



U.S. DEPARTMENT OF HOMELAND SECURITY **OFFICE OF INSPECTOR GENERAL**

OIG-26-08

June 2, 2026

FINAL REPORT

Results of an Unannounced Inspection of Winn Correctional Center in Winnfield, Louisiana





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U.S. Department of Homeland Security

Washington, DC 20528 | www.oig.dhs.gov

June 2, 2026

MEMORANDUM FOR: David J. Venturella
Senior Official Performing the Duties of the Director
U.S. Immigration and Customs Enforcement

FROM: Joseph V. Cuffari, Ph.D. **JOSEPH V
CUFFARI** Digitally signed by
Inspector General JOSEPH V CUFFARI
Date: 2026.06.02 16:40:24
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SUBJECT: *Results of an Unannounced Inspection of Winn Correctional Center
in Winnfield, Louisiana*

Attached for your action is our final report, *Results of an Unannounced Inspection of Winn Correctional Center in Winnfield, Louisiana*. We incorporated the formal comments provided by your office.

The report contains nine recommendations aimed at improving detention conditions at Winn. Your office concurred with all nine recommendations. Based on information provided in your response to the draft report, we consider recommendations 1, 3, 6, 7, and 8 resolved and open. We consider recommendations 2, 4, 5, and 9 resolved and closed. Once your office has fully implemented the recommendations, please submit a formal closeout letter to us within 30 days so that we may close the recommendations. The memorandum should be accompanied by evidence of completion of agreed-upon corrective actions.

Please send your response or closure request to OIGISPFollowup@oig.dhs.gov.

Consistent with our responsibility under the *Inspector General Act*, we will provide copies of our report to congressional committees with oversight and appropriation responsibility over the Department of Homeland Security. We will post the report on our website for public dissemination.

Please contact me with any questions, or your staff may contact Thomas Kait, Deputy Inspector General for Inspections and Evaluations, at (202) 981-6000.

Attachment



DHS OIG HIGHLIGHTS

Results of an Unannounced Inspection of Winn Correctional Center in Winnfield, Louisiana

June 2, 2026

Why We Did This Inspection

In accordance with the *Department of Homeland Security Appropriations Act, 2024* (Pub. L. 118-47), we conduct unannounced inspections of ICE detention facilities to ensure compliance with detention standards. From March 4 to 6, 2025, we conducted an in-person, unannounced inspection of Winn to evaluate its compliance with ICE detention standards.

What We Recommend

We made nine recommendations to improve detention facility management and operations.

OIG Access

Although ICE complied with our requests, facility staff did not provide timely or complete responses to all our requests for information and refused to provide OIG with copies of all facility video recordings.

What We Found

During our unannounced inspection of Winn Correctional Center (Winn) in Winnfield, Louisiana, we found it complied with *Performance-Based National Detention Standards 2011*, as revised in December 2016, for the Special Management Units (SMU), general hygiene, and the grievance system. However, the facility did not fully comply with reviewed standards for environmental health and safety, food service, use of force, medical care, classification, voluntary work program, legal access and materials, staff-detainee communication, and outdoor recreation in the SMU.

- Facility staff did not:
 - ensure safe and sanitary conditions in multiple areas;
 - store perishable food at the required temperature;
 - document and submit prompt and appropriate notifications to U.S. Immigration and Customs Enforcement (ICE) for all use-of-force incidents;
 - maintain complete classification files;
 - maintain historical voluntary work program data;
 - ensure detainees had adequate access to legal materials;
 - label all collection methods used for detainee communications; or
 - provide outdoor recreation equipment to detainees in disciplinary SMU.
- Medical staff did not always update medical records or document interpretation of lab test results.
- ICE staff did not distinguish between requests and grievances in the required log.

ICE Response

ICE concurred with all nine recommendations. We consider four recommendations resolved and closed, and five recommendations resolved and open.



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Abbreviations

ICE	U.S. Immigration and Customs Enforcement
NCCHC	National Commission on Correctional Health Care
PBNDs 2011	<i>Performance-Based National Detention Standards 2011</i>
SMU	Special Management Units
USPS	U.S. Postal Service
Winn	Winn Correctional Center



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Background

U.S. Immigration and Customs Enforcement (ICE) houses detainees at approximately 187 facilities nationwide; the conditions and practices at those facilities can vary greatly. ICE must comply with detention standards and establish an environment that protects the health, safety, and rights of detainees. Facilities that house ICE detainees must adhere to applicable detention standards, including the *Performance-Based National Detention Standards 2011* (PBNDS 2011), as revised in 2016. As mandated by Congress,¹ the Department of Homeland Security Office of Inspector General conducts unannounced inspections of ICE detention facilities to ensure compliance with these detention standards.

ICE houses detainees at the Winn Correctional Center (Winn); a multi-building campus in Winnfield, Louisiana. The Winn Parish Sheriff's Office owns the facility and provides on-site management in coordination with ICE and a private contractor, LaSalle Corrections. The Winn Parish Sheriff's Office and LaSalle Corrections (facility staff) provide food and security services, while third-party contractors provide janitorial and religious services, and a medical contractor provides medical and mental health services. At the start of our inspection, ICE housed the contractual maximum capacity of detainees, 1,576 males (low through high custody).²

Our team of inspectors and contracted medical professionals toured and inspected facility areas, including the general housing units, kitchen, law library, Special Management Units (SMU), intake area, and medical unit. We also collected and analyzed documentation related to detainee requests and grievances, detention files, SMU records, and use-of-force incidents. The contracted medical professionals visually inspected all areas where medical staff provided health services, reviewed relevant documents and health records, and interviewed key health services team members.

Results of Inspection

During our unannounced inspection of Winn, we found facility staff complied with inspected PBNDS 2011 standards for SMUs, general hygiene, and the grievance system. Table 1 summarizes areas where facility and ICE staff did not fully comply with PBNDS 2011 standards, which could negatively affect the health, safety, and rights of detainees.

¹ Joint Explanatory Statement Accompanying H.R. 2882, *Further Consolidated Appropriations Act, 2024*, Div. C, *Department of Homeland Security Appropriations Act, 2024* (Pub. L. 118-47).





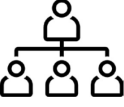




² PBNDS 2011 (Revised 2016), Standard 2.2, *Custody Classification System*, requires ICE to use a classification process for managing and separating detainees by threat risk and special vulnerabilities or special management concerns that are based on verifiable and documented data. For example, detainees classified as low may have no or only minor criminal histories, or nonviolent felony charges. This classification may not include any detainee arrested or convicted of physical violence, or with a history of assaultive behavior. In contrast, a detainee classified as medium-high or high has a history of violent or assaultive charges, convictions, institutional misconduct, or gang affiliation.



