



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

**Office of Detention Oversight
Compliance Inspection
2023-001-049**

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

**Winn Correctional Center
Winnfield, Louisiana**


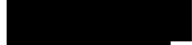
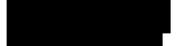
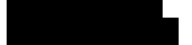
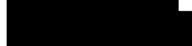
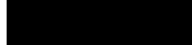
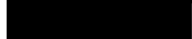

January 24-26, 2023

COMPLIANCE INSPECTION
of the
WINN CORRECTIONAL CENTER
Winnfield, Louisiana

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COMPLIANCE INSPECTION TEAM MEMBERS

	Acting Team Lead	ODO
	Assistant Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	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 January 24 to 26, 2023.¹ The facility opened in 1990 and is owned by Louisiana Department of Corrections 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 (Revised 2016).²

ERO has assigned deportation officers to the facility. A warden handles daily facility operations and manages [REDACTED] support personnel. LaSalle staff provides food services and medical care, and Correct Commissary provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in August 2022. In April 2022, WCC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DOJ PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ³	[REDACTED]
Average ICE Population ⁴	[REDACTED]
Adult Male Population (as of January 24, 2023)	[REDACTED]
Adult Female Population (as of January 24, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2022, ODO found 8 deficiencies in the following areas: Environmental Health and Safety (4); Personal Hygiene (1); and Correspondence and Other Mail (3).

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

² ODO was unable to determine the exact date when the facility’s contracted standards changed from PBNDS 2011 (2013 Errata) to PBNDS 2011 (Revised 2016); however, a link to the contracted standards in the facility’s contract with ICE goes to the PBNDS 2011 (Revised 2016) standards, and the ERO Facility List indicates PBNDS 2011 (Revised 2016).

³ Data Source: ERO Facility List as of January 23, 2023.

⁴ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 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 highlights instances when 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.

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

**FINDINGS BY PERFORMANCE-BASED NATIONAL
DETENTION STANDARDS 2011 (REVISED 2016)
MAJOR CATEGORIES**

PBNS 2011 (Revised 2016) Standards Inspected^{6,7}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	1
Transportation (by Land)	0
Sub-Total	1
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Contraband	0
Funds and Personal Property	2
Hold Rooms in Detention Facilities	0
Key and Lock Control	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Tool Control	0
Use of Force and Restraints	0
Sub-Total	2
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	5
Medical Care	2
Significant Self-harm and Suicide Prevention and Intervention	1
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	8
Part 5 - Activities	
Correspondence and Other Mail	0
Recreation	0
Visitation	0
Sub-Total	0

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

⁷ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

Part 6 - Justice	
Detainee Handbook	0
Sub-Total	0
Part 7 - Administration and Management	
Staff Training	0
Sub-Total	0
Total Deficiencies	11

DETAINEE RELATIONS

ODO interviewed 25 detainees, who each voluntarily agreed to participate. Five of the detainees made allegations of mistreatment or sexual abuse, and ODO immediately referred the complaints to ERO New Orleans and facility staff to investigate. Most detainees reported satisfaction with facility services except for the concerns listed below.

Medical Care: One detainee stated he had been waiting over a month for the extraction of a second tooth and medical staff told him he had to allow for recovery from the first tooth extraction.

- Action Taken: ODO spoke with facility medical staff and confirmed a facility dentist extracted two of the detainee's teeth on December 22, 2022. On January 3, 2023, medical staff examined the detainee again for tooth pain and referred him to the facility dentist. On January 27, 2023, medical staff took an X-ray of the tooth, showing extensive decay, and the dentist extracted it. Since his dental extractions, the detainee has had no further complaints of dental pain. The medical staff informed the detainee to submit a sick call request for any other health issues.

Medical Care: One detainee stated he received only pain medication to treat his chronic testicular pain.

- Action Taken: ODO spoke with facility medical staff and confirmed a facility provider examined the detainee for chronic testicular pain on October 17, 2022, and ordered a testicular ultrasound. On November 2, 2022, staff at a local medical center conducted an ultrasound procedure on the detainee, and results showed only clear, fluid-filled cysts on the testicle and a trace of bilateral swelling in the scrotum. On January 6, 2023, the facility's medical staff explained the ultrasound results to the detainee and submitted an off-site urology referral to ERO New Orleans for approval to treat the chronic testicular pain and cysts. As per ODO's request on January 26, 2023, facility medical staff informed the detainee of his pending referral to a urologist.

Sexual Abuse and Assault Prevention and Intervention: One detainee stated his cellmates sexually harassed him.

- Action Taken: ODO interviewed the detainee and facility compliance manager, reviewed the detainee's file, and confirmed the detainee stated his cellmates sexually

harassed him, resulting in facility staff moving him to another cell. According to the compliance manager, the detainee stated on October 10, 2022, his cellmates had bullied him and he requested reassignment to a different tier. He also asked that staff take no disciplinary action against his cellmates. The compliance manager further stated the detainee made no mention of any sexual harassment when he reported the incident, and facility staff promptly moved the detainee to another tier. On January 26, 2023, ODO reported this incident to the Joint Intake Center (JIC) because ODO was unable to verify facility staff or ERO New Orleans staff previously reported to the JIC.

