



**Homeland
Security**

November 17, 2021

MEMORANDUM FOR: Corey A. Price
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Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement

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SUBJECT: Winn Correctional Center
Expert Recommendations
Complaint Nos. 21-01-ICE-0027, 20-09-ICE-0770,
21-04-ICE-0191, 21-02-ICE-0121, 21-02-ICE-0123,
21-05-ICE-0248, and 21-04-ICE-0184

The U.S. Department of Homeland Security (DHS), Office for Civil Rights and Civil Liberties (CRCL) conducted a virtual onsite investigation into conditions of detention for U.S. Immigration and Customs Enforcement (ICE) detainees at the Winn Correction Center (Winn) in Winnfield, Louisiana from July 26-29, 2021. As part of the onsite investigation, CRCL used four independent subject-matter experts in Conditions of Detention, Environmental Health and Safety, Medical Care, and Mental Health Care. At the close of the investigation, CRCL held an exit briefing in which it discussed its findings with leadership from the ICE Field Office, ICE Headquarters, and Winn. CRCL greatly appreciates the cooperation and assistance provided by ICE Field Office staff, ICE Headquarters, and Winn management and personnel before and during the onsite.

At the close of the onsite, CRCL and the four subject matter experts expressed serious concerns about detainee health and safety at Winn, leading CRCL to take the unusual step of drafting a Proposed Action Plan (attached) shortly after the onsite (dated August 10, 2021) outlining the major concerns, recommending that no new detainees be added to the facility, and that the facility population be drawn down until the most critical health and safety concerns could be addressed. The most critical concerns identified in the August 10, 2021, document were fire safety, inappropriate use of force, firearm safety, and several serious environmental health and safety deficiencies in the detainee housing units. In addition, serious medical and mental health concerns were noted.

In addition to the virtual investigation, a CRCL Policy Advisor and an Environmental Health and Safety expert visited Winn in-person on August 16, 2021 and conducted a further review of the facility with a focus on Environmental Health and Safety. Following that visit, CRCL sent ICE ERO an email on August 17, 2021, identifying its preliminary findings and recommendations from both the virtual and in-person investigation. In addition to the most critical concerns that were identified in the August 10, 2021 Proposed Action Plan, the August 17, 2021 email identified concerns with COVID-19 protocol, language access, water quality, mold and rust, lighting, medical care, and mental health care at the facility.

Enclosed with this memorandum are the final reports prepared by our subject-matter experts following the virtual and in-person onsite review.¹ The recommendations have been divided into priority and best practice recommendations. The priority recommendations are listed in the body of this memorandum, and CRCL requests that ICE formally concur or non-concur with these recommendations and provide an implementation plan for all accepted recommendations within 60 days of issuance. Best practice recommendations are contained in an Appendix to this memorandum. Although CRCL is not requesting formal responses to the best practice recommendations, they represent best practices in the field according to our experts, and we encourage ICE to consider and implement them to the fullest extent possible.

CONDITIONS OF DETENTION

(b) (5)

ICE ERO should discontinue placing detainees at Winn until the identified culture and conditions that can lead to abuse, mistreatment, and discrimination toward detainees are corrected, including but not limited to: language access, use of force, adherence to the ICE ERO Pandemic Response Requirements, physical plant and fire/safety issues, training, and staffing shortages.

Overall Operations

1. (b) (5)
At a minimum, all staff should receive new or enhanced training on use of force policies, use of the language line, the ICE ERO Pandemic Response Requirements, the Transgender Memorandum, and the ICE Segregation Directive. In addition, CRCL suggests that anti-discrimination and racial equity training be added to the curriculum. (PBNDS 2011 Section II, Training)
2. Winn previously conducted weekly community meetings in which detainees could meet with Winn management in a group setting and share their concerns, but these meetings were discontinued. (b) (5)

¹ In general, CRCL's experts relied on the applicable Performance Based National Detention Standards (PBNDS 2011) and related professional standards in conducting their work and preparing their reports and recommendations.

(b) (5)

Use of Force

3. It was reported that at least one Winn Transportation Officer without firearms training was issued a firearm to transport detainees. This should never be permitted, and Winn should immediately ensure that only firearms-trained officers are issued and carry firearms. Additionally, CRCL found that several staff were issued firearms before they had cleared the e-QIP background check process.² CRCL recommends that Winn not issue firearms to officers until the completion of both their e-QIP background check and the necessary firearms training. (PBND 2011 Section V, Transportation, herein recommendation g.2, and PBND 2011 Section II, Use of Force and Restraints)

4. (b) (5)

5. (b) (5)

6. The Winn Transportation Coordinator did not know when use of firearms by armed transportation officers was authorized. The Winn Transportation Coordinator should receive additional use of force training, including regarding firearms protocols and specifically when use of firearms is authorized, and should receive proficiency testing. (PBND 2011 Section V, Transportation)

² The e-QIP (Electronic Questionnaires for Investigations Processing) background check process uses security questionnaires filled out electronically by federal employees to complete federal background investigations on the employees.