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Table 1. Summary of Areas of Non-Compliance

Standard	Non-Compliance
 <i>Environmental Health and Safety</i>	Winn Had Multiple Maintenance and Sanitary Issues <ul style="list-style-type: none">The intake building ceiling had multiple holes and insulation hanging from its tiles.The kitchen area had three leaking vents.
 <i>Food Service</i>	Winn Did Not Store Perishable Foods at the Required Temperatures <ul style="list-style-type: none">Facility staff stored perishable food in coolers and freezers that read above the required temperatures.
 <i>Use of Force</i>	Facility Staff Did Not Fully Comply with Use-of-Force Standards <ul style="list-style-type: none">Facility staff used prohibited techniques in at least three of five incidents reviewed.Facility staff did not document prompt and required notification to ICE in four of five incidents reviewed.
 <i>Medical Care</i>	Medical Staff Did Not Update Required Documents <ul style="list-style-type: none">Medical staff did not consistently update the Master Problem Lists and treatment plans, nor did they always document interpretation of laboratory test results in detainee health records.
 <i>Custody Classification</i>	Classification Records Were Missing Required Documents and Proper Supervisory Review <ul style="list-style-type: none">Required paperwork was missing from the files.
 <i>Voluntary Work Program</i>	Winn Staff Did Not Adhere to Voluntary Work Program Standards <ul style="list-style-type: none">Winn did not maintain historical voluntary work program data.
 <i>Law Libraries and Legal Material</i>	Facility Staff Did Not Provide Detainees Adequate Access to Legal Material <ul style="list-style-type: none">The facility did not provide detainees with a secure means to save their legal work.Facility staff did not consistently post the official list of local free legal service providers or the hours and rules for legal visitation.
 <i>Staff-Detainee Communication</i>	Communication from Facility Staff and ICE to Detainees Did Not Comply with Standards <ul style="list-style-type: none">Facility staff did not label all collection methods used for detainee communications.ICE's electronic logs did not distinguish between requests and grievances and the log did not contain the detainee's A-number.
 <i>Recreation (SMU)</i>	Facility Staff Did Not Provide Detainees in the SMU Outdoor Recreation Equipment <ul style="list-style-type: none">Winn did not provide detainees in disciplinary SMU with exercise equipment in the designated space.

Source: DHS OIG analysis of key findings



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Facility Staff Complied with Inspected Standards for SMUs, Personal Hygiene, and Grievance System Standards

SMUs: Winn staff generally complied with PBNDS 2011 standards for SMUs,³ which require detainees who are separated from the general population⁴ to receive adequate care and opportunities.⁵ Our file review, detainee interviews, and observations showed that Winn staff ensured SMU detainees:

- received recreation time;
- could submit requests and grievances;
- received medical checks; and
- were housed in mostly hygienic living areas (see the following section, "[Winn Had Multiple Maintenance and Sanitary Issues](#)").

Personal Hygiene: PBNDS 2011 requires that detainees are “able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items.”⁶ Through observation, we determined that Winn complied with these standards. We observed detainees receiving clean clothing, bed linens, and personal hygiene items upon admission to the facility and in general housing units upon request. We also observed the number of working sinks, showers, and toilets complied with the standards based on the number of detainees in each housing pod.

Grievance System: PBNDS 2011 requires that “detainees are treated fairly by providing a procedure for them to file both informal and formal grievances.”⁷ Throughout the facility, we observed paper grievance forms and grievance drop-boxes. Detainees could also submit grievances to ICE on electronic tablets. Additionally, we reviewed 30 responses from facility staff to detainees from September 4, 2024, to March 4, 2025, and determined these responses were generally appropriate and timely.

³ SMU, also referred to as segregation, is used to separate certain detainees from the general population for disciplinary or administrative reasons. Disciplinary segregation is a punitive form of separation from the general population used when detainees are found to have violated facility rules and regulations. Administrative segregation is a non-punitive form of separation from the general population used to ensure the safety of detainees or others or the security or good order of the facility as determined by a supervisor. PBNDS 2011 (Revised 2016), Standard 2.12, *Special Management Units*, Section V.

⁴ PBNDS 2011 (Revised 2016), Standard 2.12, *Special Management Units*, Section I.

⁵ PBNDS 2011 (Revised 2016), Standard 2.12, *Special Management Units*, Section II, 1-21.

⁶ PBNDS 2011 (Revised 2016), Standard 4.5, *Personal Hygiene*, Section I.

⁷ PBNDS 2011 (Revised 2016), Standard 6.2, *Grievance System*, Section I.



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Winn Had Multiple Maintenance and Sanitary Issues

PBND 2011 requires staff to maintain facility cleanliness and sanitation at the highest level.⁸ However, we found staff did not maintain this level in all areas of the intake building, kitchen, and SMU. For example, in the intake building through which detainees enter the facility, we observed multiple holes in the ceiling and insulation hanging from the ceiling tiles, as seen in Figures 1 and 2. The exposed insulation was located directly over an area used to store clothing, shoes, and other detainee items. The deteriorating ceiling could separate and fall to the ground, causing safety concerns for staff and detainees. During our walk-through of this area, we observed water dripping from the holes in the ceiling, which caused puddles on the floor and could lead to hazardous conditions for detainees and staff. Further, water from the ceiling could potentially soil the clothing, shoes, and other detainee items if it leaked into the supply area below it. Preventive maintenance⁹ would have ensured timely repairs or replacement of the ceiling.

Figures 1 and 2. Deteriorated Ceiling in the Intake Building, Observed March 4, 2025



Source: DHS OIG photos

⁸ PBND 2011 (Revised 2016), Standard 1.2, *Environmental Health and Safety*, Section II.1.

⁹ PBND 2011 (Revised 2016), Standard 1.2, *Environmental Health and Safety*, Section II.10.

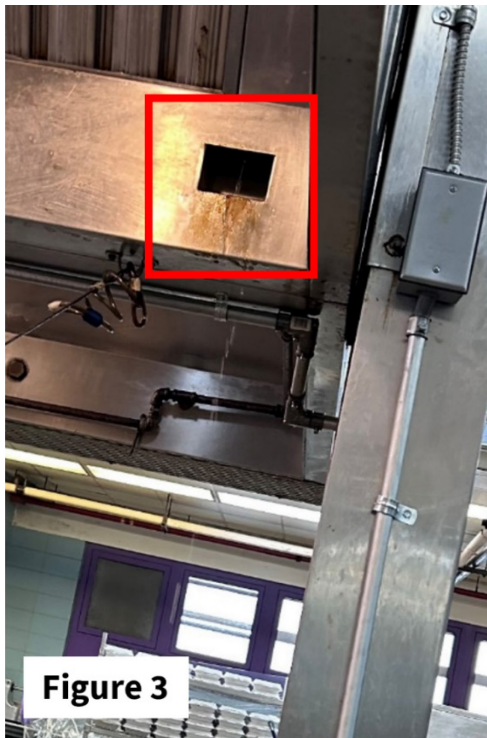


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In addition to the intake building, staff did not ensure the maintenance and cleanliness of kitchen areas. We observed three leaking vents (one shown in Figure 3) in the kitchen area. The leaking vent shown in Figure 3 created a water puddle directly below it (shown in Figure 4). PBNDS 2011 requires that in kitchen areas “Light fixtures, vent covers, wall-mounted fans, decorative materials and similar equipment and materials attached to walls or ceilings shall be maintained in good repair.”¹⁰ Because Winn did not conduct maintenance sufficient to prevent the leaks or repair or remove these leaking items, the facility risks food-safety hazards, such as residue leaking onto food preparation materials or into prepared food.

Figures 3 and 4. Leaking Vent (left), Pool of Liquid Directly Under the Leaking Vent (right), Observed March 4, 2025



Source: DHS OIG photos

The SMU area also had maintenance and sanitary issues. The ceiling was cracked and leaking water, causing wet floors. Facility staff attempted to contain the leaks with napkins and Styrofoam containers, but the water in the containers would overflow onto the floor, as seen in Figures 5 and 6.

¹⁰ PBNDS 2011 (Revised 2016), Standard 4.1, *Food Service*, Section V.J.12.d.



