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ICE Inspections
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**Office of Detention Oversight
Unannounced Compliance Inspection
2024-001-254**

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

**Winn Correctional Center
Winnfield, Louisiana**

January 23-25, 2024

UNANNOUNCED COMPLIANCE INSPECTION
of the
WINN CORRECTIONAL CENTER
Winnfield, Louisiana

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COMPLIANCE INSPECTION TEAM MEMBERS

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

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted an unannounced compliance inspection of the Winn Correctional Center (WCC) in Winnfield, Louisiana, from January 23 to 25, 2024.¹ The facility opened in 1988 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).

[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 April 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 January 23, 2024)	[REDACTED]
Adult Female Population (as of January 23, 2024)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 11 deficiencies in the following areas: Environmental Health and Safety (1); Food Service (5); Funds and Personal Property (2); Medical Care (2); and Significant Self-harm and Suicide Prevention and Intervention (1).

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 January 23, 2023.

³ *Ibid.*

UNANNOUNCED COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.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.

In FY 2022, ODO began conducting special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees. Additionally, ODO began conducting unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO’s informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility’s contractually required ICE NDS or in accordance with the ICE NDS listed in the current ERO Custody Management Division Authorized Facility List for facilities that are not contractually obligated to an ICE NDS, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Significant Self-harm and Suicide Prevention and Intervention, Hunger Strikes, Food Service, Environmental Health and Safety, Special Management Units (SMU) or Hold Rooms (if the facility does not have an SMU), Use of Force and Restraints/Use of Physical Control Measures, and Sexual Abuse and Assault Prevention and Intervention.

Upon completion of each special review or unannounced 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 uniform corrective action plans (UCAPs); 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.

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 ^{5,6,7}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	4
Sub-Total	4
Part 2 - Security	
Admission and Release	7
Custody Classification System	2
Facility Security and Control	0
Funds and Personal Property	5
Population Counts	0
Post Orders	2
Searches of Detainees	1
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	1
Use of Force and Restraints	0
Sub-Total	18
Part 4 - Care	
Food Service	1
Hunger Strikes	1
Medical Care	3
Medical Care (Women)	0
Personal Hygiene	2
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	7
Part 5 - Activities	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Religious Practices	0
Telephone Access	3

⁵ For greater detail on ODO's findings, see the *Unannounced 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.

⁷ During an unannounced inspection, ODO will review a facility's compliance with at least 10 individual standards; however, unannounced full inspections will include a review of the same standards as announced full inspections.

Voluntary Work Program	0
Sub-Total	3
Part 6 - Justice	
Grievance System	0
Law Libraries and Legal Materials	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	0
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	32

DETAINEE RELATIONS

ODO interviewed 35 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.

UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the facility fire safety manager, reviewed facility policy, toured 5 housing units, and found in 3 out of 5 units, no shower-to-detainee ratio standard of 1:12. Specifically, ODO found deficiencies in the following units:

- Ash unit: Tier A2 actual ratio: 1:23; Tier C1 actual ratio: 1:15; Tier D1 actual ratio: 1:14; Tier D2 actual ratio: 1:16;
- Dogwood unit: Tier A1 actual ratio: 1:14; Tier A2 actual ratio: 1:19; Tier B2 actual ratio: 1:15; Tier C2 actual ratio: 1:15; and
- Elm unit: Tier A1 actual ratio: 1:15; Tier A2 actual ratio: 1:15.

Additionally, ODO found water temperatures in the showers measured at below the standard of 100 degrees Fahrenheit (F), and specifically, between 69 to 84.5 degrees F, for the following units:

- Ash unit: Tier B1, shower stalls 1 and 2; Tier C1, shower stall 1; Tier D1, shower stall 1; Tier D2, shower stall 2;
- Birch unit: Tier A1, shower stalls 1 and 2 and Tier A2, shower stall 2;
- Dogwood unit: Tier D1, shower stalls 1 and 2; and
- Elm unit: Tier B1, shower stall 2 and Tier B2 shower stall 2 (**Deficiency EHS-1⁸**).

⁸ “Environmental health conditions shall be maintained at a level that meets recognized standards of hygiene,

ODO interviewed the facility fire safety manager, toured all areas of the facility, and the following sanitation and general cleanliness conditions in the Ash, Birch, Dogwood and Elm units:

- Discolored, mold-like stained grout in 25 of the 32 common area showers;
- Chipped paint on all the walls of the units; and
- Water droplets on the ceilings and walls throughout the units resulted in puddles of water on the floors of the sleeping areas and the detainee beds.

