greater security (**Deficiency SMU-2<sup>25</sup>**).

ODO's review of 24 SMU files for detainees who had been previously assigned to SMU for more than 14 days found that 3 of the files did not contain all of the Special Management Housing Unit Records (Form I-888) for every day the detainee was in AS or Disciplinary Segregation, to confirm detainees were being personally observed at least every 30 minutes on an irregular basis (**Deficiency SMU-3<sup>26</sup>**).

### **STAFF-DETAINEE COMMUNICATION (SDC)**

ODO reviewed each housing pod's ERO sign-in log and compared entries against the posted staff-detainee communication visit schedules. ERO staff conduct weekly scheduled [REDACTED] at the facility. The days and times for scheduled visits are posted in all housing units, but the local supplement to the detainee handbook does not have the contact information for the local

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<sup>23</sup> "In accordance with standards '2.1 Admission and Release' and '2.2 Custody Classification System,' the facility shall assess all detainees on intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house detainees to prevent sexual abuse, taking necessary steps to mitigate any such danger. The facility shall also use the information to inform assignment of detainees to recreation and other activities, and voluntary work." See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(I)(1).

<sup>24</sup> "When the detainee is released from the SMU, the releasing officer shall indicate the date and time of release on the administrative segregation order. The completed order shall then be forwarded to the Chief of Security for inclusion in the detainee's detention file." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(A)(2)(h).

<sup>25</sup> "Placement in an SMU does not constitute a valid basis for the use of restraints while in the SMU or during movement around the facility. Consistent with Standard 2.15, restraints should only be used if necessary, as a precaution against escape during transfer, for medical reasons (when directed by the medical officer), or to prevent self-injury, injury to others, or serious property damage." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(E).

<sup>26</sup> "Detainees in SMU shall be personally observed and logged at least every [REDACTED] minutes on an [REDACTED]. For cases that warrant increased observation, the SMU personnel shall personally observe detainees accordingly. (See also standard '4.6 Significant Self-harm and Suicide Prevention and Intervention' and the 'Dry Cells' section in standard '2.10 Searches of Detainees.')" See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(M). **This is a Priority Component.**

ERO field office or the scheduled hours and days that ERO staff is available (**Deficiency SDC-1<sup>27</sup>**).

ODO reviewed the detainee request log and found requests are not responded to within 72 hours (**Deficiency SDC-2<sup>28</sup>**).

ODO reviewed postings in each housing unit and found U.S. Department of Homeland Security Office of Inspector General (OIG) posters were not present in all living areas (**Deficiency SDC-3<sup>29</sup>**).

*Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action by posting the OIG poster in all housing units (**C-4**).

## USE OF FORCE AND RESTRAINTS (UOF&R)

ODO's review of staff training records found that one staff member who deployed [REDACTED] during a calculated UOF incident did not have documentation of training and certification for use of [REDACTED] (**Deficiency UOF&R-1<sup>30</sup>**).

ODO reviewed documentation for five immediate UOF incidents and found in one incident, facility staff did not conduct an injury assessment of the detainee (**Deficiency UOF&R-2<sup>31</sup>**).

ODO reviewed the audio-visual recording for the one calculated UOF incident involving multiple detainees and found that it did not include detainee injury assessments (**Deficiency UOF&R-3<sup>32</sup>**); furthermore, staff involved in deployment of [REDACTED] were not dressed in protective gear (**Deficiency UOF&R-4<sup>33</sup>**).

ODO reviewed available UOF documentation and found one out of six files did not contain an

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<sup>27</sup> "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, Standard, Staff-Detainee Communication, Section (V)(A).

<sup>28</sup> "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, Standard, Staff-Detainee Communication, Section (V)(B)(1)(a).

<sup>29</sup> "The facility administrator shall ensure that posters are mounted in every housing unit and in appropriate common areas (e.g., recreation areas, dining areas, processing areas)." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(D)(3).