Sexual Abuse and Assault Prevention and Intervention: One detainee stated a correctional officer (CO) made inappropriate sexual comments to him when he requested to use the shower around August 2021.

- Action Taken: ODO interviewed the warden, assistant warden, and PREA manager, reviewed the detainee's file, and confirmed the detainee submitted a grievance form on August 27, 2021, regarding the incident. A facility lieutenant verbally counseled the CO regarding his lack of professional conduct. According to the warden, assistant warden, and PREA manager, the CO denied the allegations, and no witnesses volunteered to make any statements. On January 26, 2023, ODO reported this incident to the JIC because ODO was unable to verify facility staff or ERO New Orleans staff previously reported to the JIC.

Sexual Abuse and Assault Prevention and Intervention: One detainee stated another detainee touched him inappropriately around July 2022.

- Action Taken: ODO interviewed the detainee and assistant warden and confirmed the detainee stated another detainee touched him inappropriately in July 2022. The detainee further stated the other detainee touched his backside whenever he walked past him. While asleep during the night, the detainee said the other detainee repeatedly attempted to undress him. The detainee stated the harassment went on for about 20 days until he reported the issue to the facility staff. The assistant warden stated the facility staff never received a report regarding the incident. ODO reviewed and found no record of the incident in the detainee's file. On January 26, 2023, ODO reported this incident to the JIC.

Sexual Abuse and Assault Prevention and Intervention: One detainee stated a CO pulled his pants down while at the nurse's station.

- Action Taken: ODO interviewed the detainee and assistant warden, reviewed the DHS Civil Rights and Civil Liberties report, and confirmed the detainee stated the incident occurred on December 15, 2022, with a facility medical staff member witnessing the incident. The detainee further stated the medical staff member admonished the CO but took no further action. The detainee stated he did not request assistance from anyone to help him disrobe. Additionally, the detainee reported the incident to another CO, but the CO received no update on his complaint. The detainee reported suffering from

anxiety due to the incident, and a facility mental health counselor met with him two times in December 2022. A facility social worker offered to refer him to a medical provider for further evaluation, but the detainee refused. On February 6, 2023 the health services administrator (HSA) met with the detainee to offer him additional mental health counseling for a different ICE complaint, but the detainee again refused. ODO found the facility staff had no record of the detainee reporting the incident nor any subsequent investigation by facility staff. On January 30, 2023, ODO reported this incident to the JIC.

Sexual Abuse and Assault Prevention and Intervention: One detainee stated four detainees threatened to rape him.

- Action Taken: ODO interviewed the detainee and assistant warden and confirmed the detainee stated four detainees threatened to rape him around August 2021. The detainee stated he informed a facility officer about the incident and facility staff moved him into administrative segregation. The assistant warden stated on July 25, 2021, the detainee approached facility staff and claimed he overheard several detainees talk in Spanish about hurting him. The assistant warden further stated the detainee cannot speak Spanish and was unable to identify the detainees involved in the incident. Facility staff offered the detainee protective custody, but he declined to be placed in protective custody. Additionally, the facility never received a report regarding the rape allegations. ODO also reviewed the detainee’s file and found facility staff never moved him to another housing unit nor placed him in segregation after the alleged incident. On January 26, 2023, ODO reported this incident to the JIC.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed 10 fire drill logs, interviewed the facility fire safety manager, and found in 10 out of 10 fire drills, no documentation showing timed emergency-key drills (**Deficiency EHS-111**⁸).

SECURITY

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the facility’s FPP policy and property logbook, interviewed the warden and armory sergeant, and found both on-coming and off-going supervisors did not simultaneously conduct audits of detainee funds, property envelopes, and large valuables in 27 out of 31 days in December

⁸ “Emergency-key drills shall be included in each fire drill, and timed.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(4)(c).

2022. Additionally, facility staff recorded no inventories in the logbook (**Deficiency FPP-100⁹**).

ODO reviewed the facility's FPP policy, interviewed the associate warden and armory sergeant, reviewed the facility's property logbook, and found in 27 out of 31 days in December 2022, the physical custody of and access to detainee funds, property envelopes and large valuables changed; however, no inventories were logged in the "Vault Locker 1" logbook (**Deficiency FPP-117¹⁰**).

CARE

FOOD SERVICE (FS)

ODO reviewed the facility's FS policy and four purchase requests for sugar, interviewed the FS supervisor, and found in four out of four requests, the requests did not contain or specify the special handling requirements for delivery (**Deficiency FS-39¹¹**).

ODO interviewed the FS supervisor and chaplain, observed a loaf of bread purchased for the kosher tray, and found the bread was not labeled as "pareve" or "parve" (**Deficiency FS-199¹²**).

ODO reviewed the facility's FS policy, interviewed the FS supervisor, and found no barrier guard attached to a vertical mixer in the bakery area to prevent injury, as per the National Sanitation Foundation International standard (**Deficiency FS-332¹³**).

