



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
Follow-Up Compliance Inspection
2024-002-327**

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

**Winn Correctional Center
Winnfield, Louisiana**


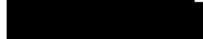
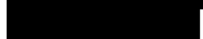
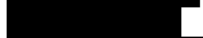
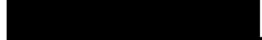
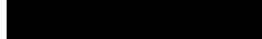
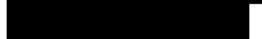
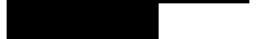
July 23-25, 2024

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

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Contractor	Creative Corrections
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	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 follow-up compliance inspection of the Winn Correctional Center (WCC) in Winnfield, Louisiana, from July 23 to 25, 2024.¹ This inspection focused on the standards found deficient during ODO’s last inspection of WCC from January 23 to 25, 2024. The facility opened in 1990 and is owned by the Louisiana Department of Public Safety and 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).

[REDACTED] A warden handles daily facility operations and manages [REDACTED] support personnel. LaSalle Corrections 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 December 2022, WCC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity. ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of July 23, 2024)	[REDACTED]
Adult Female Population (as of July 23, 2024)	[REDACTED]
Adult Transgender Population (as of July 23, 2024)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 32 deficiencies in the following areas: Admission and Release (7); Custody Classification System (2); Environmental Health and Safety (4); Food Service (1); Funds and Personal Property (5); Hunger Strikes (1); Medical Care (3); Personal Hygiene (2); Post Orders (2); Searches of Detainees (1); Staff-Detainee Communication (1); and Telephone Access (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 Data Source: ERO Custody Management Division Authorized Facility List as of July 22, 2024.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts biannual oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for longer than 72-hours, to assess compliance with ICE National Detention Standards. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all over-72-hour ICE detention facilities with an ADP of 10 or more detainees that ODO conducted a full inspection of earlier in the FY. Follow-up inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, and other standards ODO found deficient during the previous rated inspection to assess the facility's corrective actions taken to address those previously cited deficiencies.⁴

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.

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

⁴ ODO reviews the facility's compliance with selected standards in their entirety.

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

PBNDs 2011 (Revised 2016) Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	2
Sub-Total	2
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	1
Funds and Personal Property	0
Population Counts	0
Post Orders	0
Searches of Detainees	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	1
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Personal Hygiene	1
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Sub-Total	1
Part 5 - Activities	
Recreation	0
Telephone Access	1
Sub-Total	1
Total Deficiencies	5

⁵ For greater detail on ODO's findings, see the *Follow-up Compliance Inspection Findings* section of this report.

⁶ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

DETAINEE RELATIONS

ODO interviewed 21 detainees, who each voluntarily agreed to participate. One detainee made an allegation of sexual abuse, which he did not previously report, and ODO referred to allegation to facility leadership for investigation. Most detainees reported satisfaction with facility services except for the concerns listed below.

Food Service: One detainee stated facility staff did not provide him an appropriate diabetic meal or snack.

- Action Taken: ODO interviewed the food service administrator and health services administrator (HSA), reviewed the facility's common fare and special diet menus and detainee records, and confirmed the facility identified the detainee as diabetic. ODO found and determined the HSA prescribed the detainee an acceptable 2200-calorie diet and evening snack on December 6, 2023. At ODO's request, the facility staff explained the special diet to the detainee and he acknowledged understanding.

Medical Care: One detainee stated he submitted multiple medical requests, but medical staff did not schedule an appointment for his hemorrhoids.

- Action Taken: ODO interviewed the HSA, reviewed the detainee's medical records, and found medical staff scheduled the detainee for a surgery consultation on July 29, 2024. ODO confirmed medical staff informed the detainee of the scheduled appointment. On August 1, 2024, ODO confirmed the detainee attended his consultation as scheduled.

Sexual Abuse and Assault Prevention and Intervention: One detainee alleged another detainee touched him inappropriately but did not report the incident.