Additionally, ODO observed breakfast food items stored between all the beds of the following housing units and tiers:

- Ash unit: Tiers A1, A2, B1, B2, C1, C2, D1 and D2;
- Birch unit: Tiers A1, A2, C2, D1, and D2;
- Dogwood unit: Tiers A1, A2, B2, C2 and D2; and
- Elm Unit: Tiers A1, A2, B1, B2, C1, C2, and D1 (**Deficiency EHS-11⁹**).

ODO interviewed the fire safety manager, toured the laundry area and barbershop, and found the laundry area had no current inventory for 25 gallons of detergent and the barber shop had no current inventory for 2 gallons of disinfectant, 54 containers of blade cleaner, and 13 containers of clipper oil (**Deficiency EHS-39¹⁰**).

ODO interviewed the fire safety manager, toured all areas of the facility, reviewed posted exit diagrams, and found in 51 out of 51 diagrams, no identified and defined “Areas of Safe Refuge.” (**Deficiency EHS-115¹¹**).

SECURITY

ADMISSION AND RELEASE (AR)

ODO interviewed the warden, reviewed [REDACTED] detainee files, and found in [REDACTED] out of [REDACTED] files, no documentation to verify viewing of orientation video. Additionally, the warden informed ODO the orientation video had not been screened by detainees since August 2023, due to the relocation of the intake department to a new building. WCC reported [REDACTED] detainees admitted to the facility

including those from the:

- a. American Correctional Association;”

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

⁹ “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).

¹⁰ “Every area shall maintain a current inventory of the hazardous substances (e.g., flammable, toxic or caustic) used and stored there.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(B)(3).

¹¹ ““Areas of Safe Refuge’ shall be identified and explained on diagrams.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(5).

since August 2023 (**Deficiency AR-62**¹²).

ODO reviewed 12 files of released detainees and found in 8 out of 12 files, the following deficiencies:

- No Orders to Release, Form I-203 (**Deficiency AR-80**¹³);
- No documentation to confirm the return of property upon the detainees' release (**Deficiency AR-88**¹⁴);
- No signed inventory forms (**Deficiency AR-90**¹⁵);
- No inventory forms (**Deficiency AR-91**¹⁶);
- No forms signed by the detainees to confirm receipt of their inventoried property (**Deficiency AR-97**¹⁷); and
- No Property Receipt Forms, Form G-589, in triplicate (**Deficiency AR-98**¹⁸).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed █ detainee files and found in █ out of █ files, no documentation to confirm the designated classification supervisor reviewed the files for accuracy and completeness to ensure facility staff assigned each detainee to the correct housing unit (**Deficiency CCS-31**¹⁹).

ODO reviewed █ detainee files and found in █ out of █ files, first-time reclassification assessment exceeded the 60-to-90-day timeframe: the first file by 82 days; the second by 6 days; and the third by 6 days (**Deficiency CCS-51**²⁰).

¹² “At SPCs, CDFs, and dedicated IGSAAs, the facility administrator shall produce an orientation video that covers the required topics listed below and shall screen it for every detainee.” See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(F).

¹³ “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 (Revised 2016), Standard, Admission and Release, Section (V)(H)(1).

¹⁴ “If the signatures appear the same, the officer shall return the items to the detainee.” See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(H)(9)(b).

¹⁵ “If all property is correctly accounted for, the detainee shall sign the inventory sheet, a copy of which the officer shall place in the detainee’s detention file.” See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(H)(9)(c).

¹⁶ “If all property is correctly accounted for, the detainee shall sign the inventory sheet, a copy of which the officer shall place in the detainee’s detention file.” See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(H)(9)(c).

¹⁷ “If the detainee’s documentation is in order, the officer shall return the detainee’s funds and secure the detainee’s signature, confirming receipt of the inventoried property on the blue copy of the G-589.” See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(H)(11).

¹⁸ “The facility shall retain all three copies (blue, pink and white) of the closed-out G-589 in the detainee’s detention file.” See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(H)(11).

¹⁹ “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 (Revised 2016), Standard, Custody Classification System, Section (V)(E).

²⁰ “The first reclassification assessment shall be completed 60 to 90 days after the date of the initial classification.” See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(H)(1).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO interviewed the associate warden, toured the housing units, and found [REDACTED] detainees did not have lockers or other securable space for storing their authorized personal property (**Deficiency FPP-40**²¹).

ODO interviewed the property supervisor, toured the property room, and found approximately 200 backpacks, suitcases, duffle bags, and facility storage bags unsecured, or missing numbered tie straps, or with tears in them. Additionally, the property supervisor informed ODO that since January 3, 2023, facility staff opened 14 property bags without the detainees present to search the property or add property mailed to the facility and did not maintain record-keeping prior to this date (**Deficiency FPP-84**²²).