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Figures 5 and 6. Styrofoam Container Under the Leaking Ceiling (left) and Close Up of the Same Container Showing the Pool of Water (right), Observed March 4, 2025



Source: DHS OIG photos

Winn Did Not Store Perishable Foods at the Required Temperatures

PBNDs 2011 requires the facility to, “Store perishables at 35-40 F degrees to prevent spoilage and other bacterial action and maintain frozen foods at or below zero degrees.”¹¹ During our kitchen inspection, we found perishable foods in three coolers with temperature gauges reading between 44 and 60 degrees Fahrenheit (see Figures 7 and 8). We also found frozen foods in a freezer with the temperature gauge reading 11 degrees Fahrenheit (see Figure 9).

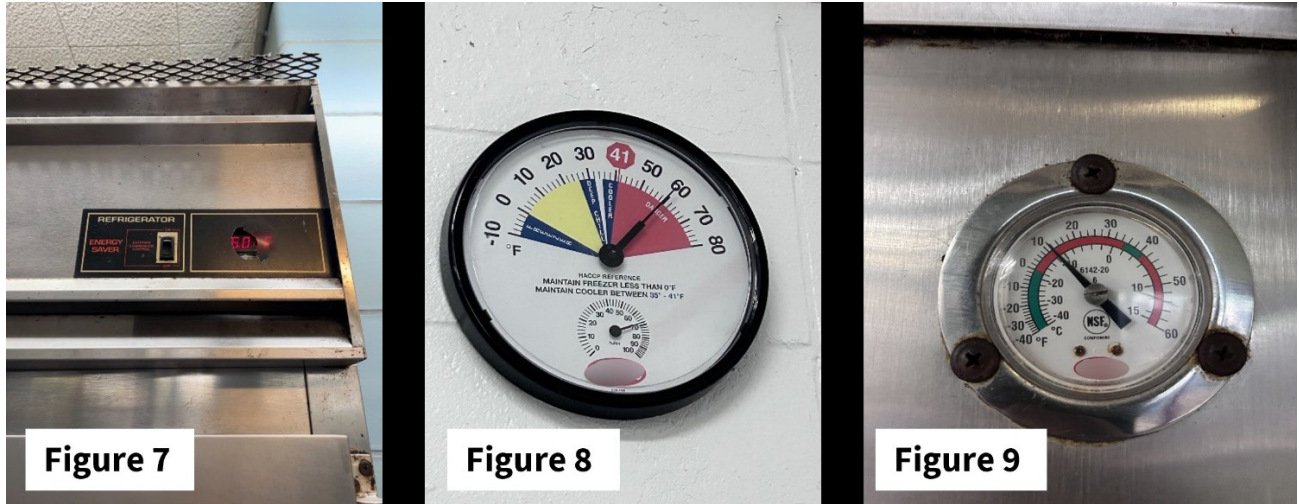
¹¹ PBNDs 2011 (Revised 2016), Standard 4.1, *Food Service*, Section V.K.3.e.



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Figures 7, 8, and 9. Examples of Coolers (left, middle) and Freezer (right) with Temperature Gauges Reading Above Required Range, Observed on March 4, 2025



Source: DHS OIG photos

According to maintenance records, the facility performed maintenance on the coolers and freezers approximately 1 month prior to our visit, but problems still existed during our site visit. Storing perishable food at temperatures above the required ranges could cause food spoilage or rotting and potentially place staff and detainees at risk of food borne illnesses if served and consumed.

Facility Staff Did Not Fully Comply with Use-of-Force Standards

In general, facility staff can use necessary and reasonable force against detainees to protect all persons, prevent property damage or escape, or maintain the security and orderly operation of the facility.¹² Per PBNDS 2011, the Use-of-Force Continuum, as shown in Figure 10, is a five-level model that illustrates the levels of force staff may use to gain control of a detainee. Staff are trained and required to use only a level of force that is necessary and reasonable to gain control of a detainee, considering the totality of the circumstances.¹³

¹² PBNDS 2011 (Revised 2016), Standard 2.15, *Use of Force and Restraints*, Section I.

¹³ PBNDS 2011 (Revised 2016), Standard 2.15, *Use of Force and Restraints*, Section V.C.



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Figure 10. Use of Force Continuum



Source: PBNDS 2011 (Revised 2016), Standard 2.15, *Use of Force and Restraints*, Section V.C.

Facility staff must notify the local ICE Field Office Director of use-of-force incidents involving specific techniques, including intermediate force devices, hard techniques, deadly force, and use of progressive constraints.¹⁴ Use-of-force incidents are classified into two categories, either calculated or immediate, as defined in Figure 11. The facility reported 18 use-of-force incidents from September 4, 2024, to March 4, 2025. Of those 18 incidents, 9 were calculated and 9 were immediate.

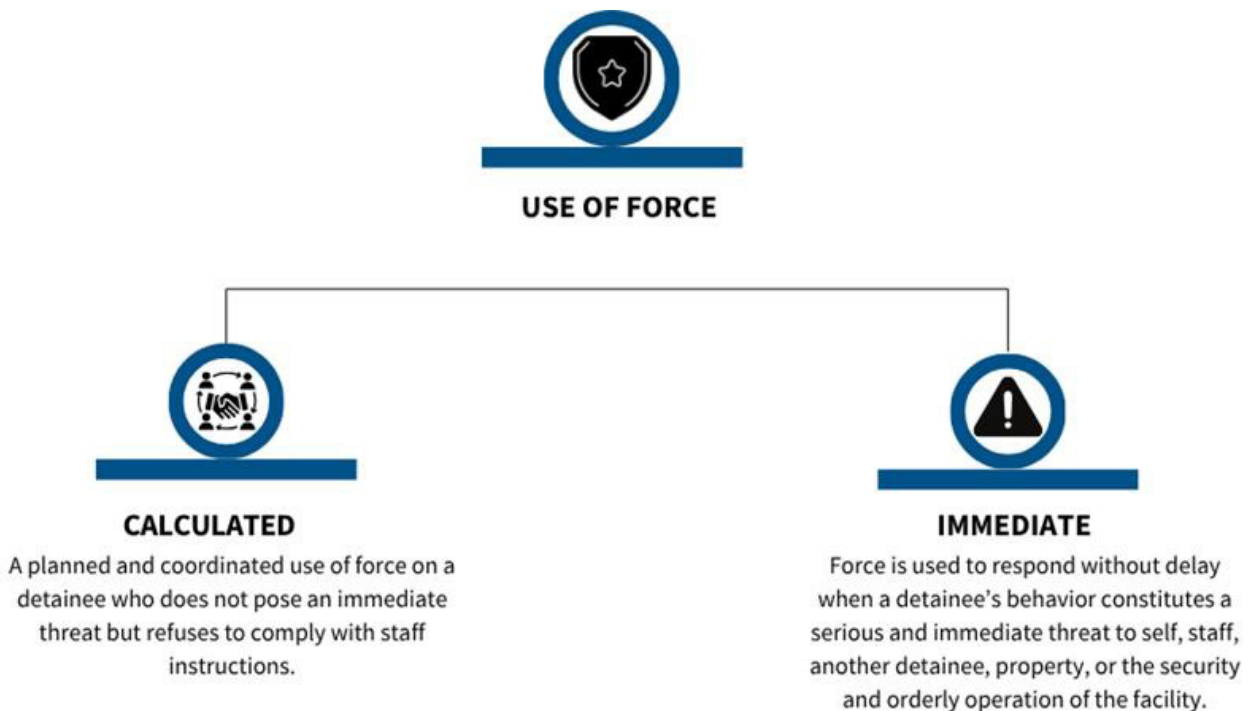
¹⁴ PBNDS 2011 (Revised 2016), Standard 2.15, *Use of Force and Restraints*, Section V.O.1.