<sup>30</sup> "Any officer who is authorized to use an intermediate force device shall be specifically trained and certified to use that device." See ICE PBNDS, Standard, Use of Force and Restraints, Section (V)(D)(2). **This is a Priority Component.**

<sup>31</sup> "Upon gaining control of the detainee, staff shall seek the assistance of qualified health personnel to immediately:...

2. Examine the detainee and immediately treat any injuries. The medical services provided and diagnosed injuries shall be documented."

See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(H)(2).

<sup>32</sup> "Calculated use-of-force incidents shall be audio visually-recorded in the following order: ...

- e. Take close-ups of the detainee's body during a medical exam, focusing on the presence/absence of injuries. Staff injuries, if any, are to be described but not shown."

See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I)(2)(e). **This is a Priority Component.**

<sup>33</sup> "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, Standard, Use of Force and Restraints, Section (V)(I)(3)(c)(1).

after-action review report (**Deficiency UOF&R-5<sup>34</sup>**) and the remaining five after-action review reports were not dated, preventing ODO from being able to determine if reviews were completed in accordance with the standard's required time frames (**Deficiency UOF&R-6<sup>35</sup>**).

One handheld video/audio recording of a calculated UOF incident did not have a date and time stamp. The absence of date and time stamps on video recordings hinders the after-action review process and the ability to reconcile the recordings with associated documentation. ODO notes this as an **Area of Concern**.

## **CARE**

### **FOOD SERVICE (FS)**

Meals for one housing unit with detainees classified as medium-high and high, as well as for detainees in segregation, are prepared in the food service kitchen, placed into metal serving pans, and transported to the housing unit in a closed metal warmer for satellite feeding. Staff then set up a heated serving line and place meals in open plastic trays rather than on thermal compartment trays, as required by the standard (**Deficiency FS-1<sup>36</sup>**).

ODO observed all food service workers wearing hair restraints, beard guards, clean white uniforms, and rubber boots. However, safety shoes are not worn in the kitchen, which is a designated foot hazard area (**Deficiency FS-2<sup>37</sup>**).

ODO's inspection found the interior door release mechanism in one cooler and one freezer were broken and did not allow someone to open the door from the inside (**Deficiency FS-3<sup>38</sup>**).

### **MEDICAL CARE (MC)**

ODO's inspection found no evidence of patient education posters or pamphlets to provide

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<sup>34</sup> "All facilities shall have ICE/ERO-approved written procedures for after-action review of use of force incidents (immediate or calculated) and applications of restraints. The primary purpose of an after-action review is to assess the reasonableness of the actions taken and determine whether the force used was proportional to the detainee's actions." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(P)(1). **This is a Priority Component.**

<sup>35</sup> "The facility administrator, the assistant facility administrator, the Field Office Director's designee and the health services administrator (HSA) shall conduct the after-action review. This four-member after-action review team shall convene on the workday after the incident. The after-action review team shall gather relevant information, determine whether policy and procedures were followed, make recommendations for improvement, if any, and complete an after-action report to record the nature of its review and findings. The after-action report is due within two workdays of the detainee's release from restraints." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(P)(3).

<sup>36</sup> "Foods in the potentially hazardous category shall remain under refrigeration until cooking time and, after cooking, maintained at or above 140 F degrees. Hot foods must be placed in a heated serving line during tray assembly. Thermal bags and carts, refrigerated carts, thermal compartment trays, etc., shall be used for satellite meals." See ICE PBNDS 2011, Standard, Food Service, Section (V)(I)(1).

<sup>37</sup> "Safety shoes shall be worn in FSA-designated foot hazard areas." See ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(12)(c)(3).

<sup>38</sup> "Refrigeration units shall be kept under lock and key when not in use. Walk-in boxes shall be equipped with safety locks that require no more than 15 pounds of pressure to open easily from the inside. 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, Standard, Food Service, Section (V)(K)(8).

information to detainees, as required by the standard (**Deficiency MC-1<sup>39</sup>**).

ODO reviewed 40 medical charts and found the facility did not screen six detainees for tuberculosis within 12 hours of arrival at the facility (**Deficiency MC-2<sup>40</sup>**).