³ (b) (5)

7. (b) (5)



8. (b) (5)



9. (b) (5)



10. ICE ERO and Winn Staff are not adequately trained on the ICE ERO and Winn Use of Force Policies. All Winn staff, as well as ICE ERO staff assigned to Winn, should receive additional Use of Force training that includes proficiency testing. (PBNDs 2011 Section V, Use of Force and Restraints)

Language Access

11. Winn does not regularly use the language line to provide Limited English Proficiency (LEP) detainees with required language access, resulting in communication problems between staff and detainees. Winn should immediately take steps to provide LEP detainees the necessary language access to communicate effectively with staff. In particular, Winn should devise a way for the language line to be regularly accessible in the detainee housing units, should train all staff on how to use the language line, and should encourage corrections officers and other staff to regularly use the service. (DHS and ICE Language Plans-Limited English Proficiency (LEP))

12. Winn does not ensure that LEP detainees receive accurate information and access to the necessary programs and services at the facility. Winn should review the facility's language access plan and make the necessary revisions to ensure that all LEP detainees receive

accurate interpretation and information and have meaningful access to programs and services at the facility. The revisions should include a much greater use of the language line, including during intake and at release, in disciplinary hearings, translation of grievances that are not in English, in the law library, and in other situations where LEP detainees seek to communicate with staff. (DHS and ICE Language Plans-Limited English Proficiency (LEP))

13. (b) (5) [Redacted]

14. (b) (5) [Redacted]

15. (b) (5) [Redacted]

16. Winn does not provide required language access to LEP detainees placed in the Special Management Unit, thereby limiting their access to programs and services. Winn should immediately ensure that language access is available to LEP detainees in the Special Management Unit to provide necessary and required programs and services. (PBNDS Section II, Special Management Unit and ICE Segregation Directive)

17. (b) (5) [Redacted] Winn should ensure language access via regular use of the language line in all areas of the facility, to ensure that detainees know how to request access to the law library and legal materials. Additionally, when at the law library, the law librarian should use the language line rather than another detainee to interpret for detainees and translate their documents. (PBNDS 2011 Section II, Law Libraries and Legal Materials)

18. (b) (5) [Redacted] Winn should ensure that language access is available to detainees in all areas of the facility to

ensure their understanding of and ability to utilize the grievance system. (PBNDS 2011 Section II, Grievance System)

Emergency Response

19. Winn only recently received the necessary equipment for an Emergency Response Team (ERT), which is critical in case an emergency were to occur, and had not yet trained any of the selected team members at the time of the onsite inspection. If not already developed, Winn should immediately develop an ERT training program and create a plan to deliver the training as soon as possible, with identified timeframes for when each portion of the training will be completed. (PBNDS 2011 Section V, Emergency Plans)

COVID-19

20. (b) (5) [REDACTED]
The Training Director should receive ICE ERO PRR training, including proficiency testing and ICE ERO should verify the PRR components are included in the Winn Emergency Plans. (PBNDS 2011 Section V, Emergency Plans)

PREA/SAAPI

21. Winn does not always conduct testing for sexually transmitted diseases when detainees are involved in consensual sexual misconduct that warrants testing. Winn should conduct testing for sexually transmitted diseases when detainees are involved in consensual sexual misconduct involving penetration or that otherwise warrants testing. (PBNDS 2011 Section V, SAAPI)
22. Winn inappropriately assessed a detainee as a potential predator, without the necessary justification, after a determination that a sexual misconduct incident was consensual. (b) (5)
(b) (5) [REDACTED]

Disciplinary Hearings

23. (b) (5) [REDACTED]
Given the PBNDS requirement to assess a detainee's behavior in a disciplinary proceeding, Winn should require medical/mental health staff to evaluate detainees receiving a disciplinary report prior to a hearing to determine if their mental health issue was a factor in the reported rule violation. (PBNDS 2011 Section V, Disciplinary System)

Segregation

24. The ICE Segregation Reviews revealed that after the required forms were reviewed by the Winn Segregation Review Committee, the Segregation Supervisor was immediately forwarding the review forms to ICE ERO without the Winn Warden Review as required on the form and by facility policy. Winn should ensure that the facility Warden always reviews the Segregation Review Forms as required before they are forwarded to ICE ERO. (PBNDS 2011 Section II, Special Management Unit and ICE Segregation Directive)

Recreation

25. (b) (5) [REDACTED]
26. (b) (5) [REDACTED]

Religious Programs

27. Winn does not post the religious program schedule in English and Spanish in the housing units notifying detainees when they are scheduled for religious programs as required by the PBNDS. Winn should post the religious program schedule in English and Spanish in the detainee housing units. Winn should also ensure that LEP detainees who do not communicate in English and Spanish have a means of being notified when religious programs are scheduled. (PBNDS 2011 Section II, Religious Practices)

Grievances

28. Winn rarely provides written responses to grievances explaining what occurred to resolve the complaint. LEP detainees do not receive grievance responses in their preferred language. Winn should revise its grievance system procedures to ensure that responses to all grievances, both written and oral, are documented by the Grievance Coordinator in writing and include what occurred to resolve the complaint. The response provided to the detainee, both orally and in writing, should be in the detainee's preferred language. (PBNDS 2011 Section II, Grievance System)

For ICE

29. (b) (5) [REDACTED]

(b) (5)

30. An examination of the grievance log indicated that the majority and a high number of detainee complaints are staff related. (b) (5)