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Figure 11. Use-of-Force Types and Descriptions



Source: PBNDS 2011 (Revised 2016), Standard 2.15, *Use of Force and Restraints*, Section V.

We chose a judgmental sample of five use-of-force incidents to review: two calculated and three immediate. We watched portions of video footage with staff while on site and noted potential areas of non-compliance with standards. While on site we requested copies of the complete video footage of these incidents — including the already reviewed footage and any additional relevant footage. Facility staff provided copies of the audiovisual record for the five use-of-force incidents reviewed. However, footage for two of the incidents was incomplete. Therefore, we could not conduct our full review to ensure that all actions followed standards. In addition, the facility did not always confirm required notification to ICE following the incident, as required.

Facility Staff Used Prohibited Techniques or Did Not Follow Standards in Use-of-Force Incidents

While we could not fully review the facility's compliance with use-of-force standards based on video review, we did review the facility's after-action reports and concurred with areas of non-compliance the facility and ICE identified in the reports. During the facility's internal after-action review process, members of the after-action review team noted three incidents, out of the five we reviewed, where facility staff violated standards. They included: applying a choke hold around a



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detainee's neck,¹⁵ failing to document a medical review and its findings on camera,¹⁶ and puncturing a detainee's skin with a pen to gain compliance.¹⁷

- In the first incident (immediate), to gain control, an officer applied a choke hold on one detainee involved in a physical altercation with another detainee. PBNDS 2011 specifically prohibits using choke holds during use-of-force incidents. Facility staff reviewing the incident identified this and noted that the officer should receive remedial training.
- In the second incident (calculated), a five-person team applied mechanical restraints and a suicide smock on a detainee after he refused to comply with orders to change into it. Staff directing the incident did not document the required medical review and its findings on camera, as noted in the facility's after-action review.
- In the third incident (immediate), an officer could not close and secure a housing unit because a detainee would not remove his hand from the unit's door. After verbally ordering the detainee to remove his hand, the officer then stabbed the detainee's right thumb with a pen, puncturing the skin. The facility investigated the incident and determined that the officer required disciplinary action.

Although facility staff noted in two of the three after-action reports that employees involved would receive retraining or discipline as necessary, facility staff could not provide documentation indicating this occurred. Based on the use-of-force files we reviewed, the facility did not have a process to document when staff completed remedial training or received disciplinary action. Therefore, facility staff could not ensure staff who used prohibited practices or did not follow standards during use-of-force incidents received the appropriate follow-up training or disciplinary actions. This could lead to staff repeating inappropriate use-of-force tactics that could potentially result in property damage, injury, and death.

Facility Staff Did Not Always Document Notifications to ICE

PBNDS 2011 requires telephonic notification to the ICE Field Office Director as soon as practicable following any use-of-force incident involving an ICE detainee, and that the facility submit documentation to the Field Office Director within 2 business days.¹⁸ In four of the five use-of-force incidents reviewed, facility staff could not demonstrate that notification to ICE occurred in the required timeframe. The records for these four incidents included an "ICE Officer" as a participant in the after-action review, but the facility did not document the date and

¹⁵ PBNDS 2011 (Revised 2016), Standard 2.15, *Use of Force and Restraints*, Section V.E.

¹⁶ PBNDS 2011 (Revised 2016), Standard 2.15, *Use of Force and Restraints*, Section V.P.4.

¹⁷ PBNDS 2011 (Revised 2016), Standard 2.15, *Use of Force and Restraints*, Section V.G.5.

¹⁸ PBNDS 2011 (Revised 2016), Standard 2.15, *Use of Force and Restraints*, Section II.12.



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time of the after-action reviews in two of the four reports. Further, the form the facility currently uses to immediately document uses of force does not have a place to document notification to ICE. Therefore, we cannot determine whether the facility informed ICE of these incidents within 2 business days, as required. This could delay ICE's review of facility staff actions, and any remedial training or disciplinary action based on those actions, increasing the risk that actions not adhering to PBNDS requirements remain unaddressed for an extended duration.

Facility Staff Did Not Provide the OIG with All Requested Information

As previously noted, although facility staff provided copies of the audiovisual record for the five use-of-force incidents reviewed, footage for two of the incidents was incomplete. In the first incident, we found the handheld recording the facility provided ended before the facility used force against a detainee, although we had viewed this footage while on site. In the second incident, the footage provided did not include the previously-viewed handheld camera footage. In subsequent email requests, we asked for copies of additional video footage. Facility staff responded they had provided all available video footage. Facility staff are required by law and DHS policy to provide timely access to files and records.¹⁹ Without complete footage, we could not fully analyze the facility's compliance with applicable standards.

Winn Medical Staff Did Not Update All Required Documents

PBNDS 2011 requires detention medical facilities to comply with National Commission on Correctional Health Care (NCCHC) standards,²⁰ to include updating medical documentation, such as a problem list,²¹ treatment plan, and laboratory testing results.²² Winn did not ensure medical staff always updated these documents, which could negatively impact detainee healthcare and safety.

Winn Medical Staff Did Not Consistently Update the Master Problem Lists and Treatment Plans

PBNDS 2011 states that any detainee who requires close, chronic, or convalescent medical supervision shall be treated in accordance with a written treatment plan conforming to accepted medical practices for the condition in question that is approved by a licensed physician, dentist or mental health practitioner.²³ Further, NCCHC standards require detainee health records to contain, at a minimum, a problem list containing medical, dental, and mental health diagnoses

¹⁹ 5 U.S.C. § 406(a)(1)(A); *DHS Directive 077-03, Engagement by and Cooperation with the Office of Inspector General*, Jan. 2025.

²⁰ PBNDS 2011 (Revised 2016), Standard 4.3, *Medical Care*, Section II.1.

²¹ A problem list is a list of information related to the detainee containing medical, dental, and mental health diagnoses and treatments as well as known allergies. NCCHC, *Standards for Health Services in Jails*, Section A – Governance and Administration, J-A-08, Health Records.

²² NCCHC, *Standards for Health Services in Jails*, Section A – Governance and Administration, J-A-08, Health Records.

²³ PBNDS 2011 (Revised 2016), Standard 4.3, *Medical Care*, Section V.W.



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and treatments, known allergies, and progress notes or flow sheets of all significant findings, diagnoses, treatments, and dispositions.²⁴ However, the OIG medical contractors' review of a sample of 36 health records showed Winn medical staff did not consistently keep the Master Problem Lists and treatment plans for each detainee current. Medical staff use these documents to communicate a detainee's medical status. Not updating these documents could negatively affect communication among medical staff and impact patient safety and appropriate treatment.

Winn Medical Staff Did Not Always Document Interpretation of Laboratory Test Results in Detainee Health Records

NCCHC standards also require detainee health records to contain reports of laboratory and other diagnostic studies and progress notes or flow sheets of all significant findings, diagnoses, treatments, and dispositions.²⁵ The OIG medical contractors' review of the 36 health records showed Winn medical staff did not always clearly document the interpretation of lab results, such as discussions with the detainee and what action the medical staff took to address the findings of the lab tests. Without this information, the medical contractors could not determine what the medical staff discussed with the detainee and how they addressed the results. These deficiencies pose a risk to patient health and safety.

Winn's Classification Records Were Missing Required Documents

PBND 2011 requires that classification forms and supporting documentation "be placed in the detainee's file."²⁶ We reviewed a judgmental sample of 30 detention files with detainee intake dates between 2023 and 2025. Twenty-five of the 30 files reviewed did not include supporting criminal history documentation. Because most of the files did not have this documentation, we could not determine if Winn correctly classified these detainees or housed them according to their criminal history.