- Action Taken: ODO immediately ended the interview and notified a WCC PREA investigator. The PREA investigator interviewed the detainee, who alleged, approximately 15 days prior, another detainee removed his blanket while he was sleeping detainee and touched his buttocks. The detainee stated he did not believe the act was an intentional attempt to achieve any kind of sexual gratification, but he did not like it. The detainee stated there were no other incidents. On the same day, a licensed clinical social worker interviewed the detainee, and the detainee stated he felt safe and had no mental health concerns. Based on the interview, the PREA investigator determined the incident was not a Sexual Abuse and Assault Prevention and Intervention violation.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO inspected 5 housing units and found in 3 out of 5 units, water temperatures ranged between 84 to 91 Fahrenheit (F) degrees and fell below American Correctional Association parameters. ODO found this temperature variance in the following housing unit tiers: Ash A2; Dogwood A1, A2, and B2; and Birch B1 (**Deficiency EHS-1⁷**). **This is a repeat deficiency.**

ODO inspected 5 housing units for general cleanliness and found in 9 out of 32 communal showers, discolored, cracked, and broken tiles and stained grout. ODO identified these showers in the following four units: Ash A2, C1, and D1, Birch A1, B1, and D1, Dogwood B2, and Elm A1 and A2 (**Deficiency EHS-11⁸**). **This is a repeat deficiency.**

SECURITY

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed housing unit search logs from 5 housing units and found the following deficiencies:

- Ash unit: Missing 116 entries for time;
- Birch unit: Missing 8 date entries, 71 entries for time, 1 entry for type of contraband, and 8 entries for searching officers' names;
- Dogwood unit: Missing 18 entries for time and 7 entries for searching officers' names; and
- Elm unit: Missing 29 entries for time (**Deficiency FSC-122⁹**).

CARE

PERSONAL HYGIENE (PH)

ODO inspected 5 housing units and found shower temperatures ranged between 84 to 91 F degrees in the following housing units: Ash A2; Dogwood A1, A2, and B2; and Birch B1 (**Deficiency**

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

a. American Correctional Association.”

See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(A)(1)(a).

⁸ “The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(A)(3).

⁹ “Each housing unit, including the SMU, shall document cell and area searches in a search log that registers the date, time and findings, including location where contraband was found, type of contraband and the searching officers' names.” See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(F)(3)(b).

PH-38.¹⁰). This is a repeat deficiency.

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO inspected the detainee telephones in 5 housing units and found the facility monitors each telephone but had no notice on or near the telephones stating detainee calls are subject to monitoring nor the procedure for obtaining an unmonitored legal call (**Deficiency TA-20.¹¹**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 20 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 16 of those standards. ODO found five deficiencies in the remaining four standards. Since WCC's rated inspection in January 2024, the facility's overall compliance with the PBNDS 2011 (Revised 2016) has improved. WCC went from 12 deficient standards and 32 deficiencies in January 2024 to 4 deficient standards and 5 deficiencies during this most recent inspection. WCC completed its UCAP for its last inspection in January 2024, but WCC's corrective actions may not have been effective in resolving the 3 repeat deficiencies for low water temperatures and inadequate sanitation and cleanliness. ODO recommends ERO New Orleans continue to work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2024 Follow-Up Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	29	20
Deficient Standards	12	4
Overall Number of Deficiencies	32	5
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	3
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Acceptable/Adequate	N/A

¹⁰ "Detainees shall be provided: ...

3. Operable showers that are thermostatically controlled to temperatures between 100 and 120 F degrees, to ensure safety and promote hygienic practices."

See ICE PBNDS 2011 (Revised 2016), Standard, Personal Hygiene, Section (V)(E)(3).

¹¹ "If telephone calls are monitored, the facility shall: ...

3. At 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 (Revised 2016), Standard, Telephone Access, Section (V)(B)(3)(a-b).