ENVIRONMENTAL HEALTH AND SAFETY

Fire Safety

31. Fire protection is essential to protect life and prevent injury. The Office of State Fire Marshal, Inspection Report #CB-19-044896-2, dated 6/23/2021, states, “None of the smoke doors in any of the dorms are functioning when the fire alarm is activated. This has been an on-going long-term problem in the facility.” The Winn administration should repair or replace the broken smoke barrier doors as soon as possible, to ensure compliance with PBNDS 2011, 1.2 Environmental Health and Safety, V. Expected Practices, C. Fire Prevention and Control, 3. Fire Prevention, Control and Evacuation Plan and ensures provisions for occupant protection from fire and smoke. (PBNDS 2011, 1.2 Environmental Health and Safety, V. Expected Practices, C. Fire Prevention and Control, 3. Fire Prevention, Control and Evacuation Plan, c.)
32. Winn management stated that the facility is considering installing new plexiglass smoke doors that were Fire Marshall approved at another facility as a corrective action plan. In implementing the renovations, Winn administrators should ensure that “New construction, alterations and renovations, shall comply with: a. the latest revision or update of the International Council Codes; b. the Uniform Building Code; or c. the Standard Building Code, in accordance with 40 U.S.C. § 619 and local law” as required by the PBNDS 2011, 1.2 Environmental Health and Safety, V. Expected Practices, C. Fire Prevention and Control, 1. Fire Safety Codes. (PBNDS 2011, 1.2 Environmental Health and Safety, V. Expected Practices, C. Fire Prevention and Control, 1. Fire Safety Codes, d.)

Plumbing

33. The ratio of plumbing fixtures per detainee at Winn does not meet those cited in the PBNDS 2011 (Section 4.5 Personal Hygiene), which cites accepted industry standards. PBNDS 2011 requires a 12:1 ratio of detainees to showers, toilets, and washbasins. Winn needs to renovate the housing units to add additional plumbing fixtures to comply with the standards. Until the additional plumbing fixtures are installed, no more than 24 detainees should be housed in any housing unit that only has two showers, in accordance with the 12:1 shower ratio in the PBNDS. (PBNDS 2011, 1.2 Environmental Health and Safety)
34. The housing unit showers at Winn consist of a single shower stall with two showerheads; thus, for two detainees to shower at the same time they must stand side by side without any wall or partition between them. Therefore, the shower does not afford reasonable privacy for

two detainees to shower at the same time. Winn should evaluate the showers in the tier/detainee housing units and determine if it is feasible to add a privacy wall or partition, or minimally add a shower curtain between the two shower heads to facilitate compliance with the PBNDS 2011 requirement that detainees be provided with a reasonably private environment in accordance with safety and security needs. Additionally, Winn should ensure that the design of the new showers included in the renovations are constructed as separate stalls or at minimum include a privacy wall or partition between the shower heads. (PBNDS 2011, 4.5 Personal Hygiene, V. Expected Practices, E. Bathing and Toilet Facilities)

Mold and Mildew

35. (b) (5) Winn staff should inspect, routinely clean, and remove any apparent mold, mildew or other growths to ensure compliance with PBNDS 2011, 1.2 Environmental Health and Safety, II. Expected Outcomes, (1) stating, “Facility cleanliness and sanitation shall be maintained at the highest level.” (PBNDS 2011, 1.2 Environmental Health and Safety, II. Expected Outcomes, 1.)

Pests

36. During interviews, detainees reported seeing cockroaches and mosquitoes at Winn and employees confirmed the presence of cockroaches, ants, and spiders. Pests place detainees at risk of bites, can carry diseases, and contaminate food. Although the facility does maintain a pest control contract, some pests are apparently still getting into the facility. Winn should ensure continuous compliance with PBNDS 2011, 1.2 Environmental Health and Safety, V. Expected Practices, A. Environmental Health and Safety, (4.) Pests and Vermin, which states, “Doors to the outside should be tight fitting and door sweeps should be installed to prevent the entry of vermin from outside.” (PBNDS 2011, 1.2 Environmental Health and Safety, V. Expected Practices, A. Environmental Health and Safety, 4. Pests and Vermin)

Rust

37. The facility contains heavily rusted chairs, bedframes, benches, other furniture, bathroom mirrors, and shower areas. These should either be refurbished or replaced to facilitate compliance with ACA Housekeeping standard 4-ALDF-1A-04, stating, “The facility is clean and in good repair.” (PBNDS 2011, 1.2 Environmental Health and Safety, V. Expected Practices, A. Environmental Health and Safety, 1. General Environmental Health)
38. Observations of the linens on the detainee’s beds revealed numerous instances of sheets and pillowcases that appeared to be stained with rust. The linens and bedding that are indelibly rust-stained and thus unserviceable should be discarded and replaced to ensure compliance with PBNDS 2011, 4.5 Personal Hygiene, II. Expected Outcomes, (2.) stating, “Each detainee shall have suitable, clean bedding, linens, blankets and towels.” (PBNDS 2011, 4.5 Personal Hygiene, II. Expected Outcomes, 2.)

Water Quality

39. (b) (5) [REDACTED] Samples of the drinking water from the facility should be sent to a state lab for testing, in accordance with chain of custody protocols, in compliance with the PBNDS 2011, 1.2 Environmental Health and Safety, V. Expected Practices, A. Environmental Health and Safety, 5. Certification of Facility Water Supply, stating, “At least annually, a state laboratory shall test samples of drinking and wastewater to ensure compliance with applicable standards. A copy of the testing and safety certification shall be maintained on site.” (PBNDS 2011, 1.2 Environmental Health and Safety, V. Expected Practices, A. Environmental Health and Safety, 5. Certification of Facility Water Supply)
40. The lab reports from testing performed on the Winn drinking water in January, February, and March 2021 indicate that there is bromate in the water. The EPA’s goal for bromate in drinking water is zero and an increased risk of cancer is a possible health effect from long term exposure to amounts of bromate above the Maximum Contaminant Level. It is recommended that bromate be included in the state lab testing parameters since ozone is used to disinfect the public water supply at Winn, bromate is a byproduct of drinking water disinfection, and bromate is known to be harmful to health at high levels. (PBNDS 2011, 1.2 Environmental Health and Safety, V. Expected Practices, A. Environmental Health and Safety, 5. Certification of Facility Water Supply)
41. (b) (5) [REDACTED]