In addition, PBND 2011 requires subsequent reclassification reviews 60 to 90 days after the initial classification date to ensure detainees are continually housed in the correct unit based on their criminal history and actions during their time in detention.²⁷ We found 25 of the 30 files required a reclassification review, yet 19 of the 25 applicable files did not contain the required reclassification paperwork. As a result, we could not determine whether Winn staff completed reclassification reviews within the required timeframe.

²⁴ NCCHC, *Standards for Health Services in Jails*, Section A – Governance and Administration, J-A-08, Health Records.

²⁵ NCCHC, *Standards for Health Services in Jails*, Section A – Governance and Administration, J-A-08, Health Records.

²⁶ PBND 2011 (Revised 2016), Standard 2.2, *Custody Classification System*, Section V.J.

²⁷ PBND 2011 (Revised 2016), Standard 2.2, *Custody Classification System*, Section V.H.1.



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Facility Staff Did Not Maintain Historical Voluntary Work Program Data

PBND 2011 says detainees shall receive monetary compensation for work completed in accordance with the facility's standard policy, and the compensation is at least \$1.00 per day.²⁸ "The normal scheduled workday for a detainee employed full time is a maximum of 8 hours. Detainees shall not be permitted to work more than 8 hours daily, 40 hours weekly."²⁹ Through interviews with facility staff and analysis of records, we found Winn did not maintain detainee work history. Winn only recorded detainee working hours for the current week in a spreadsheet by overwriting the previous week's data. Absent historical records Winn could not demonstrate, and we could not verify staff's compliance with voluntary work program standards.

Facility Staff Did Not Provide Detainees Adequate Access to Legal Materials

PBND 2011 requires the facility to provide detainees with "a means of saving any legal work in a secure and private electronic format that is password protected, so they may return at a later date to access previously saved legal work products."³⁰ During our on-site inspection, we observed that detainees did not have a secure and private means to save legal work; instead, they used shared USB drives or the computer desktops. When we noted this requirement to staff, they indicated they were unaware of it. Additionally, facility staff did not allow detainees to password protect their documents on the USB drive. Because the facility does not allow or enforce secure and private ways for detainees to save legal work, detainees could access each other's personally identifiable information or sensitive legal information saved in communal locations.

Facility staff did not always post the official list of local free legal service providers around the facility. When they did post the lists, they did not always include quarterly updates. PBND 2011 requires ICE to provide each facility the official list of local free legal service providers, updated quarterly, and for the facility to promptly and prominently post the current list in detainee housing units and other appropriate areas.³¹ While on site, we observed one posting that did not include a legal provider's information because the facility had not updated the document since April 2024. Although only one provider was missing from the list, the facility only has four local free legal service providers for a population of more than 1,500 detainees. In another instance, the facility did not post the hours and rules for legal visitation consistently in all housing units. PBND 2011 requires that "the facility shall provide notification of the rules and hours for legal visitation [...] This information shall be prominently posted in the waiting areas and visiting areas and in the housing units."³² Without the most up-to-date lists of local free legal service

²⁸ PBND 2011 (Revised 2016), Standard 5.8, *Voluntary Work Program*, Section V.K.

²⁹ PBND 2011 (Revised 2016), Standard 5.8, *Voluntary Work Program*, Section V.H.

³⁰ PBND 2011 (Revised 2016), Standard 6.3, *Law Libraries and Legal Materials*, Section V.D.

³¹ PBND 2011 (Revised 2016), Standard 5.7, *Visitation*, Section V.J.13.

³² PBND 2011 (Revised 2016), Standard 5.7, *Visitation*, Section V.J.2.



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providers or clearly indicated hours and rules for legal visitation, detainees' access to legal representation could have been reduced.

Facility Staff Did Not Label All Collection Methods Used for Detainee Communications

PBND 2011 requires that the facility provide a secure drop-box for ICE detainees to correspond directly with ICE management and that only ICE personnel have access to this drop box.³³ Although the facility complied with this standard by providing separate drop boxes for ICE communication in the housing units, detainees were also using decommissioned U.S. Postal Service (USPS) mailboxes along the walkways between housing units to submit communications. The USPS did not service these mailboxes; instead, the facility repurposed them to operate as a catch-all receptacle for detainee correspondence, including ICE grievances, facility requests, and outgoing mail (see Figure 12).

Figure 12. USPS Mailbox Observed Outside a Housing Unit on March 4, 2025



Source: DHS OIG photo

Only facility staff had access to open these mailboxes, and they collected the communications inside and sent them to the facility mailroom. Here, the facility mail clerk sorted and distributed

³³ PBND 2011 (Revised 2016), Standard 2.13, *Staff-Detainee Communication*, Section V.B.



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them accordingly. ICE staff only received detainee communications from these mailboxes after this occurred. Because the facility was not clearly defining or communicating which types of correspondence should be placed in the mailboxes, ICE-related communications were commingled with other correspondence, which could have delayed ICE's receipt and response. Without clear guidance, detainees may have been unknowingly compromising the confidentiality of their ICE-related submissions by using these mailboxes.

ICE Did Not Comply with Electronic Recordkeeping Requirements for Detainee Communications

Winn staff complied with PBNDS 2011 standards that require the facility to provide informal, direct, and written contact among staff and detainees.³⁴ Both facility and ICE staff generally responded to detainee requests within the 3-day timeframe, and the responses were appropriate and in a language detainees could understand. The facility also recorded all detainee requests in a paper logbook and filed a completed copy of each request in the detainees' detention file, as required by PBNDS 2011. Finally, we verified that ICE deportation officers had consistent and frequent visits to detainee housing units by reviewing the previous 6 months of visitation logs.

PBNDS 2011 standards also require ICE to record detainee requests in a logbook.³⁵ Specifically, the standards outline that, at a minimum, the log should capture the date of receipt, detainee's name, detainee's A-number, detainee's nationality, staff member who logged the request, dates of request submission and response, and other urgent information. ICE did not maintain a complete electronic log of detainee requests. The log at Winn did not include a field for recording the detainee's A-number or have a method to distinguish between a request and a grievance. Instead, ICE maintained all electronic requests and grievances in one electronic log, and could not distinguish between request and grievances.³⁶ Poor recordkeeping and file maintenance hindered the facility's ability to identify patterns, analyze trends, and make informed decisions that support operational efficiency and responsible facility management.

Winn Did Not Provide Detainees in Disciplinary Segregation with Outdoor Recreation Equipment

PBNDS 2011 requires detainees in SMUs "receive (or be offered) access to exercise opportunities and equipment outside the living area and outdoors."³⁷ While the facility provided detainees in administrative segregation with sports balls, nets, and other equipment for outdoor recreation, Winn staff said they did not provide equipment to any detainees in disciplinary segregation

³⁴ PBNDS 2011 (Revised 2016), Standard 2.13, *Staff-Detainee Communication*, Section I.

³⁵ PBNDS 2011 (Revised 2016), Standard 2.13, *Staff-Detainee Communication*, Section V.B.2.

³⁶ PBNDS 2011 (Revised 2016), Standard 6.2, *Grievance System*, Section V.D.

³⁷ PBNDS 2011 (Revised 2016), Standard 5.4 *Recreation*, Section II.4.



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during outdoor recreation. We confirmed, through observation of the recreational area used for disciplinary segregation, the area only consisted of a concrete slab divided into six sections separated by barbed wire fencing, with no equipment (see Figure 13). By not providing equipment during outdoor recreation to detainees in disciplinary segregation that do not have documented security, safety, or medical considerations, Winn was depriving detainees of recreational opportunities and equipment required by PBNDS.

