



U.S. Department of Homeland Security
Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO New Orleans Field Office

Pine Prairie ICE Processing Center
Pine Prairie, LA

August 27-29, 2019

COMPLIANCE INSPECTION
for the
PINE PRAIRIE ICE PROCESSING CENTER
Pine Prairie, Louisiana

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COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead

ODO

Inspections and Compliance Specialist

ODO

Inspections and Compliance Specialist

ODO

Contractor

Creative Corrections

Contractor

Creative Corrections

Contractor

Creative Corrections

Contractor

Creative Corrections

FACILITY OVERVIEW

The Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Pine Prairie ICE Processing Center (PIIPC) in Pine Prairie, Louisiana, from August 27-29, 2019.¹ The facility opened in 2016 and is owned and operated by The GEO Group. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at PIIPC in 2016 under the oversight of ERO's Field Office Director (FOD) in New Orleans (ERO New Orleans). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011.

ERO has Deportation Officers and a Detention Services Manager assigned to the facility. The PIIPC warden handles daily facility operations and is supported by [REDACTED] personnel. The GEO Group provides food services and medical care, and Keefe Commissary Network provides commissary services at the facility. The facility is accredited by the American Correctional Association and the National Commission on Correctional Health Care.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	1086
Average ICE Detainee Population ³	872
Male Detainee Population (as of 8/27/2019)	895
Female Detainee Population (as of 8/27/2019)	N/A

During the last inspection in FY 2016, ODO found 10 deficiencies in the following areas: Admission and Release (1); Staff Detainee Communication (1); Use of Force and Restraints (1); Medical Care (2); and Grievance System (5).

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 Facility List Report as of July 8, 2019.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components,” which are considered critical to facility security and the legal and civil rights of detainees. ODO also highlights instances in which 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 MAJOR CATEGORIES

PBNDS 2011 Standards Inspected ⁵	DEFICIENCIES
Part 1 – Safety	
Environmental Health and Safety	3
Sub-Total	3
Part 2 – Security	
Admission and Release	1
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	2
Sexual Abuse and Assault Prevention and Intervention	1
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	4
Sub-Total	8
Part 4 – Care	
Food Service	3
Medical Care	0
Personal Hygiene	1
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	4
Part 5 - Activities	
Recreation	0
Religious Practices	0
Telephone Access	1
Visitation	0
Sub-Total	1
Part 6 - Justice	
Grievance System	1
Law Libraries and Legal Materials	0
Sub-Total	1
Total Deficiencies	17

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

DETAINEE RELATIONS

ODO interviewed 32 detainees who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported being satisfied with facility services except for the concerns listed below.

Medical Care: One detainee stated he has an inguinal hernia and has not received proper medical care to treat the pain.

- Action Taken: ODO reviewed the detainee's medical record and found the detainee was evaluated by the nurse practitioner on July 30, 2019, for an injury he sustained while playing soccer. The detainee was diagnosed with an inguinal hernia and was prescribed Tylenol and provided a hernia support. On July 31, 2019, the detainee was evaluated by the physician who determined the detainee did not require surgery.

Medical Care: One detainee stated he lost his prosthetic eye during a demonstration in the facility and would like it replaced.

- Action Taken: ODO reviewed the detainee's medical record and spoke with the facility administrator, ERO, and medical staff. ODO learned the detainee was evaluated by the physician on August 13, 2019. The physician referred the detainee to an oculist at the Louisiana State University Hospital. ODO confirmed the detainee's appointment with the oculist was pending.

Food Service: Twelve detainees complained the food is bad and the sandwich meat is artificial.

- Action Taken: ODO reviewed the food service menu, observed meal preparation and spoke with the food service administrator (FSA). ODO learned the facility used pressed turkey for the sandwiches and, due to detainee complaints, had identified alternative meats for sandwiches.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

During the inspection of the food service department, ODO observed a [REDACTED] on the outside of the detainee restroom door (**Deficiency EH&S-1⁶**).