Lighting

42. Maintenance of adequate lighting facilitates grooming and hygiene practices, minimizes the risk of accidents, enhances officer visibility and security, and is conducive to the performance of sanitation and cleaning activities. However, the illumination levels in the Ash B-1, Cyprus A-1, and the dining hall did not meet the minimum standards necessary for activities and tasks performed in the areas. The PBNDS 2011, 1.2 Environmental Health and Safety, V. Expected Practices, A. Environmental Health and Safety, 1. General Environmental Health states, “Environmental health conditions shall be maintained at a level that meets recognized standards of hygiene” including those from the (a.) American Correctional Association (ACA).” Therefore, Winn should increase the light levels to comply with ACA standard 4-ALDF-1A-14 stating, “Light levels in inmate cells/rooms are at least 20 foot-candles in personal grooming areas and at the writing surface. Lighting throughout the facility is sufficient for the tasks performed.” Furthermore, Winn should assess the light levels throughout the facility to ensure it meets or exceeds the minimum

standard and then routinely monitor to ensure continued compliance. (PBNDS 2011, 1.2 Environmental Health and Safety, V. Expected Practices, A. Environmental Health and Safety, 1. General Environmental Health)

Broken Glass

43. While onsite, many badly cracked glass windows were observed, including on the non-operational fire safety doors. Winn should replace broken glass in doors and windows to prevent possible injuries, line-of-sight interference, and other safety breaches and to ensure compliance with PBNDS 2011, 1.2 Environmental Health and Safety, I. Purpose and Scope, which states, “This detention standard protects detainees, staff, volunteers and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices and control of hazardous substances and equipment.” (PBNDS 2011, 1.2 Environmental Health and Safety, I. Purpose and Scope)


Air Conditioning

44. Rust was observed in various parts of the facility, as well as growths on the ceiling that may have been mildew or mold, and detainees and staff reported seeing black mold in the shower areas. Inadequate air flow can lead to mildew, mold, and condensation/excess moisture that can eventually lead to rust. Winn was originally an un-airconditioned prison and the air conditioning was only added upon housing ICE detainees to meet the PBNDS standards. Therefore, it is important to ensure that the air changes and quantities meet or exceed the minimum standards. The PBNDS 2011, 1.2 Environmental Health and Safety, V. Expected Practices, A. Environmental Health and Safety, 1. General Environmental Health states, “Environmental health conditions shall be maintained at a level that meets recognized standards of hygiene” including those from the (a.) American Correctional Association (ACA).” (PBNDS 2011, 1.2 Environmental Health and Safety, V. Expected Practices, A. Environmental Health and Safety, 1. General Environmental Health)

45. (b) (5)
- Winn administrators should consult with a qualified HVAC technician to ensure that the system is working as designed and constructed and to evaluate the possibility of modifying the diffusers or installing diverters or deflectors to prevent the strong air flow that leads to “cold spots,” facilitating compliance with the PBNDS 2011, 1.2 Environmental Health and Safety, V. Expected Practices, A. Environmental Health and Safety, 1. General Environmental Health, which states, “Environmental health conditions shall be maintained at a level that meets recognized standards of hygiene” including those from the (a.) American Correctional Association (ACA)” and specifically, ACA standard 4-ALDF-1A 20, stating, “Temperature and humidity are mechanically raised and lowered to acceptable comfort levels.” (PBNDS 2011, 1.2 Environmental Health and Safety, V. Expected Practices, A. Environmental Health and Safety, 1. General Environmental Health)

46. Obstructions were observed on the HVAC vents. Winn staff should inspect, routinely clean, and remove obstructions from the HVAC vents to ensure compliance with ACA Housekeeping standard 4-ALDF-1A-04, specifying, “The facility is clean and in good repair.” (PBNDS 2011, 1.2 Environmental Health and Safety, V. Expected Practices, A. Environmental Health and Safety, 1. General Environmental Health)
47. Detainees reported that the air conditioning causes uncomfortably cold temperatures. Winn should review its policy and revise its practice to issue additional warm/temperature appropriate clothing, such as a sweatshirt and/or sweatpants, year-round, rather than only during the colder/winter months and/or issue two blankets to detainees, rather than requiring them to request a second blanket, to ensure comfort based on indoor temperatures. This will ensure compliance with PBNDS 2011, 4.5 Personal Hygiene; V. Expected Practices; B. Issuance of Clothing stating, “At no cost to the detainee, all new detainees shall be issued clean, laundered, indoor/outdoor temperature-appropriate, size appropriate, presentable clothing during intake.” (PBNDS 2011, 4.5 Personal Hygiene; V. Expected Practices; B. Issuance of Clothing)

Food Service

48. (b) (5)
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49. Clean kitchens are necessary to produce safe food. The current condition of the kitchen floor is no longer smooth and easily cleanable due to numerous cracked, broken, and missing tiles. In order to comply with the PBNDS 2011, 4.1 Food Service standard stating that floors must be routinely cleaned, Winn should repair or renovate the kitchen floor. (PBNDS 2011, 4.1 Food Service, V. Expected Practices, 5. Environmental Sanitation and Safety, c.)
50. Although “diet cards” are mentioned in the Winn Detainee Handbook, they are not included in the medical diet section of the food service policy. Winn should update the Detainee Handbook to correspond with the Winn Correctional Facility Policy 4.1, Chapter: Care, Subject: Food Service, H. Medical Diets section regarding the policy and procedures for detainees to request and obtain medical/therapeutic diets. (PBNDS 2011, 4.1 Food Service, V. Expected Practices, H. Medical Diets, 1. Therapeutic Diets and 2. Snacks or Supplemental Meals)
51. Special Management Unit Medical Isolation Logs were missing many entries for meals. Winn should ensure that the Special Management Unit Medical Isolation Logs are completed in a timely manner, including documenting meals to comply with the PBNDS

