



U.S. Department of Homeland Security
U.S. 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, Louisiana

February 22-25, 2021

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

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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 Pine Prairie ICE Processing Center (PPIPC) in Pine Prairie, Louisiana, from February 22 to 25, 2021.¹ 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 PPIPC in 2016 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).

ERO has assigned deportation officers and a full-time detention services manager assigned to the facility. A PPIPC facility administrator handles daily facility operations and is supported by [REDACTED] personnel. The Geo Group provides food services, Geo Medical provides medical care, and Keefe Commissary Network provides commissary services. The facility was accredited by the American Correctional Association in November 2019 and the National Commission on Correctional Health Care in June 2020. In May 2018, PPIPC 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 Detainee Bed Capacity ²	1094
Average ICE Detainee Population ³	[REDACTED]
Male Detainee Population (as of 2/22/2021)	[REDACTED]
Female Detainee Population (as of 2/22/2021)	N/A

During its last inspection, in Fiscal Year (FY) 2020, ODO found 14 deficiencies in the following areas: Environmental Health and Safety (1); Admission and Release (4); Custody Classification System (1); Funds and Personal Property (2); Special Management Units (1); Use of Force and Restraints (1); Food Service (2); and Medical Care (2).

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

² Data Source: ERO Facility List Report as of February 16, 2021.

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.” 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.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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 Inspected⁵	Deficiencies
Part 1 – Safety	
Emergency Plans	0
Environmental Health and Safety	1
Sub-Total	1
Part 2 – Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Population Counts	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	0
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	0
Part 5 – Activities	
Religious Practices	0
Telephone Access	2
Sub-Total	2
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	3

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

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

Environmental Health and Safety: One detainee stated there was a faucet that was leaking since February 18, 2021, in his housing unit that had not been fixed by the facility staff.

- Action Taken: ODO interviewed the facility compliance manager and found the detainee had submitted a request for a leaky faucet in his housing unit on February 18, 2021. A storm prior to the inspection caused power outages and water shut offs throughout the community, spanning several days. The facility placed all non-emergency work orders on hold during the storm; however, repairs to the faucet were completed on February 23, 2021. Prior to the completion of the inspection, ODO received documentation verifying the faucet had been repaired.

Medical Care: One detainee stated he had molar pain since December 23, 2020 and requested the facility medical staff remove his three molars due to the constant pain. The detainee stated the facility medical staff had given him pain pills, which he continued to take, and antibiotics for an infection from his teeth but he stopped taking because the pain subsided. However, the detainee also expressed the pain was persistent, and the facility medical staff had not informed the detainee whether his tooth extractions would take place.

- Action Taken: ODO interviewed the health services administrator (HSA) and reviewed the detainee's medical record. The detainee arrived at PPIPC on December 22, 2020, with a recent history of a tooth abscess and dental pain. He was taking an antibiotic for the infection and a nonsteroidal anti-inflammatory (NSAID) medication for pain. The facility's registered nurse (RN) noted on the intake exam that the detainee had several cavities. In order to complete his course of treatment, the detainee was prescribed eight more days of the antibiotic and three days of the NSAID. On December 29, 2020, the physician completed the detainee's medical history and physical exam and noted the detainee had a cracked tooth and referred him to a dentist. Additionally, the physician provided the detainee with a four-day supply of over the counter NSAID medication. From December 27, 2020, to February 2, 2021, the detainee submitted five sick call requests for dental pain. The detainee's sick call requests were processed, and the detainee was evaluated within 24 hours by the facility's RN using a standardized nursing protocol for dental pain. On four occasions between December 27, 2020, and February 2, 2021, the detainee was provided a three-day supply of over the counter NSAID medication to always keep with him, and on one occurrence he was supplied with a three-day course of Tylenol to always keep with him to help with the pain. However, since the detainee had cavities and a cracked tooth, the pain had not subsided. The four previous sick call encounters included documentation that the detainee was referred to a dentist and an appointment was pending. During the detainee's sick call encounter on January 10, 2021, the facility's RN wrote the detainee was to follow-up with the facility's physician on January 12, 2021, and the facility's dentist on January 19, 2021. According to the HSA, since PPIPC did not have on-site dental services, the

detainee was scheduled to see a dentist in the community on January 19, 2021. However, prior to January 19th, the detainee was exposed to a positive COVID-19 case and had to be quarantined in his housing unit. During the initial two-week cohort period, several other detainees also tested positive, so the quarantine period was extended, and the detainee was not released from quarantine until February 14, 2021. The medical records technician (MRT) then scheduled the detainee for an emergent appointment with the dentist for February 17, 2021, but due to a storm prior to the inspection that caused power outages and water shut offs in the community, the dental office canceled all appointments. According the HSA, the detainee was informed a few days after the storm that his dental appointment would be rescheduled due to the recent inclement weather conditions and the closing of the dental office. From February 22-24, 2021, the MRT left several voicemail messages with the dental office to reschedule the appointment and was still waiting for a return call at the conclusion of the inspection. However, on March 3, 2021, ODO confirmed with the facility a March 10, 2021, dental appointment had been scheduled for the detainee.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed twenty facility fire drill reports and found the facility's emergency keys were not drawn and used by the appropriate facility's staff [REDACTED] (Deficiency EHS-112⁶).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by updating the facility's fire drill form to include a section for identifying the [REDACTED]. A memorandum was issued by the facility administrator to all facility staff on February 24, 2021, announcing the changes of the use of the facility's emergency key procedures (C-1).

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO found the facility did not have telephone access hours posted (TA-25⁷) near the telephones in the facility's detainee housing units (TA-30⁸).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action on February 23, 2021, by updating the facility's detainee handbook in both English and Spanish to include the telephone access hours, and the update was approved by the facility administrator on February 23, 2021. Lastly, new updated facility detainee handbooks would be issued to new arrivals and current detainees were made aware of the telephone access hours by a memorandum on the facility's detainee electronic tablets (C-2).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 17 of those standards. ODO found three deficiencies in the remaining two standards. ODO commends facility staff for their responsiveness during this inspection and notes there were two instances where the facility's 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.

⁶ "Emergency keys shall be drawn and used by the appropriate staff [REDACTED]"

[REDACTED] See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(C)(4)(c).

⁷ "Telephone access hours shall also be posted." See ICE PBNDS 2011, Standard, Telephone Access, Section (V)(C).

⁸ "Telephone access hours shall be posted near the telephones." See ICE PBNDS 2011, Standard, Telephone Access, Section (V)(D).

Compliance Inspection Results Compared	FY 2020 (PBND 2011) (Revised 2016)	FY 2021 (PBND 2011) (Revised 2016)
Standards Reviewed	19	19
Deficient Standards	7	2
Overall Number of Deficiencies	14	3
Repeat Deficiencies	1	0
Areas of Concern	0	0
Corrective Actions	0	2