

Office of Professional Responsibility

Winn Correctional Center

Compliance Inspection 2025-001-079

January 14-16, 2025




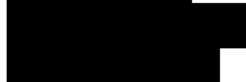


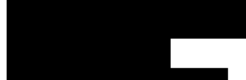
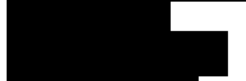
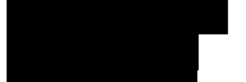
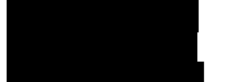
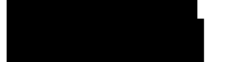

U.S. Immigration
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Enforcement

COMPLIANCE INSPECTION
of the
WINN CORRECTIONAL CENTER
Winnfield, Louisiana

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COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Winn Correctional Center (WCC) in Winnfield, Louisiana, from January 14 to 16, 2025.¹ The facility opened in 1990 and is owned by Louisiana Department of Public Safety and Corrections and operated by Lasalle Management. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at WCC in 2019 under the oversight of ERO’s Field Office Director in New Orleans (ERO New Orleans). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

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

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of January 14, 2025)	[REDACTED]
Adult Female Population (as of January 14, 2025)	[REDACTED]

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

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

² Data Source: ERO Custody Management Division Authorized Facility List as of January 13, 2025.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population 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.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

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

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

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

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

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

Detainee Handbook	0
Grievance System	3
Legal Rights Group Presentations	0
Sub-Total	3
Part 7 - Administration and Management	
Interview and Tours	0
Staff Training	0
Sub-Total	0
Total Deficiencies	12

DETAINEE RELATIONS

ODO interviewed 40 detainees, who each voluntarily agreed to participate. One detainee made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concern listed below.

Sexual Abuse and Assault Prevention and Intervention: One detainee stated ERO New Orleans did not respond to his request for transfer to another facility after experiencing verbal and physical abuse and unwanted sexual remarks and gestures from other detainees at WCC.

- Action Taken: ODO ended the interview with the detainee and followed up with the WCC PREA investigator and the facility administrator. ODO confirmed that on November 19, 2024, a facility major and a captain interviewed the detainee, but the detainee refused protective custody and changing housing units; rather, requesting a transfer to a different facility. On December 3, 2024, the SDDO notified the detainee that ICE initiated a transfer request to another facility; however, the request was delayed due to the detainee's court hearing scheduled for December 12, 2024. On January 16, 2025, ODO and an ERO New Orleans SDDO met with the detainee and confirmed the detainee declined protective custody and a housing unit transfer. The SDDO informed the detainee the request was resubmitted and was pending review and approval. ODO instructed the detainee to report any instances of discrimination, mistreatment, or abuse to facility and ERO New Orleans leadership, and the detainee acknowledged understanding.

COMPLIANCE INSPECTION FINDINGS

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed [REDACTED] detainee files and found in [REDACTED] out of [REDACTED] files, no documentation of the detainee's

sexual victimization history on the ICE custody classification worksheet (**Deficiency CCS-14**⁷).

ODO reviewed █ detainee files requiring reclassification and found in █ out of █ files, no documentation for the facility staff's reassessment, reclassification, nor consideration of the detainee's risk of victimization or abusiveness (**Deficiency CCS-49**⁸).

ODO reviewed █ detainee files requiring reclassification and found in █ out of █ files, reclassification assessments were not completed after the initial classification (**Deficiency CCS-51**⁹). **This is a repeat deficiency.**

ODO reviewed █ detainee detention files for detainees released from disciplinary segregation during the inspection period and found in █ out of █ files, the facility staff did not complete special reclassifications (**Deficiency CCS-53**¹⁰).

USE OF FORCE AND RESTRAINTS (UOFR)

ODO interviewed a facility assistant warden, reviewed four calculated use-of-force (CUOF) incidents with accompanying videos, and found the following deficiencies in one out of four CUOF incidents:

- No elements of a CUOF were included in the audiovisual record of the incident (**Deficiency UOFR-73**¹¹);
- No review of the audiovisual recording by the after-action review (AAR) team to verify continuous coverage from the time the camera started recording until the incident concluded (**Deficiency UOFR-168**¹²);

⁷ "Special consideration shall be given to any factor that would raise the risk of vulnerability, victimization or assault." See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(C).

⁸ "All facility classification systems shall ensure that a detainee is reassessed and/or reclassified. Reclassification assessments shall take into account, among other factors, the detainee's risk of victimization or abusiveness." See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(H).

⁹ "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).