ODO observed the fire evacuation diagrams did not identify and explain the “Areas of Safe Refuge” (**Deficiency EH&S-2⁷**).

ODO reviewed fire drill documentation, for the six months preceding the inspection, and determined detainees were not been evacuated during the fire drills (**Deficiency EHS-3⁸**).

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed 25 detainee files and found three files were missing an Order to Detain or Release (Form I-203 or I-203a). Additionally, ODO found eight files contained a Form I-203 that were not signed by an ERO authorizing official (**Deficiency A&R-1⁹**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the facility’s detainee handbook and determined the handbook did not notify detainees of the procedure for claiming property upon release, transfer, or removal (**Deficiency F&PP-1¹⁰**).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by updating their detainee handbook with the required information and posting the

⁶ “Environmental health conditions shall be maintained at a level that meets recognized standards of hygiene, including those from the:

e. National Fire Protection Association’s Life Safety Code.” See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(A)(1)(e).

⁷ “In addition to a general area diagram the following information must be provided on signs: “Areas of Safe Refuge” shall be identified and explained on diagrams.” See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(C)(5).

⁸ “Detainees shall be evacuated during fire drills.” See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(C)(4)(b).

⁹ “An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee.” See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(E).

¹⁰ “The detainee handbook or equivalent shall notify the detainees of facility policies and procedures and procedures related to personal property, including:

4. the procedure for claiming property upon release, transfer, or removal.” See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(C)(4).

update in the housing units (C-1).

ODO found, while detainees are provided a securable storage bin to store personal items in their housing unit, the facility does not provide detainees with locks to secure their storage bin (Deficiency F&PP-2¹¹).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's investigative files, pertaining to allegations of sexual abuse and/or assault, and determined three allegations were not reported to the OPR Joint Intake Center (Deficiency SAAPI-1¹²).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO found, while the facility designated the armory sergeant to inspect and maintain the audiovisual recording equipment, the responsibilities were not incorporated into any of the facility's post orders (Deficiency UOF&R-1¹³).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by incorporating into two post orders the responsibility for inspecting and maintaining the audiovisual recording equipment (C-2).

ODO reviewed one immediate UOF incident and determined the detainee did not receive a medical assessment at the conclusion of the immediate UOF (Deficiency UOF&R-2¹⁴).

ODO reviewed eight calculated UOF incidents and found three incidents did not contain an audiovisual recording of the detainee's body during the medical exam, focusing on the presence or absence of injuries during the medical assessment (Deficiency UOF&R-3¹⁵). Additionally,

¹¹ "Every housing area shall have lockers or other securable space for storing detainees' authorized personal property." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(E).

¹² "When a detainee(s) is alleged to be the perpetrator, it is the facility administrator's responsibility to ensure that the incident is promptly referred to the appropriate law enforcement agency having jurisdiction for investigation (if the incident is potentially criminal) and reported to the Field Office Director, who shall report it to the OPR Joint Intake Center." See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(L)(1).

This is a Priority Component.

¹³ "Since audiovisual recording equipment must often be readily available, each facility administrator shall designate and incorporate in one or more post orders responsibility for:

1. maintaining cameras and other audiovisual equipment;
2. regularly scheduled and documented testing to ensure all parts, including batteries, are in working order; and
3. keeping back-up supplies on hand (e.g., batteries, tapes or other recording media, lens cleaners)." See ICE

PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(K)(1-3).

¹⁴ "Follow-up (e.g., medical attention), documentation (e.g., audiovisual recording for calculated use of force), reporting and an after-action review are required for each incident involving use of force." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(A)(5). **This is a Priority Component.**

¹⁵ "Calculated use-of-force incidents shall be audio visually-recorded in the following order:

- 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." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I)(2)(e). **This is a Priority Component.**

ODO found for two incidents, which facility staff removed the detainee's restraints while the detainee was exhibiting combative behavior (**Deficiency UOF&R-4¹⁶**).