ODO reviewed 40 medical records and found no documentation that 14-day health assessments for four detainees were completed and that 11 health assessments were not completed within 14 days of arrival (**Deficiency MC-3<sup>41</sup>**). One assessment was conducted 47 days late, one was 14 days late, and nine were between one and six days late.

ODO reviewed 40 comprehensive health assessments and found that 10 were reviewed by Licensed Nurse Practitioners to assess priority of treatment, not by the clinical medical authority (CMA) (**Deficiency MC-4<sup>42</sup>**).

*Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action by having the CMA delegating this responsibility to the advanced practice providers via a memorandum (**C-5**).

ODO's review of documentation found three out of five detainees with a mental health referral did not receive a mental health evaluation within 72 hours of arrival (**Deficiency MC-5<sup>43</sup>**). Two were not seen at all and one was seen by a telepsychiatry provider six days after the referral.

A review of 20 sick call requests and related documentation verified that the detainees were triaged by nursing staff within 24 hours of receipt. However, five out of 20 sick call requests were not stamped with the date and time of receipt, and the urgency of assessment and/or referral

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<sup>39</sup> "Qualified health care personnel shall provide detainees health education and wellness information on topics including, but not limited to, the following:

1. dangers of self-medication;
2. personal and hand hygiene and dental care;
3. prevention of communicable diseases;
4. smoking cessation;
5. self-care for chronic conditions; and
6. benefits of physical fitness."

See ICE PBNDS 2011, Standard, Medical Care, Section (V)(V).

<sup>40</sup> "As indicated in this standard below in section 'J. Medical and Mental Health Screening of New Arrivals,' screening for TB is initiated at intake and in accordance with Center for Disease Control and Prevention (CDC) guidelines. All new arrivals shall receive TB screening within 12 hours of intake and in accordance with CDC guidelines ([www.cdc.gov/tb](http://www.cdc.gov/tb)).” See ICE PBNDS 2011, Standard, Medical Care, Section (V)(C)(2). **This is a Priority Component.**

<sup>41</sup> "Each facility's health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival, unless more immediate attention is required due to an acute or identifiable chronic condition. Physical examinations shall be performed by a physician, physician assistant, nurse practitioner, RN (with documented training provided by a physician) or other health care practitioner as permitted by law.” See ICE PBNDS 2011, Standard, Medical Care, Section (V)(M). **This is a Priority Component.**

<sup>42</sup> "The CMA shall be responsible for review of all comprehensive health assessments to assess the priority for treatment.” See ICE PBNDS 2011, Standard, Medical Care, Section (V)(M).

<sup>43</sup> "Any detainee referred for mental health treatment shall receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary. If the practitioner is not a mental health provider and further referral is necessary, the detainee will be evaluated by a mental health provider within the next business day. The provider shall develop an overall treatment/management plan.” See ICE PBNDS 2011, Standard, Medical Care, Section (V)(O)(4). **This is a Priority Component.**

were not specifically documented in any of the 20 cases (**Deficiency MC-6<sup>44</sup>**).

Medication distribution is scheduled three times per day in the HSU. Detainees present their identification card to the nurse, who verifies the information with the Medication Administration Record (MAR), distributes the medication, observes the detainee swallow, and initials the MAR. ODO's observation of medical distribution operations found it orderly, efficient, and confidential. However, ODO's review of 15 hard copy MARs found incomplete documentation of medication doses, with each page showing an average of six dosage boxes left blank (**Deficiency MC-7<sup>45</sup>**).

ODO reviewed the facility's refusal of treatment process and found it discouraged detainee receipt of medication. Specifically, medication administration records showed many detainees refused doses over a period of one to two months, and none of the (approximately 30) refusal forms reviewed included a detainee signature. ODO was advised by a registered nurse that if detainees do not approach pill line, it is considered a refusal, and rather than locate the detainee or provide the necessary patient education related to medical risks of refusal, the nurse and officer sign the refusal form without requesting signature from the detainee. This process results in numerous refusal forms for some detainees. Furthermore, detainees receive no patient education, nor is there provider notification, and/or determination of need for treatment changes as required by the standard (**Deficiency MC-8<sup>46</sup>**).