2011, 2.12 Special Management Units, I. Purpose and Scope, (20.), which states, “Detailed records shall be maintained on the circumstances related to a detainee’s confinement to the SMU, through required permanent SMU logs and individual detainee records,” and V. Expected Practices, D. Logs and Records, 1. Permanent SMU Log, which states, “A permanent log shall be maintained in the SMU to record all activities concerning SMU detainees (e.g., meals served, recreational time, visitors, etc.)” (PBNDS 2011, 2.12 Special Management Units, I. Purpose and Scope, 20)

Sanitation

52. (b) (5) [REDACTED]
- To safeguard that chemical disinfectants are used safely and effectively, Winn should ensure that all employees that use or oversee the use of disinfectants utilize them according to the manufacturer’s directions, including as specified by the PBNDS 2011, 1.2 Environmental Health and Safety standard and the ICE ERO COVID-19 Pandemic Response Requirements. Failing to use disinfectants in accordance with the manufacturer’s label directions places detainees at risk of infection and disease, including COVID-19. (PBNDS 2011, 1.2 Environmental Health and Safety; V. Expected Practices; A. Environmental Health and Safety; 3. General Housekeeping, (a.), and ERO COVID-19 Pandemic Response Requirements, version 6.0, March 16, 2021)

MEDICAL CARE

Death Review

53. Medical records of a detainee who died at Winn showed that the detainee’s abnormal vital signs during intake medical screening were not acknowledged or managed by the medical staff and that the detainee did not receive adequate medical assessments, including when he developed symptoms of COVID-19. There was also a long delay in sending him to the hospital and there were no records showing that he received continuous monitoring and treatment while waiting for transport. Winn should ensure that detainees with abnormal vital signs are assessed and managed by medical staff in a timely manner and are continuously monitored and treated while awaiting transport to the hospital. (PBNDS 2011 4.3 Medical Care, T)
54. Medical records of the detainee who died at Winn showed that although the medical provider was available on-site, the detainee was not assessed by the provider after developing symptoms of COVID-19; therefore, no assessment or plan of care was documented in the medical record. Winn should ensure that the nurse notifies the onsite medical provider when there is a medical emergency, that the medical provider evaluates the detainee, and that the assessment and plan of care are documented in the medical record. (PBNDS 2011 4.3 Medical Care, T, BB)

Triage of Chronic and Acute Care Cases

55. Both chronic and acute medical care and detainees with emergent medical conditions, including COVID-19, were not seen or assessed in a timely manner. Sick call requests should be picked up daily and triaged immediately to identify the high acuity requests. Detainees with high acuity sick call requests should be evaluated immediately to prevent adverse medical outcomes. (PBNDS 2011 4.3 Medical Care, II, V, S)

56. (b) (5)

57. The facility had several different versions of the sick call form for detainees with older, non-updated versions still in circulation. The older, non-updated versions of the sick call form should be removed from circulation and should no longer be used. The updated sick call form should include the time of receipt, level of triage, date and time of triage, and the name of the nurse. (PBNDS 2011 4.3 Medical Care, V. S).

58. The sick call forms were not regularly picked up by the nurses, were not triaged, and were not assigned an acuity level. The sick call forms should be picked up daily and triaged immediately to identify any emergent requests that need immediate attention. Each sick call request should be assigned an acuity level. (PBNDS 2011 4.3 Medical Care, V. S)

Intake Screening

59. (b) (5)

60. Abnormal vital signs obtained during the intake screening process were not acknowledged or treated by the medical staff. This places detainees at high risk of not receiving critical care in a timely manner. Winn should instruct staff who perform intake that detainees with abnormal vital signs should be immediately referred to a medical provider for further evaluation and managed. If a provider is not available onsite, the on-call provider should be contacted immediately. (PBNDS 2011 4.3 Medical Care, V)

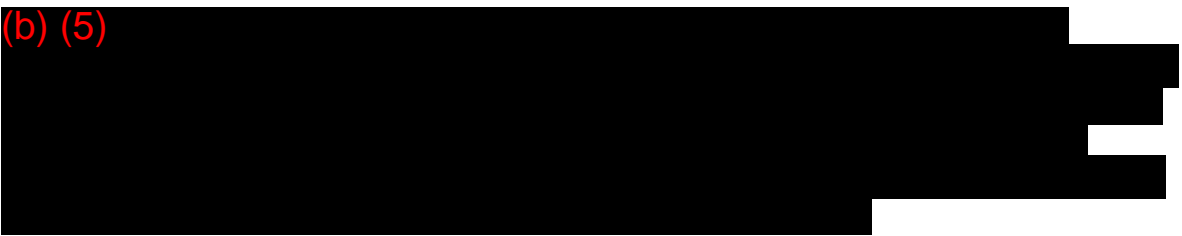
61. In several medical records, the Authorization of Release of Health Information form, completed during the intake health screening process, was signed by the detainee without answering the questions on the form. It was not clear if detainees were given the opportunity to review the form or have it explained in their preferred language before they were expected to sign. Detainees should be informed, in their preferred language, of the contents of the Authorization of Release of Health Information form before they are expected to sign.