Figure 13. Disciplinary Segregation Outdoor Recreation Area, Observed on March 4, 2025



Source: DHS OIG Photo

Recommendations

We recommend the Executive Associate Director of Enforcement and Removal Operations direct the New Orleans Field Office, which is responsible for Winn, to:

Recommendation 1: Ensure compliance with environmental health and safety standards by establishing and implementing a plan to correct all environmental health and safety issues, including leaking pipes and vents.

Recommendation 2: Ensure compliance with food service standards by consistently maintaining coolers and freezers within the required temperature ranges.



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Recommendation 3: Ensure compliance with use-of-force standards by ensuring facility staff follow all use-of-force standards, including documenting their initial use-of-force notifications to ICE, using appropriate force for each situation, and documenting remedial training and/or disciplinary action, where applicable.

Recommendation 4: Ensure compliance with medical care standards by:

- a. educating medical staff on the requirements to update Master Problem Lists and treatment plans and completing them for applicable detainees; and
- b. training medical staff on the requirement to properly address laboratory findings and document care based on the results.

Recommendation 5: Ensure compliance with custody classification system standards by maintaining all required classification paperwork, including criminal history and reclassification worksheets, in detainees' files.

Recommendation 6: Ensure compliance with voluntary work program standards by developing a process to track current and historical hours that detainees work as part of the Voluntary Work Program.

Recommendation 7: Ensure compliance with law libraries and legal material standards by:

- a. posting all required information uniformly across the facility and in accordance with standards; and
- b. providing detainees with a secure and private means of saving legal documents.

Recommendation 8: Ensure compliance with staff-detainee communication standards by:

- a. either removing the U.S. Postal Service mailboxes or covering up images and references to the Postal Service;
- b. ensuring detainees are aware that the decommissioned U.S. Postal Service mailboxes are not for communication with ICE;
- c. completing ICE electronic logs of detainee communications with all required information; and
- d. distinguishing between requests and grievances in the required log.

Recommendation 9: Ensure compliance with recreation and special management unit standards by providing disciplinary segregation unit detainees with outdoor recreation equipment.



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Management Comments and OIG Analysis

ICE provided written comments in response to the draft report and concurred with all nine recommendations. Appendix B contains ICE's management comments to the draft report in their entirety. ICE also provided technical comments to the draft report, which we have incorporated as appropriate. Further, ICE affirmed they had no sensitivity concerns. We consider recommendations 2, 4, 5, and 9 resolved and closed. We consider recommendations 1, 3, 6, 7, and 8 resolved and open. A summary of ICE's response and our analysis follows.

ICE Response to Recommendation 1: Concur. ICE said that Winn complies with the Environmental Health and Safety detention standards and noted that air flow was improved in the kitchen preparation area to remediate condensation and prevent recurrence.

OIG Analysis: We consider this responsive to the recommendation, which is resolved and open. In their May 7, 2026, correspondence, ICE provided photos and a video showing patches of repaired ceiling and piping. However, the evidence did not demonstrate that ICE had repaired the specific areas OIG identified and photographed. We will close this recommendation once ICE provides sufficient evidence confirming it has repaired those specific areas.

ICE Response to Recommendation 2: Concur. ICE stated the food storage units at Winn are equipped with accurate, easy-to-read thermostats designed to operate and maintain a temperature at or below 41 degrees Fahrenheit. ICE reiterated that the facility constantly monitors these units to ensure compliance with food service standards.

OIG Analysis: We consider this responsive to the recommendation, which is resolved and closed. ICE provided photocopies of logbooks for several months demonstrating facility staff were monitoring coolers and freezer temperatures daily to ensure they were within the required temperature ranges.

ICE Response to Recommendation 3: Concur. ICE stated that on February 18 and 19, 2025, facility staff completed remedial use-of-force training to include documentation of incidents and other standards as outlined in PBNDS 2011. ICE indicated remedial training also occurs on an as-needed basis. Further, ICE stated the Assistant Warden maintained copies of emails and telephone notifications that demonstrated ICE was notified within 48 hours of each use-of-force incident and that ICE attended after-action reviews.

OIG Analysis: We consider these actions partially responsive to the recommendation, which is resolved and open. ICE provided an 'after-action review' that documented a use-of-force incident and its review by facility leadership and ICE. ICE also provided copies of training logs that documented facility staff undergoing use-of-force training. However, ICE did not provide examples of documentation maintained by the Assistant Warden. We will consider closing the



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recommendation when we receive documentation showing the Assistant Warden maintained these records.

ICE Response to Recommendation 4: Concur. ICE stated a Clinical Supervising Physician provided training to medical staff on updating Master Problems Lists and treatment plans. The training also included topics on the completion of treatment plans for applicable detainees and requirements to properly address and document laboratory findings and follow-up care. Further, ICE stated the facility medical staff conducted an internal audit on these measures for the remainder of fiscal year 2025 to monitor compliance with corrective actions, as needed. Winn forwarded documentation of the completed audit to the ICE ERO field medical coordinator on September 25, 2025.

OIG Analysis: We consider these actions responsive to the recommendation, which is resolved and closed. ICE provided a training agenda and participation list to demonstrate the training staff received on the medical issues raised in this recommendation.

ICE Response to Recommendation 5: Concur. ICE stated facility staff are current on the appropriate training courses for the classification system standards. ICE also stated that as of April 1, 2025, a supervisor reviews detainees' files and signs off on all classification and reclassification documentation.

OIG Analysis: We consider these actions responsive to the recommendation, which is resolved and closed. ICE provided classification forms for four detainees that documented the facility staff's compliance with classification system standards, including maintenance of criminal histories and reclassification worksheets. ICE also provided the facility's "Plan of Action" that outlines steps for ensuring that facility staff responsible for classification undergo appropriate training.

ICE Response to Recommendation 6: Concur. ICE said the facility's business office has developed a process to enter detainees' work hours daily into a universal spreadsheet and ensure payment for work performed through the Voluntary Work Program.

OIG Analysis: We consider these actions responsive to the recommendation, which is resolved and open. ICE provided the facility's "Plan of Action" that states the business office prepares a spreadsheet to track detainee hours to ensure payment. However, ICE did not provide the spreadsheet, nor did it indicate whether the spreadsheet can track historical work hours, which we identified as a deficiency in the report. We will close this recommendation once ICE provides sufficient evidence demonstrating the facility has a process to track both current and historical hours worked by detainees participating in the Voluntary Work Program.



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ICE Response to Recommendation 7: Concur. ICE stated since the OIG's inspection in March 2025, updates on legal material and law library information were made and posted on bulletin boards in every housing unit, law library, and program area throughout the facility. ICE also stated staff issues Zip drives to detainees upon request.

OIG Analysis: We consider these actions responsive to the recommendation, which is resolved and open. The documentation ICE provided only includes a law library schedule and .pdf documents of required legal postings. However, ICE did not provide evidence that the facility added these legal postings to the bulletin boards throughout the facility. We will close the recommendation when ICE provides sufficient evidence that it has corrected these issues.

ICE Response to Recommendation 8: Concur. ICE said it currently maintains an electronic log of detainee communications that distinguishes between requests and grievances. ICE also stated detainees are aware that communication with ICE occurs either through an electronic request on the tablets or by submitting a paper request in the designated ICE mailbox. ICE stated the USPS mailboxes were not decommissioned; detainees can send outgoing mail via the mailboxes but cannot use them to submit communications with staff.