ODO reviewed 40 detainee medical records and found no documentation of dental screening for four detainees; additionally, 11 dental screenings were not completed within 14 days of arrival (**Deficiency MC-9<sup>47</sup>**). Directly coinciding with the initial comprehensive health assessments cited previously, one dental screening was conducted 47 days late, one was 14 days

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<sup>44</sup> "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. All written sick call requests shall be date and time stamped and filed in the detainee's medical record. Medical personnel shall review the request slips and determine when the detainee shall be seen based on acuity of the problem. In an urgent situation, the housing unit officer shall notify medical personnel immediately." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(S)(4). **This is a Priority Component.**

<sup>45</sup> "Distribution of medication (including over the counter) shall be performed in accordance with specific instructions and procedures established by the HSA in consultation with the CMA. Written records of all prescribed medication given to or refused by detainees shall be maintained." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(U).

<sup>46</sup> "Involuntary treatment is a decision made only by medical staff under strict legal restrictions. When a detainee refuses medical treatment, and the licensed healthcare provider determines that a medical emergency exists, the physician may authorize involuntary medical treatment. Prior to any contemplated action involving non-emergent involuntary medical treatment, respective ICE Office of Chief Counsel shall be consulted...."

7. 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.

8. Medical staff shall ensure that the detainee's questions regarding the treatment are answered by appropriate medical personnel.

9. 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. Detainees will be asked to sign a translated form that indicates that they have refused treatment.

10. The clinical medical authority and facility administrator shall look into refusals of treatment to ensure that such refusals are not the result of miscommunication or misunderstanding."

See ICE PBNDS 2011, Standard, Medical Care, Section (V)(AA)(7-10).

<sup>47</sup> "An initial dental screening shall be performed within 14 days of the detainee's arrival. The initial dental screening may be performed by a dentist or a properly trained qualified health provider." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(R). **This is a Priority Component.**

late, and nine were between one and six days late.

ODO reviewed 11 health records for detainees prescribed psychotropic medication and did not find a signed consent form for the medication and its side effects in any case (**Deficiency MC-10<sup>48</sup>**).

## **PERSONAL HYGIENE (PH)**

ODO toured each housing unit and found that, at the time of the inspection, detainees were housed in [REDACTED] housing units, each with [REDACTED]. [REDACTED] was equipped with two showers, two toilets, two wash basins, and one urinal. The number of detainees housed on each [REDACTED] therefore, there was not a sufficient number of showers, toilets, and wash basins to meet the industry standards (**Deficiency PH-1<sup>49</sup>**).

## **DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)**

ODO reviewed the ICE National Detainee Handbook and the facility's local supplement to the Detainee Handbook, toured the detainee housing units, and toured other common areas of the facility, including the medical area. ODO found the facility did not have postings notifying detainees about the facility's disability accommodations policy, and the facility handbook and orientation video did not notify detainees about reasonable accommodations or how to make such a request (**Deficiency DIA&A-1<sup>50</sup>**).

## **ACTIVITIES**

### **RELIGIOUS PRACTICES (RP)**

ODO reviewed the facility's religious procedures and found the chaplain managed and coordinated religious activities for detainees. However, facility staff did not document the

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<sup>48</sup> "Prior to administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication's side effects, shall be obtained." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(AA)(4).

<sup>49</sup> "Detainees shall be provided:

1. an adequate number of toilets, 24 hours per day, which can be used without staff assistance when detainees are confined to their cells or sleeping areas. ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees. For males, urinals may be substituted for up to one-half of the toilets. All housing units with three or more detainees must have at least two toilets.
2. an adequate number of washbasins with temperature controlled hot and cold running water 24 hours per day. ACA Expected Practice 4-ALDF-4B-08 requires one washbasin for every 12 detainees.
3. operable showers that are thermostatically controlled to temperatures between 100 and 120 F degrees, to ensure safety and promote hygienic practices. ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees."