ODO interviewed the property supervisor, toured the property room, and found approximately 200 backpacks, suitcases, duffle bags, and facility storage bags unsecured, or missing numbered tie straps, or with tears in them. Additionally, the property supervisor informed ODO that since January 3, 2023, facility staff opened 14 property bags without the detainees present to search the property or add property mailed to the facility and the staff did not maintain record-keeping prior to this date (**Deficiency FPP-97**²³).

ODO reviewed [REDACTED] detainee files to check the blue copies of the G-589 forms or equivalent signed by the detainees for receipt of all funds and personal property due to them. ODO found in [REDACTED] out of [REDACTED] files, no signed blue copies or equivalent (**Deficiency FPP-135**²⁴).

ODO reviewed [REDACTED] detention files of released detainees, and found in [REDACTED] out of [REDACTED] files, no G-589 forms (**Deficiency FPP-136**²⁵).

POST ORDERS (PO)

ODO reviewed the facility POs and found supervisors did not sign to verify officers read and understood the POs for the following posts: front gate; key control; medical/transport; and housing units Birch and Cypress (**Deficiency PO-8**²⁶).

²¹ “Every housing area shall have lockers or other securable space for storing detainees’ authorized personal property.” See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(E).

²² “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 (Revised 2016), Standard, Funds and Personal Property, Section (V)(I).

²³ “All detainee luggage and facility containers used for storing detainee personal property shall be secured in a tamper-resistant manner (e.g., by a tamperproof numbered tie strap) and shall only be opened in the presence of the detainee.” See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(I).

²⁴ “The detainee shall then sign the blue/second copy of the G-589 Form or equivalent, indicating his/her receipt of all funds and personal property due him/her.” See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(K).

²⁵ “The property log and inventory sheets shall reflect the transaction.” See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(K).

²⁶ “Supervisors shall ensure that officers understand the post orders, regardless of whether the assignment is temporary, permanent, or due to an emergency.” See ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(B).

ODO reviewed the POs at each security post and found facility staff did not approve, sign nor date all POs on the last page of each section. Specifically, the facility administrator did not approve, sign, nor date the POs for the medical/transport officer (**Deficiency PO-11**²⁷).

SEARCHES OF DETAINEES (SD)

ODO inspected all three designated dry cells and found three out of three dry cells contained a permanent toilet and sink combination (**Deficiency SD-80**²⁸).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO interviewed facility and ERO New Orleans staff and found the facility did not notify the appropriate ICE point of contact when telephone serviceability problems occurred at the facility (**Deficiency SDC-25**²⁹).

CARE

FOOD SERVICE (FS)

ODO interviewed the FS manager, reviewed dishwasher temperature records, toured the FS department, and found the dishwasher did not reach wash temperatures of at least 150 degrees F, pumped rinse temperatures of at least 160 degrees F, and final rinse temperatures of at least 180 degrees F. Specifically, ODO observed the multi-tank conveyor machine washing at 136 degrees F and the pump rinse at 140 degrees F. Additionally, ODO found in 531 out of 531 pump rinse temperature log entries, a recorded temperature of 155 degrees F and in 531 out of 531 final rinse temperature log entries, a recorded temperature of 160 degrees F (**Deficiency FS-371**³⁰).

HUNGER STRIKES (HS)

ODO reviewed training files for [REDACTED] medical staff and [REDACTED] correctional staff and found in [REDACTED] out of [REDACTED] medical staff files, no documented hunger strike training either initially or annually thereafter (**Deficiency HS-1**³¹).

²⁷ “1. Approve, sign and date each Post Order on the last page of each section” See ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(C)(1).

²⁸ “If the designated area is equipped with a toilet and/or sink, the water to the cell shall be shut off for the duration of the dry cell process and the toilet and sink removed prior to the detainee being allowed into the room.” See ICE PBNDS 2011 (Revised 2016), Standard, Searches of Detainees, Section (V)(E)(2)(d).

²⁹ “Staff shall report any telephone serviceability problem within 24 hours to the appropriate ICE point of contact.” See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(C).

³⁰ “The following temperatures must be maintained for hot-water sanitizing: ...

c) Multi-tank, conveyor machine: wash temperature of 150 F degrees; pumped rinse, 160 F degrees; final rinse, 180 F degrees.”

See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(7)(g)(3)(c).

³¹ “All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike.” See ICE PBNDS 2011 (Revised 2016), Standard, Hunger Strikes, Section (V)(A).

MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found in █ out of █ records, a registered nurse conducted the comprehensive health assessment for a detainee on September 12, 2023, but the CMA did not review the assessment (**Deficiency MC-140**).³²

ODO reviewed █ detainee medical records and found in █ out of █ records, no dentist nor properly trained health provider performed the dental screenings (**Deficiency MC-177**).³³

ODO reviewed █ medical records of detainees receiving psychotropic medications and found in █ out of █ records, no informed consent signed by the detainee (**Deficiency MC-241**).³⁴

PERSONAL HYGIENE (PH)

ODO interviewed the facility fire safety manager, reviewed facility policy, and toured 5 housing units, and found water temperatures in the showers measured, below the standard of 100 F degrees, between 69 to 84.5 F, for the following units:

- Ash: Tier B1, shower stalls 1 and 2; Tier C1, shower stall 1; Tier D1, shower stall 1; Tier D2, shower stall 2;
- Birch: Tier A1, shower stalls 1 and 2; Tier A2, shower stall 2;
- Dogwood: Tier D1, shower stalls 1 and 2; and
- Elm: Tier B1, shower stall 2; Tier B2 shower stall 2 (**Deficiency PH-38**).³⁵

ODO interviewed the facility fire safety manager, reviewed facility policy, toured 5 housing units, and found 3 out of 5 units did not meet the shower-to-detainee ratio standard of 1:12. Specifically, ODO found deficiencies in the following units:

- Ash: Tier A2 actual ratio: 1:23; Tier C1 actual ratio: 1:15; Tier D1 actual ratio: 1:14; Tier D2 actual ratio: 1:16;
- Dogwood: Tier A1 actual ratio: 1:14; Tier A2 actual ratio: 1:19; Tier B2 actual ratio: 1:15; Tier C2 actual ratio: 1:15; and
- Elm: Tier A1 actual ratio: 1:15; Tier A2 actual ratio: 1:15 (**Deficiency PH-39**).³⁶

³² “The CMA shall be responsible for review of all comprehensive health assessments to assess the priority for treatment.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(M).

³³ “The initial dental screening may be performed by a dentist or a properly trained qualified health provider.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(R).

³⁴ “Prior to the 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 (Revised 2016), Standard, Medical Care, Section (V)(AA)(4).

³⁵ “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).

³⁶ “ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees.” See ICE PBNDS 2011 (Revised 2016), Standard, Personal Hygiene, Section (V)(E)(3).

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO toured 5 housing units and found in 2 out of 5 units, 1 operable telephone per 48 detainees (**Deficiency TA-1**³⁷).

ODO interviewed facility and ERO New Orleans staff and found when telephone serviceability issues occurred at the facility, facility staff did not document nor report those issues to ERO New Orleans (**Deficiency TA-9**³⁸).

ODO interviewed facility and ERO New Orleans staff and found when facility staff became aware of telephone serviceability issues, they had the repairs made; however, they did not document nor report the issues to ERO New Orleans (**Deficiency TA-15**³⁹).

CONCLUSION

During this unannounced compliance inspection, ODO assessed the facility's compliance with 29 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 17 of those standards. ODO found 32 deficiencies in the remaining 12 standards. Since WCC's last full inspection in January 2023, the facility's overall compliance with PBNDS 2011 (Revised 2016) has trended downward. WCC went from 5 deficient standards and 11 deficiencies in January 2023 to 12 deficient standards and 32 deficiencies during this most recent inspection. Two Environmental Health and Safety standard deficiencies were because the facility's housing units experienced heating and cooling system problems leading up to and during the inspection in addition to one housing unit having roof damage, which resulted in significant condensation forming on the housing units' walls, ceilings and floors. ERO New Orleans is monitoring the facility's environmental conditions daily, and along with ERO Custody Management and ERO Field Operations. They are tracking the facility's corrective actions to resolve the environmental conditions found in the facility's housing units. ODO received a completed UCAP for the facility's full inspection in July 2023, which likely resolved the deficiencies ODO found during that inspection. ODO recommends ERO New Orleans continue to work with the facility to resolve the deficiencies in accordance with contractual obligations.

³⁷ "To ensure sufficient access, each facility shall provide at least one operable telephone for every 25 detainees." *See* ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(A)(1).

³⁸ "This information shall be logged and maintained by each Field Office." *See* ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(A)(3).

³⁹ "Any identified problems must immediately be logged and reported to the appropriate facility and ICE/ERO staff." *See* ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(A)(4)(a).

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	24	29
Deficient Standards	5	12
Overall Number of Deficiencies	11	32
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	1	0
Facility Rating	Good	Acceptable/Adequate. 40

⁴⁰ ODO revised its rating system at the end of FY 2023, and beginning in FY 2024, facilities rated as “Superior” will have no or very minimal deficiencies and will have no repeat or priority component deficiencies.