They should be afforded an opportunity to ask questions and should receive adequate information to make an informed decision before signing. (PBNDS 2011 4.3 Medical Care, V. AA)

COVID-19

62. Winn does not follow all policy and procedures regarding COVID-19 quarantine. Several detainees reported that they did not have any symptom screenings or temperature checks while they were in COVID-19 quarantine. Winn should ensure that medical staff follow all applicable policy and procedure regarding COVID-19 quarantine, including the ICE ERO Pandemic Response Requirements (PRR). Per the facility's COVID-19 policy (HC 4.3.10c Rev 4), COVID-19 positive detainees should have their temperature checked and be monitored for symptoms twice daily. (PBNDS 2011 4.3 Medical Care, V. C.; CDC: COVID-19 Guidance for Correctional and Detention Facilities; ICE ERO COVID-19 Pandemic Response Requirements)
63. During CRCL interviews of detainees, detainees in quarantine were brought and presented for interviews together with detainees who were not in quarantine. Additionally, when a CRCL expert and a CRCL policy advisor visited the facility in person, they were brought into a dorm that was supposed to be in quarantine and told that as long as they wore a mask, it did not matter that the detainees were in quarantine. These practices are clear violations of the ICE ERO PRR and the Centers for Disease Control COVID-19 Guidance for Correctional and Detention facilities. Winn should ensure that detainees in quarantine are not comingled with the general detainee population or with outside visitors. Given these violations, Winn should also train all staff on the ICE ERO PRR and CDC protocols. (PBNDS 2011 4.3 Medical Care, V, C.; CDC: COVID-19 Guidance for Correctional and Detention Facilities; ICE ERO COVID-19 Pandemic Response Requirements)

64. (b) (5)



Suicide Watch

65. A detainee was labeled suicidal and put in segregation with inadequate documentation to support initiation of suicide watch. Winn should ensure that evidence and documentation by the medical staff is sufficient to support initiation of suicide watch. The documentation should include a detailed history, assessment, and plan of care. (PBNDS 2011 4.3 Medical Care, II)

Transgender Care

66. Winn did not educate a transgender detainee regarding the medical services offered at the facility so that the detainee could make an informed decision regarding hormone therapy. The provider did not obtain a detailed history regarding hormones and did not involve the detainee in the treatment planning. Winn should ensure that transgender detainees are informed regarding the medical services available, including the availability of hormone therapy, at the facility. A detailed history, assessment, and plan of care should be developed for transgender detainees in accordance with the detainees' informed decisions. In order to ensure future compliance with its Transgender Healthcare policy, the facility should conduct staff training on the policy. (PBNDS 2011 4.3 Medical Care, II, V, W)

HIV-Positive Detainees

67. HIV patients did not always receive a complete HIV chronic care provider visit and did not always receive their HIV medication, even when they arrived from other facilities with medical records showing that they were currently on HIV medication. HIV-positive detainees should receive their medications without interruptions, including when they are transferred from other facilities. Winn should ensure that HIV-positive detainees are evaluated by a medical provider and that a plan of care is developed in a timely manner to ensure continuity of care. (PBNDS 2011 4.3 Medical Care, II, V, C, Z)

Medication

68. Medications were not always administered as recommended by the provider. Medication administration records sometimes had blanks on days that patients were scheduled to receive their medication, and there was no documentation to show whether detainees were offered the medications on those days as prescribed. Winn should ensure that medications are administered to detainees as prescribed and that the nurses document each time medication is administered or refused. When a detainee refuses medication, a medication refusal form should be completed. (PBNDS 2011 4.3 Medical Care, V, U)

Nursing Assessments

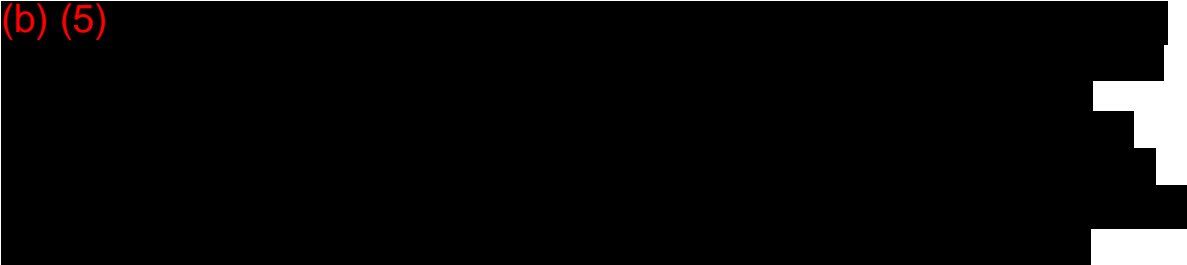
69. The nursing assessments were generally inadequate. There were several sick call guidelines in the medical charts reviewed that were only partially filled out by the nursing staff. Assessments and plans of care were not always documented. Winn should ensure that nurses use the appropriate nursing guidelines for assessments. The assessments should be detailed, and the findings should be documented clearly in the health records. (PBNDS 2011 4.3 Medical Care, V, S)

70. The nursing assessments and pain management for dental problems were inadequate. Detainees with toothaches were not receiving pain medication and there was a significant delay in addressing sick call requests for dental problems. One sick call request for dental pain was only addressed after 10 days and the detainee did not receive pain management while waiting to see a dentist. Winn should train the nursing staff in assessment of dental

problems and how to handle dental concerns. The training should emphasize addressing dental sick call requests regarding dental pain, trauma, and acute infection immediately per the facility's sick call policy, and managing dental pain while detainees are waiting for dental visits. (PBNDS 2011 4.3 Medical Care, V.R)