See ICE PBNDS 2011, Standard, Personal Hygiene, Section (V)(E)(1-3).

<sup>50</sup> "The facility orientation program required by standard 2.1, 'Admission and Release,' and the detainee handbook required by standard 6.1, 'Detainee Handbook,' shall notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request. The facility will post other documents for detainee awareness in detainee living areas and in the medical unit, as requested by the local ICE/ERO Field Office." See ICE PBNDS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section (V)(J).

religious preference, or lack thereof, of newly arriving detainees (**Deficiency RP-1**<sup>51</sup>). The chaplain documented the religious preference only when notified by the detainee or another source of information.

## **TELEPHONE ACCESS (TA)**

ODO observed postings in each housing unit and found staff did not consistently post telephone rates in all housing units (**Deficiency TA-1**<sup>52</sup>).

*Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action by posting calling rates in each housing unit (**C-6**).

ODO interviewed facility staff and found that housing unit officers did not ensure each phone had a dial tone by testing the equipment or demonstrate that an individual could make calls using the free call platform (**Deficiency TA-2**<sup>53</sup>).

*Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action by creating personal identification numbers for staff members to make calls using the free call platform (**C-7**).

ODO observed signage on or near all telephones that provided detainees notice of monitored calls. However, ODO did not find any postings on or near the telephones with procedures for obtaining an unmonitored legal call (**Deficiency TA-3**<sup>54</sup>).

## **JUSTICE**

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

ODO reviewed the facility grievance log and found the facility did not forward logged grievances alleging staff misconduct to ICE/ERO in a timely manner, with a copy going to the ICE OPR Joint Intake Center and/or local OPR office for appropriate action (**Deficiency GS-1**<sup>55</sup>).

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<sup>51</sup> “Each detainee shall designate any religious preference, or none, during in processing.” See ICE PBNDS 2011, Standard, Religious Practices, Section (V)(B).

<sup>52</sup> “Facilities shall post a list of cards and calling rates in each housing unit.” See ICE PBNDS 2011, Standard, Telephone Access, Section (V)(A)(2).

<sup>53</sup> “After ensuring that each phone has a dial tone, when testing equipment the officers must be able to demonstrate that an individual has the ability to make calls using the free call platform.” See ICE PBNDS 2011, Standard, Telephone Access, Section (V)(A)(4)(a).

<sup>54</sup> “[A]t each monitored telephone, place a notice that states the following:

- a. that detainee calls are subject to monitoring; and
- b. the procedure for obtaining an unmonitored call to a court, a legal representative or for the purposes of obtaining legal representation.”

See ICE PBNDS 2011, Standard, Telephone Access, Section (V)(B)(3).

<sup>55</sup> “While such grievances are to be processed through the facility’s established grievance system, CDFs and IGSA facilities must also forward a copy of any grievances alleging staff misconduct to ICE/ERO in a timely manner with a copy going to ICE’s Office of Professional Responsibility (OPR) Joint Intake Center and/or local OPR office for appropriate action.” See ICE PBNDS 2011, Standard, Grievance System, Section (V)(F). **This is a Priority Component.**

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under the PBNDS 2011 (Revised 2016) and found the facility in compliance with four of those standards. ODO found 49 deficiencies in the remaining 15 standards. ODO commends facility staff for their responsiveness during this inspection and notes there were eight instances in which staff initiated immediate corrective action. ODO also notes that within a week of the conclusion of the inspection, the facility provided a detailed list of corrective actions taken and proposed corrective actions where immediate action was not possible to ODO via the ERO field office.

In addition to the deficiencies cited above, ODO identified areas of concern in three standards. Of concern, ODO found the facility does not have showers in areas used to process incoming detainees, which decreases the level of personal hygiene at the facility. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding, in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2020 (PBNDS 2011)</b>
Standards Reviewed	19
Deficient Standards	15
Overall Number of Deficiencies	49
Deficient Priority Components	16
Repeat Deficiencies	N/A
Corrective Actions	7