¹⁰ "Staff shall complete a special reclassification within 24 hours before a detainee leaves the Special Management Unit (SMU), following an incident of abuse or victimization, and at any other time when warranted based upon the receipt of additional, relevant information." See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(H)(3).

¹¹ "Calculated use-of-force incidents shall be audio visually recorded in the following order:

- a. Introduction by team leader stating facility name, location, time, date, etc., describing the incident that led to the calculated use of force, and naming the audiovisual camera operator and other staff present.
- b. Faces of all team members shall briefly appear (with helmets removed and heads uncovered), one at a time, identified by name and title.
- c. Team Leader offers the detainee a last chance to cooperate before team action, outlines the use-of-force procedures, engages in confrontation avoidance and issues use-of-force order.
- d. Record entire use-of-force team operation, unedited, until the detainee is in restraints.
- e. Take close-ups of the detainee's body during a medical exam, focusing on the presence/absence of injuries. Staff injuries, if any, are to be described but not shown.
- f. Debrief the incident with a full discussion/analysis/assessment of the incident."

See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(I)(2) (a-f).

¹² "The after-action review team shall also review the audiovisual recording of any use-of-force incidents for

- No investigation by the AAR team of any breaks or sequences missing from the audiovisual record (**Deficiency UOFR-169**¹³); and
- No documentation by the AAR team of the lack of a prompt medical examination for the detainee following the CUOF (**Deficiency UOFR-170**¹⁴).

ORDER

DISCIPLINARY SYSTEM (DS)

ODO reviewed the facility detainee handbook and found no notice to detainees of their right to protection from personal abuse, unnecessary or excessive use of force, personal injury, disease, property damage, and harassment (**Deficiency DS-19**¹⁵).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility's grievance log and found in 5 out of 25 grievances, facility staff responded to the detainees between 6 and 38 business days (**Deficiency GS-57**¹⁶).

ODO reviewed the facility grievance logs and found in 9 out of 25 log entries, staff did not document the date of notification to the detainee and in 7 out of 25 log entries, staff did not document the outcome of the adjudication (**Deficiency GS-58**¹⁷).

ODO reviewed the facility grievance logs for appeals to the grievance appeal board and found in seven out of seven log entries, no name of the grievance officer that conducted the initial adjudication and in three out of seven log entries, no date the facility provided the decision to the detainee nor the outcome of the adjudication (**Deficiency GS-63**¹⁸).

compliance with all provisions of this standard, with particular attention paid to whether there was continuous audiovisual coverage from the time the camera started recording until the incident concluded." *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(4)(k).

¹³ "The review team shall investigate any breaks or sequences missing from the audiovisual record." *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(4)(k).

¹⁴ "The after-action review team shall also review the audiovisual recording of any use-of-force incidents for compliance with all provisions of this standard, with particular attention paid to whether a medical professional promptly examined the detainee, with the findings reported on the audiovisual record." *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(4)(l).

¹⁵ "Detainees shall have the following rights and shall receive notice of them in the handbook:

1. The right to protection from personal abuse, corporal punishment, unnecessary or excessive use of force, personal injury, disease, property damage and harassment;"

See ICE PBNDS 2011 (Revised 2016), Standard, Disciplinary System, Section (V)(B) (1-6).

¹⁶ "Detainee shall be provided with a written or oral response within five days of receipt of the grievance." *See* ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(C)(3)(b)(1)(b).

¹⁷ "GO or designee shall note the grievance log with the following information: ...

- date decision provided to detainee; and
- outcome of the adjudication."

See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(C)(3)(b)(1)(c).

¹⁸ "The GAB shall note the grievance log with the following information: ...

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 27 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 23 of those standards. ODO found 12 deficiencies in the remaining 4 standards. Since WCC’s last rated inspection in January 2024, the facility’s overall compliance with PBNDS 2011 (Revised 2016) has trended upward. WCC went from 12 deficient standards and 32 deficiencies in January 2024 to 4 deficient standards and 12 deficiencies during this most recent inspection. ODO received WCC’s uniform corrective action plan for WCC’s last inspection in January 2024; however, it, may not have been effective in resolving a previous deficiency ODO cited regarding reclassification assessments. ODO recommends ERO New Orleans continue to work with the facility to resolve the deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2025 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	29	27
Deficient Standards	12	4
Overall Number of Deficiencies	32	12
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	1
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Acceptable/Adequate	Acceptable/Adequate

-
- name of the GO that conducted the initial adjudication;
 - date decision provided to detainee; and
 - outcome of the adjudication.”

See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(C)(3)(b)(2)(d).



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