Use of OC Spray

71. (b) (5)



Language Access

72. The Winn medical staff were not consistently using language assistance when interacting with detainees with Limited English Proficiency (LEP), as evidenced by medical charts for LEP detainees where there was no documentation of the use of language assistance or whether medical staff were able to communicate with detainees in their preferred language. Winn should ensure that the medical staff use language assistance consistently when interacting with detainees with LEP and document it in the medical records. Language assistance should be used for detainees with LEP during all medical encounters so that accurate information is gathered and shared with the detainee to develop an appropriate plan of care. (PBNDS 2011 4.3 Medical Care, II)

Medical Refrigerator Temperature

73. The medical refrigerator temperature logs in the pharmacy, lab, and emergency exam room had several readings that were out of range, but there was no documentation to show that the issue was ever addressed. Winn should ensure that staff address any out of range temperatures for the medical refrigerators immediately, using their troubleshooting procedure, and document the action taken in the temperature log. (PBNDS 2011 4.3 Medical Care, V.G)

MENTAL HEALTH CARE

Clinical Staffing

74. Winn currently has no onsite mental health staff. Winn should expedite its plan to hire an onsite mental health clinician. While plans are under development, admission of detainees with current and/or a history of mental health needs should be deferred until an onsite, independently licensed clinician is fully oriented. (PBNDS 2011, 4.3, Medical Care, O. Mental Health Program; NCCHC, Standards for Health Services in Jails, Mental Health

Services, J-F-03, essential)

75. The facility's plans to hire an onsite mental health clinician should include that the clinician have a designated clinical supervisor who provides regular clinical supervision. (PBNDS 2011, 4.3, Medical Care, O. Mental Health Program; NCCHC, Standards for Health Services in Jails, Mental Health Services, J-F-03, essential)
76. Despite not having an onsite mental health clinician, Winn still has detainees with mental health needs. Pending full orientation of the onsite clinician, Winn should develop a plan for any detainees in need of an urgent assessment (such as, but not limited to, urgent referrals, PREA assessments, SMU evaluations, weekly SMU rounds, and suicide watch/mental health observation risk assessments) to be evaluated and treated in-person by a qualified mental health professional. Alternatively, a transfer to a local psychiatric facility or transfer to an ICE facility with onsite staff for evaluation and treatment can be utilized. (PBNDS 2011, 4.3, Medical Care, O. Mental Health Program; NCCHC, Standards for Health Services in Jails, Mental Health Services, J-F-03, essential)
77. Winn is currently relying on tele-psych staff to address detainees' mental health needs. As long as the facility has no onsite mental health staff and houses detainees with mental health needs, Winn should develop a schedule for tele-psych staff to personally visit the facility at least semi-annually, which could serve the double purpose of integrating staff into the environment and conducting psychiatric appointments in-person. Regular site visits will improve multi-disciplinary collaboration and knowledge of the facility's culture, which in turn improves the provision of mental health care. (PBNDS 2011, 4.3, Medical Care, O. Mental Health Program; NCCHC, Standards for Health Services in Jails, Mental Health Services, J-F-03, essential)

Records and Documentation

78. Winn uses paper records, which are difficult for offsite providers, such as the tele-psych providers that the facility is currently using, to review. Winn should expeditiously implement electronic health records. An electronic health record can more easily be available for review by an off-site provider. In the interim, Winn should develop a process to ensure that tele-psych providers have access to a fully-updated and legible medical record prior to each tele-psych appointment. (PBNDS 2011, 4.3. Medical Care, V, BB Medical Records, 1. Health Care File)
79. Mental health evaluations lacked sufficient detail, which impacts treatment planning and continuity of care. Winn should ensure mental health evaluation content is in alignment with PBNDS 2011 (O. Mental Health Program, 3. Mental Health Evaluation, a-k) and document sufficient details for each content area to provide an individualized clinical description of the patient's mental health history and current mental health needs. Will should seek collateral information when indicated. (PBNDS 2011, 4.3, Medical Care, O. Mental Health Program)

80. Mental health clinical documentation was inadequate. Clinical documentation is both the foundation of and representative of care provided that ensures continuity of care. Clear documentation is needed for detainees with mental health needs who have multiple providers and experience transfers to other facilities. Winn clinical staff should document symptoms to support diagnostic and treatment conclusions and include specific symptoms with targeted interventions on separate treatment plans. (PBNDS 2011, 4.3 Medical Care, V. O. Mental Health Program and NCCHC, Standards for Health Services in Jails, Mental Health Services, J-A-08, essential)

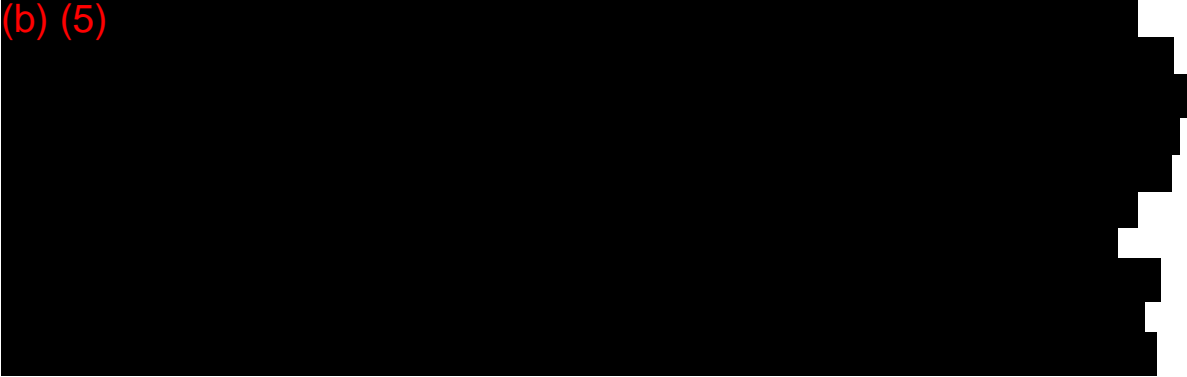
Detainee Communication

81. (b) (5)