ODO interviewed the FS supervisor, reviewed four purchase requests for sugar, and found in 4 out of 4 purchase requests, no marking of "hot" on the request to signal special handling (**Deficiency FS-426¹⁴**).

⁹ "Both on-coming, and off-going supervisors shall simultaneously conduct an audit of detainee funds, property envelopes and large valuables where physical custody of, or access to such items changes with facility shift changes. The property and valuables logbook shall record the date, the time and the name of the officer(s) conducting the inventory." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(J).

¹⁰ "The Chief of Security or equivalent shall follow facility procedures to ensure that all detainee funds and valuables are accounted for." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(J)(7).

¹¹ "All facilities shall have procedures for handling food items that pose a threat: ...

Other Food Items: Mace, nutmeg, cloves, sugar, and alcohol-based flavorings also require special handling and storage.

1) The purchase order for any of these items shall specify the special-handling requirements for delivery."

See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(B)(4)(b)(1).

¹² "Only bread and margarine labeled "pareve" or "parve" shall be purchased for the kosher tray." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(G)(5).

¹³ "All food service equipment and utensils shall meet the National Sanitation Foundation International (NSF) standards or equivalent standards of other agencies." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(7)(a).

¹⁴ "On the purchase request for potentially dangerous items (e.g., knives, mace, yeast, nutmeg, cloves and other items considered contraband if found in a detainee's possession), the FSA shall mark them "hot," signaling the need for special handling." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(K)(1).

ODO interviewed the FS supervisor, toured the kitchen, and found no protection from overhead contamination for food stored in Freezer #2 (**Deficiency FS-441**¹⁵).

MEDICAL CARE (MC)

ODO reviewed the facility's MC policy and 2 months of temperature logs for the emergency room medication refrigerator for pharmaceutical items, interviewed the HSA, and found the facility did not comply with their written policy and procedures for the management of pharmaceuticals. Specifically, 20 out of 20 temperature log entries for the medication refrigerator did not meet the required temperature range of 36-45 degrees Fahrenheit (F) as all temperatures recorded were between 1- and 4-degrees F lower than the lowest temperature allowed (**Deficiency MC-91**¹⁶). **This is a priority component.**

Corrective Action: Prior to completion of the inspection, the HSA obtained a new refrigerator and digital thermometer for the storage of emergency room medications and scheduled staff training for January 26-29, 2023. On February 10, 2023, the HSA provided documentation for the staff training (**C-1**).

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, 48 instances in which the medication administration record did not include documentation of administration or refusal of prescribed medications (**Deficiency MC-205**¹⁷).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)

ODO reviewed 11 suicide watch logs and found in 7 out of 11 logs, 39 instances of documented continuous monitoring between 16 and 29 minutes, instead of at least every 15 minutes (**Deficiency SSHSPI-34**¹⁸). **This is a priority component.**

¹⁵ "The following procedures apply when receiving or storing food: ...

h. Do not store food in locker rooms, toilet rooms, dressing rooms, garbage rooms or mechanical rooms, or under sewer lines, potentially leaking water lines, open stairwells or other sources of contamination." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(K)(3)(h).

¹⁶ "Each detention facility shall have and comply with written policy and procedures for the management of pharmaceuticals, to include: ...

4. Procurement, receipt, distribution, storage, dispensing, administration, and disposal of medications." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(G)(4).

¹⁷ "Written records of all prescribed medication given to or refused by detainees shall be maintained." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(U).

¹⁸ "The qualified mental health professional may place the detainee in a special isolation room designed for evaluation and treatment with continuous monitoring that must be documented every 15 minutes or more frequently if necessary." See ICE PBNDS 2011, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 24 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 19 of those standards. ODO found 11 deficiencies in the remaining 5 standards. Since WCC’s last full inspection in January 2022, the facility’s overall compliance with the ICE PBNDS 2011 has trended down; however, ODO notes WCC changed from PBNDS 2011 (2013 Errata) to PBNDS 2011 (Revised 2016), and this was WCC’s first full inspection under the PBNDS 2011 (Revised 2016). WCC went from 3 deficient standards and 8 deficiencies in March 2022 to 5 deficient standards and 11 deficiencies during this most recent full inspection, which includes 2 priority component deficiencies. One priority component deficiency was in Medical Care for not maintaining pharmaceuticals within the required temperature range and one priority component deficiency was in Significant Self-harm and Suicide Prevention and Intervention for continuous monitoring observations exceeding 15 minutes. ODO received a completed uniform corrective action plan for the facility’s full inspection in March 2022 and the follow-up inspection in August 2022. Since the facility is in their first year operating in accordance with the PBNDS 2011 (Revised 2016), this likely contributed to the deficiencies ODO identified during this inspection. ODO recommends ERO New Orleans work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2022 Full Inspection (PBNDS 2011) (2013 Errata)	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	23	24
Deficient Standards	3	5
Overall Number of Deficiencies	8	11
Priority Component Deficiencies	N/A	2
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	1
Facility Rating	Superior	Good