OIG Analysis: We consider these actions partially responsive to the recommendation, which is resolved and open. ICE was responsive in providing monthly request logbooks for March, April, and May 2025 showing the required detainee information. However, ICE did not provide the grievance logbooks. ICE also stated the USPS mailboxes were not decommissioned and were used for actual USPS mail, which contradicts what facility staff stated during our inspection. Specifically, facility staff stated the USPS mailboxes served as a catch-all receptacle for all detainee correspondence, including ICE communications. USPS mailboxes are designed for secure mail collection; only authorized postal carriers can access them. Yet the facility told us facility staff accessed and collected the contents inside them. We did not find, and the facility did not provide evidence, that authorized USPS mail carriers were entering the facility to collect mail from these mailboxes. We will close the recommendation when ICE provides sufficient evidence that it has corrected these issues.

ICE Response to Recommendation 9: Concur. ICE stated that they provide equipment to detainees within each recreation yard, including a soccer ball, bean bag toss, and pull-up bars.

OIG Analysis: We consider these actions responsive to the recommendation, which is resolved and closed. ICE provided pictures of the facility's outdoor recreation equipment that included a bean bag toss, a pull-up bar, and soccer balls.



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Appendix A: Objective, Scope, and Methodology

The *Homeland Security Act of 2002* (Pub. L. No. 107–296) by amendment to the *Inspector General Act of 1978* established the DHS OIG.

Our inspection publication was significantly delayed by three government shutdowns in FY 2026, which collectively spanned 7 months of the year, totaling 123 days.

As mandated by Congress,³⁸ we conduct unannounced inspections of ICE detention facilities to ensure compliance with detention standards. We analyze various factors to determine which facilities to inspect. We review OIG Hotline complaints, prior inspection reports, and past and future inspection schedules of other ICE and DHS inspection organizations. We also consider requests, input, and information from Congress, the DHS Office of Civil Rights and Civil Liberties, nongovernmental organizations, and media outlets to determine which facilities may pose the greatest risks to the health and safety of detainees. Finally, to ensure we review facilities with both large and small detainee populations in geographically diverse locations, we consider facility type (e.g., service processing centers, contract detention facilities, and intergovernmental service agreement facilities) and applicable PBNDS.

Our objective was to determine whether the Winn Correctional Center (Winn) in Winnfield, Louisiana complied with select standards outlined in PBNDS 2011 and the NCCHC’s 2018 *Standards for Health Services in Jails*.

We generally limited our scope to the PBNDS 2011 for health, safety, grievances, classification, use of segregation, use-of-force, and staff training. Additionally, we contracted with a team of qualified medical professionals who used the NCCHC’s 2018 *Standards for Health Services in Jails* when reviewing medical-related policies and procedures at the facility.

Before our inspection, we reviewed relevant background information for Winn, including:

- OIG Hotline complaints;
- PBNDS 2011;
- ICE Office of Detention Oversight reports and other inspection reports; and
- information from nongovernmental organizations.

From March 4 to 6, 2025, we conducted an unannounced, in-person inspection of Winn. During our inspection, we:

³⁸ Joint Explanatory Statement Accompanying H.R. 2882, *Further Consolidated Appropriations Act, 2024*, Div. C, *Department of Homeland Security Appropriations Act, 2024* (Pub. L. 118-47).



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- inspected areas detainees used;
- reviewed the facility's compliance with key health, safety, and welfare requirements;
- interviewed ICE and detention facility staff;
- interviewed detainees; and
- reviewed documentary evidence, including medical and mental health files (reviewed by medical contractors), grievances, and communication logs and files.

We conducted this inspection under the authority of the *Inspector General Act of 1978*, 5 U.S.C. §§ 401–424, and according to the *Quality Standards for Inspection and Evaluation*, issued by the Council of the Inspectors General on Integrity and Efficiency.

DHS OIG's Access to DHS Information

During this inspection, ICE provided timely responses to our requests for information and did not delay or deny access to information we requested. However, facility staff did not provide timely responses to our requests for information and denied access to some information we requested. Specifically, facility staff would not provide complete footage for two of the five use-of-force videos we requested even though we elevated the issue to the local ICE field office. Although we reviewed the videos while on site, facility staff refused to provide a copy of the requested videos to the inspection team following our on-site review. Without this footage, we could not fully analyze the facility's compliance with use-of-force standards.



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Appendix B: ICE Comments on the Draft Report

Office of the Chief Financial Officer

U.S. Department of Homeland Security
500 12th Street, SW
Washington, D.C. 20536



U.S. Immigration
and Customs
Enforcement

BY ELECTRONIC SUBMISSION

May 4, 2026

MEMORANDUM FOR: Joseph V. Cuffari, Ph.D.
Inspector General

FROM: Beth Baden MARY E BADEN Digitally signed by MARY E
BADEN
Date: 2026.05.04 10:34:05 -04'00'
(A) Chief Financial Officer and
Senior Component Accountable Official
U.S. Immigration and Customs Enforcement

SUBJECT: Management Response to Draft Report: “Results of an
Unannounced Inspection of Winn Correctional Center in
Winnfield, Louisiana” (Project No. 25-004-ISP-ICE(a))

Thank you for the opportunity to comment on this draft report. The U.S. Immigration and Customs Enforcement (ICE) appreciates the work of the Office of Inspector General (OIG) in planning and conducting its review and issuing this report.

ICE leadership is pleased to note OIG’s positive recognition that the Winn Correctional Center in Winnfield, Louisiana, complied with the Performance-Based National Detention Standards 2011,¹ as revised in December 2016, for the Special Management Unit, general hygiene, and the grievance system. ICE remains committed to providing safety, security, and a humane environment for detainees entrusted to its care.

The draft report contained nine recommendations with which ICE concurs. Attached find our detailed response to each recommendation. ICE previously submitted technical comments addressing several accuracy, contextual, and other issues under a separate cover for OIG’s consideration, as appropriate.

¹ “Performance-Based National Detention Standards 2011”, revised 2016. See:
<https://www.ice.gov/detain/detention-management/2011>.

www.ice.gov



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Again, thank you for the opportunity to review and comment on this draft report. Please feel free to contact me if you have any questions. We look forward to working with you again in the future.

Attachment



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Attachment: Management Response to Recommendations Contained in 25-004-ISP-ICE(a)

OIG recommended the Executive Associate Director of Enforcement and Removal Operations direct the New Orleans Field Office, which is responsible for the Winn Correctional Center, to:

Recommendation 1: Ensure compliance with environmental health and safety standards by establishing and implementing a plan to correct all environmental health and safety issues, including leaking pipes and vents.

Response: Concur. It is important to note that the leaking from kitchen vents identified in the OIG's draft report was due to condensation in the kitchen and not lack of maintenance. Accordingly, ICE maintains that Winn Correctional Center complies with the Environmental Health and Safety as set in the detention standards. However, on March 12, 2025, air flow was improved in the kitchen preparation area to remediate the condensation and prevent recurrence.

On February 5, 2026, ICE also provided the OIG with documentation demonstrating that all aspects of this recommendation were addressed. ICE requests that the OIG consider this recommendation resolved and closed, as implemented.

Recommendation 2: Ensure compliance with food service standards by consistently maintaining coolers and freezers within the required temperature ranges.

Response: Concur. All food storage units in the Winn Correctional Center are currently equipped with accurate, easy-to-read thermostats. In addition, any new heating and/or refrigeration equipment purchases include a zone-type thermometer with temperature graduations, and refrigeration equipment is designed and operated to maintain a temperature at or below 41 degrees Fahrenheit. In addition, Winn Correctional Center constantly monitors these units to ensure compliance with food service standards.