Treatment Refusals

82. (b) (5)



Suicide Watch

83. Winn leadership reported that suicide watch routinely occurs in the segregation unit but can also occur in the negative pressure rooms in the medical unit. Detainees reported that they were often escorted from the segregation unit to meet with the tele-psych provider wearing a safety smock. Winn should immediately discontinue routine use of cells in segregation for suicide watch. Instead, it should routinely utilize the medical unit, and update policy accordingly. The facility should clearly document the rationale for use of segregation for suicide watch as a last resort. If segregation must be used as a last resort for suicide watch, then the facility should ensure that detainees are allowed to change out of the safety smock when leaving the suicide watch cell in the segregation unit. (PBNDS 2011, 4.6 Significant

Self-Harm and Suicide Prevention and Intervention and NCCHC, Standards for Health Services in Jails, Suicide Prevention and Intervention, J-B-05, essential)

84. In the cell used for suicide watch in the segregation unit, it appeared from a photo that a grate in the wall above the sink could be used as a ligature attachment point. Additionally, one of the negative pressure rooms in the medial unit that is used for suicide watch contained a bar that a ligature could be tied to. Consequently, Winn should closely investigate each cell to verify that there are no areas to which a ligature can be attached, and retro-fit cells to remove ligature attachment points, including replacing the accessibility bar in the negative pressure room in the medical unit with a ligature-proof grab bar, and ensuring that wall grates in the segregation cells cannot be used as ligature attachment points. Pending compliance with removal of ligature attachment points, all detainees on suicide watch should be maintained on 1:1 continuous, direct, observation. (PBNDS 2011, 4.6 Significant Self-Harm and Suicide Prevention and Intervention and NCCHC, Standards for Health Services in Jails, Suicide Prevention and Intervention, J-B-05, essential)
85. Detainees reported that the suicide watch cells were not clean; they stated that the plexiglass was dirty; a spider was observed in the cell; the bedframe was rusty, and there was toilet paper “stained with juice” on the camera in the cell. While onsite, it was observed that the plexiglass was dirty and that the bedframes in the segregation unit were generally rusty. Winn should ensure suicide watch cell cleanliness and establish a daily cleaning schedule. (PBNDS 2011, 4.6 Significant Self-Harm and Suicide Prevention and Intervention and NCCHC, Standards for Health Services in Jails, Suicide Prevention and Intervention, J-B-05, essential)
86. One detainee reported that while he was on suicide watch, he was not provided with a mattress and another, also on suicide watch, reported that he was not provided with a blanket until he stated that he was cold. Winn should ensure detainees on suicide watch are provided with access to property (blanket, mattress) and privileges (phone calls, yard access), unless determined to be clinically contra-indicated by mental health staff. (PBNDS 2011, 4.6 Significant Self-Harm and Suicide Prevention and Intervention and NCCHC, Standards for Health Services in Jails, Suicide Prevention and Intervention, J-B-05, essential)
87. The suicide watch documentation was inadequate. For example, there was not always a clear clinical rationale documented for continuing the watch, and documentation of observation did not always occur at the required staggered intervals of 15 minutes or less. Accordingly, Winn should conduct regular audits of its suicide watch documentation. The audits should be completed by a mental health professional and should look for: a clear clinical rationale for continuing the watch and for the observation level; treatment planning and clinical interventions to assist detainees in managing distress; safety planning; justification for lack of access to property, telephone calls, and standard uniform versus safety smock; daily status of referrals to higher levels of care; and efforts to investigate delays in access to higher levels of care. Any compliance issues with timely documentation requirements should be addressed with staff accordingly. (PBNDS 2011, 4.6 Significant Self-Harm and Suicide Prevention and Intervention and NCCHC, Standards for Health

Services in Jails, Suicide Prevention and Intervention, J-B-05, essential)

88. Practices found in medical documentation and medical staff reports were not in alignment with the PBNDS or facility policy and procedure. Examples include: 1) documentation of “extreme” watch, which leadership staff had not heard of, 2) documentation of “mental health observation,” which seemed to be used for some detainees as a step-down from suicide watch and was not in policy, and 3) reports from healthcare leadership that the telepsych provider utilized a level system, which was also not in policy. Winn should ensure that practice, procedure, and policy regarding suicide watch and emergency response are all in alignment. (PBNDS 2011, 4.6 Significant Self-Harm and Suicide Prevention and Intervention and NCCHC, Standards for Health Services in Jails, Suicide Prevention and Intervention, J-B-05, essential)

It is CRCL’s statutory role to advise Department leadership and personnel about civil rights and civil liberties issues, ensuring respect for civil rights and civil liberties in policy decisions and implementation of those decisions. Accordingly, we appreciate the work that has been done by ICE and the Winn Correctional Center to address CRCL’s concerns. If you have any questions, please contact the Director of the Compliance Branch, Dana Salvano-Dunn, at (b) (6) or (b) (6).

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