CARE

FOOD SERVICE (FS)

ODO observed the exhaust hood suppression pipes, located above the food service equipment, had peeling paint and rust. (**Deficiency FS-1¹⁷**).

ODO observed the walk-in freezer door had a defective door seal, which allows ice to form on the freezer floor, creating a potential hazard (**Deficiency FS-2¹⁸**).

ODO interviewed the FSA and learned six detainees, who frequently work in the dry storage area unloading pallets of food, had not been provided safety shoes (**Deficiency FS-3¹⁹**).

PERSONAL HYGIENE (PH)

ODO inspected the housing units and determined two housing units did not provide an adequate number of toilets, washbasins, nor showers to accommodate the detainee population (**Deficiency PH-1²⁰**).

¹⁶ "Staff may not remove restraints until the detainee is no longer a danger to himself or others." See ICE PBND 2011, Standard, Use of Force and Restraints, Section (V)(B)(10).

¹⁷ "Food and ice shall be protected from dust, insects and rodents, unclean utensils and work surfaces, unnecessary handling, coughs and sneezes, flooding, drainage, overhead leakage and other sources of contamination. Protection shall be continuous, whether the food is in storage, in preparation, on display or in transit." See ICE PBND 2011, Standard, Food Service, Section (V)(F)(5).

¹⁸ "All facilities shall meet the following environmental standards:

g. Aisles and passageways shall be kept clear and in good repair, with no obstruction that may create a hazard or hamper egress." See ICE PBND 2011, Standard, Food Service, Section (V)(J)(5)(g).

¹⁹ "Machines shall be guarded in compliance with OSHA standards:

3) Safety shoes shall be worn in FSA-designated foot hazard areas." See ICE PBND 2011, Standard, Food Service, Section (V)(J)(12)(c)(3).

²⁰ "Detainees shall be provided:

1. an adequate number of toilets, 24 hours per day, which can be used without staff assistance when detainees are confined to their cells or sleeping areas. ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees. For males, urinals may be substituted for up to one-half of the toilets. All housing units with three or more detainees must have at least two toilets.
2. an adequate number of washbasins with temperature controlled hot and cold running water 24 hours per day. ACA Expected Practice 4-ALDF-4B-08 requires one washbasin for every 12 detainees.
3. operable showers that are thermostatically controlled to temperatures between 100 and 120 F degrees, to ensure safety and promote hygienic practices. ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees." See ICE PBND 2011, Standard, Personal Hygiene, Section (V)(E)(1- 3).

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO found the facility had not consistently logged the daily inspection of telephones in the housing units (**Deficiency TA-1²¹**).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO found the facility's grievance policy did not include procedures to cover urgent access to legal counsel and the law library (**Deficiency GS-1²²**).

²¹ "Each facility shall maintain detainee telephones in proper working order. Designated facility staff shall inspect the telephones daily, promptly report out-of-order telephones to the repair service so that required repairs are completed quickly. This information shall be logged and maintained by each Field Office." See ICE PBNDS 2011, Standard, Telephone Access, (V)(A)(3).

²² "Written procedures shall also cover urgent access to legal counsel and the law library." See ICE PBNDS 2011, Standard, Grievance System, Section (V)(C)(2). **This is a Repeat Deficiency.**

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 20 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 11 of those standards. ODO found 17 deficiencies in the remaining 9 standards, including one repeat deficiency. ODO commends facility staff for their responsiveness during this inspection and notes there were two instances where staff initiated immediate corrective action during the inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2016 (PBNDS 2011)	FY 2019 (PBNDS 2011)
Standards Reviewed	16	20
Deficient Standards	5	9
Overall Number of Deficiencies	10	17
Deficient Priority Components	3	3
Repeat Deficiencies	0	1
Corrective Actions	3	2