On February 5, 2026, ICE provided the OIG with documentation demonstrating that all aspects of this recommendation were addressed. ICE requests that the OIG consider this recommendation resolved and closed, as implemented.

Recommendation 3: Ensure compliance with use-of-force standards by ensuring facility staff follow all use-of-force standards, including documenting their initial use-of-force notifications to ICE, using appropriate force for each situation, and documenting remedial training and/or disciplinary action, where applicable.



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Response: Concur. On February 18 and 19, 2025, Winn Correctional Center facility staff completed remedial training regarding use-of-force, documentation of incidents, and other guidelines set forth by Performance-Based National Detention Standards 2011 standards. In addition, copies of email and telephone notifications are maintained by the Winn Correctional Center Assistant Warden demonstrating notification to ICE within 48 hours of each use-of-force incident, as well as ICE attendance in the After-Action Reviews, as appropriate. Winn Correctional Center facility also provides training and applicable remedial training as needed on an ongoing basis regarding use-of-force, and maintains close communication with ICE Enforcement and Removal Operations personnel in general on all use-of-force incidents, not just required notifications.

On February 5, 2026, ICE provided the OIG with documentation demonstrating that all aspects of this recommendation were addressed. ICE requests that the OIG consider this recommendation resolved and closed, as implemented.

Recommendation 4: Ensure compliance with medical care standards by:

- a. educating medical staff on the requirements to update Master Problem Lists and treatment plans and completing them for applicable detainees; and
- b. training medical staff on the requirement to properly address laboratory findings and document care based on the results.

Response: Concur. On July 25, 2025, a Clinical Supervising Physician trained medical staff at the Winn Correctional Center on topics including updating master problems lists and treatment plans, completion of treatment plans for applicable detainees, and requirements to properly address and document laboratory findings and any indicated follow up or care. Winn Correctional Center medical staff also conducted and documented internal auditing of these measures for the remainder of fiscal year 2025, as part of monitoring compliance and to determine whether any additional corrective actions were needed. Winn Correctional Center forwarded documentation of the completed audit to the ICE Enforcement and Removal Operations field medical coordinator on September 25, 2025, to review and ensure compliance. Additionally, on October 16, 2025, the ICE Enforcement and Removal Operations field medical coordinator completed and documented the medical compliance review.

On February 5, 2026, ICE provided the OIG with documentation demonstrating that all aspects of this recommendation were addressed. ICE requests that the OIG consider this recommendation resolved and closed, as implemented.

Recommendation 5: Ensure compliance with custody classification system standards by maintaining all required classification paperwork, including criminal history and reclassification worksheets, in detainees' files.



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Response: Concur. The Winn Correctional Center facility’s Classifications, Booking, and Records Department personnel are current on the appropriate training on how to meet classification system standards in the performance of their duties. These Classifications, Booking and Records Department personnel are under the Winn Correctional Center facility, and are employees contracted to provide detention services. As of April 1, 2025, the supervisor for these personnel signs all the classification and reclassification documentation prior to filing in a detainee’s record. This supervisor also reviews detainees’ files, as appropriate, to ensure all required classification paperwork is maintained in compliance with classification system standards.

On February 5, 2026, ICE provided the OIG with documentation demonstrating that all aspects of this recommendation were addressed. ICE requests that the OIG consider this recommendation resolved and closed, as implemented.

Recommendation 6: Ensure compliance with voluntary work program standards by developing a process to track current and historical hours that detainees work as part of the Voluntary Work Program.

Response: Concur. Since OIG’s inspection of the Winn Correctional Center facility in March 2025, the facility’s business office developed a process through which it prepares and tracks a universal spreadsheet on an internally shared “cloud,” in which designated staff have the capability to enter the detainees’ work hours daily to ensure payment for any work performed through the Voluntary Work Program.

On February 5, 2026, ICE provided the OIG with documentation demonstrating that all aspects of this recommendation were addressed. ICE requests that the OIG consider this recommendation resolved and closed, as implemented.

Recommendation 7: Ensure compliance with law libraries and legal material standards by:

- a. posting all required information uniformly across the facility and in accordance with standards; and
- b. providing detainees with a secure and private means of saving legal documents.

Response: Concur. Since OIG’s inspection of the Winn Correctional Center in March 2025, updated and current law libraries and legal material information were posted on bulletin boards in every housing unit, law library, program area throughout the facility. In addition, zip drives containing their legal materials are issued to detainees upon request. Zip drives are also made available for purchase if the detainees request their own personal copy of the information.



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On February 5, 2026, ICE provided the OIG with documentation demonstrating that all aspects of this recommendation were addressed. ICE requests that the OIG consider this recommendation resolved and closed, as implemented.

Recommendation 8: Ensure compliance with staff-detainee communication standards by:

- a. either removing the U.S. Postal Service mailboxes or covering up images and references to the Postal Service;
- b. ensure detainees are aware that the decommissioned U.S. Postal Service mailboxes are not for communication with ICE;
- c. completing ICE electronic logs of detainee communications with all required information; and
- d. distinguishing between requests and grievances in the required log.

Response: Concur. ICE Enforcement and Removal Operations currently maintains an electronic log of detainee communications that includes required information, and distinguishes between requests and grievances. In addition, Winn Correctional Center staff verified there have never been any identifiable USPS mailboxes in the housing units.

Detainees are aware that communication with ICE is accomplished through the filing of an electronic request on the tablets or by placing a paper request in the ICE mailbox located at the entry of each housing unit. The U.S. Postal Service mailboxes are clearly identified outside of the housing units for U.S. Postal Service Mail, and are not decommissioned. These U.S. Postal Services boxes are available for detainees to send out mail and are clearly identifiable as such. Staff-detainee communication boxes inside of the of housing units, on the other hand, are clearly identified & marked as, “ICE,” “Detainee Grievance,” “Medical Requests,” and do not resemble U.S. Postal Service mailboxes.

On February 5, 2026, ICE provided the OIG documentation demonstrating that all aspects of this recommendation were addressed. ICE requests that the OIG consider this recommendation resolved and closed, as implemented.

Recommendation 9: Ensure compliance with recreation and special management unit standards by providing disciplinary segregation unit detainees with outdoor recreation equipment.

Response: Concur. Each detainee in a Special Management Unit receives the opportunity to have outside recreation and exercise outdoors, weather permitting and unless documented otherwise, seven days per week. However, it is important to note that the detainees that are provided recreation in the Special Management Unit may be a security threat, under medical observation, or have behavioral issues that could create



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safety concerns. These reasons are documented on an individual detainee's segregation order.

Detainees in administrative segregation receive at least one hour of recreation or exercise per day, seven days per week; which takes place outside of their cells and outdoors when practicable. This is also scheduled at a reasonable time, unless security or safety considerations dictate otherwise.

Segregation units include both outdoor and covered/enclosed exercise areas. In cases where cover is not provided to mitigate the inclement weather, appropriate weather-related equipment and attire is made available to the detainees who desire to take advantage of their authorized exercise/recreation time. Equipment is also provided within each of the recreation yards for detainees such as soccer, bean bag toss, pull-up bars, etc. Inside the housing unit, the detainees have access to television, board games, cards, checkers, etc.

On February 5, 2026, ICE provided the OIG documentation demonstrating that all aspects of this recommendation were addressed. ICE requests that the OIG consider this recommendation resolved and closed, as implemented.



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Appendix C: Report Distribution

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