



**U.S. Department of Homeland Security**  
U.S. Immigration and Customs Enforcement  
Office of Professional Responsibility  
ICE Inspections  
Washington, DC 20536-5501

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**Office of Detention Oversight  
Compliance Inspection**

**Enforcement and Removal Operations  
ERO Dallas Field Office**

**Prairieland Detention Facility  
Alvarado, Texas**

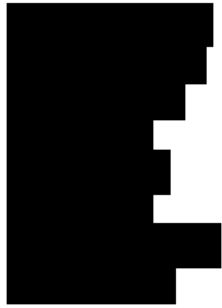
**December 13-15, 2022**

**COMPLIANCE INSPECTION**  
**of the**  
**PRAIRIELAND DETENTION FACILITY**  
Alvarado, Texas

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## COMPLIANCE INSPECTION TEAM MEMBERS



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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 Prairieland Detention Facility (PDF) in Alvarado, Texas, from December 13 to 15, 2022.<sup>1</sup> The facility opened in 2017 and is owned by the City of Alvarado and operated by LaSalle Corrections. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at PDF in 2017 under the oversight of ERO’s Field Office Director in Dallas (ERO Dallas). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (2013 Errata).

ERO has assigned an assistant field office director, supervisory detention and deportation officers, and deportation officers to the facility. A facility administrator 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 does not hold any accreditations from any outside entities.

| Capacity and Population Statistics                | Quantity   |
|---|------------|
| ICE Bed Capacity <sup>2</sup>                     | [REDACTED] |
| Average ICE Population <sup>3</sup>               | [REDACTED] |
| Adult Male Population (as of December 13, 2022)   | [REDACTED] |
| Adult Female Population (as of December 13, 2022) | [REDACTED] |

During its last inspection, in Fiscal Year (FY) 2022, ODO found 10 deficiencies in the following areas: Correspondence and Other Mail (2); Environmental Health and Safety (3); Grievance Systems (1); Staff-Detainee Communication (3); and Use of Force and Restraints (1).

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

<sup>2</sup> Data Source: ERO Facility List as of December 13, 2022.

<sup>3</sup> *Ibid.*

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 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.<sup>4</sup>

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.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (2013 ERRATA) MAJOR CATEGORIES

| PBNDs 2011 (2013 Errata) Standards Inspected <sup>5,6</sup>   | Deficiencies |
|---|--------------|
| <b>Part 1 - Safety</b>  |              |
| Emergency Plans   | 0            |
| Environmental Health and Safety                               | 3            |
| Transportation (by Land)                                      | 0            |
| <b>Sub-Total</b>  | <b>3</b>     |
| <b>Part 2 - Security</b>                                      |              |
| Admission and Release   | 0            |
| Custody Classification System                                 | 0            |
| 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            |
| Tool Control  | 1            |
| Use of Force and Restraints                                   | 0            |
| <b>Sub-Total</b>  | <b>1</b>     |
| <b>Part 3 - Order</b>   |              |
| Disciplinary System   | 0            |
| <b>Sub-Total</b>  | <b>0</b>     |
| <b>Part 4 - Care</b>  |              |
| Food Service  | 0            |
| Medical Care  | 2            |
| Medical Care (Women)  | 0            |
| Significant Self-harm and Suicide Prevention and Intervention | 1            |
| Terminal Illness, Advance Directives and Death                | 0            |
| <b>Sub-Total</b>  | <b>3</b>     |
| <b>Part 5 - Activities</b>                                    |              |
| Correspondence and Other Mail                                 | 1            |
| Recreation  | 0            |
| Visitation  | 0            |

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

<sup>6</sup> Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

|   |          |
|---|----------|
| <b>Sub-Total</b>                              | <b>1</b> |
| <b>Part 6 - Justice</b>                       |          |
| Detainee Handbook                             | 0        |
| <b>Sub-Total</b>                              | <b>0</b> |
| <b>Part 7 - Administration and Management</b> |          |
| Staff Training                                | 0        |
| <b>Sub-Total</b>                              | <b>0</b> |
| <b>Total Deficiencies</b>                     | <b>8</b> |

## DETAINEE RELATIONS

ODO interviewed 23 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of harassment, discrimination, or abuse. Most detainees reported satisfaction with facility services except for the concern listed below.

*Medical Care:* One detainee stated her dissatisfaction with PDF's treatment for her high blood pressure.

- Action Taken: ODO interviewed the health services administrator, reviewed the detainee's medical file, and found the detainee arrived at PDF on October 13, 2022, and reported to medical staff a history of high blood pressure during her initial medical screening. On November 10, 2022, a nurse practitioner (NP) examined the detainee for high blood pressure and prescribed clonidine (0.1 mg) to decrease her high blood pressure. On November 11, 2022, medical staff responded to an emergency code on the detainee for symptoms of feeling weak and dizzy. An NP ordered an electrocardiogram, continued clonidine for the elevated blood pressure, and kept the detainee in medical for observation. On November 14, 2022, the detainee exhibited symptoms of a headache, elevated blood pressure, chest pain, and weakness. Facility staff transferred the detainee to a local hospital emergency room, and hospital staff admitted her for further observation. On November 15, 2022, hospital staff prescribed the detainee aspirin (81 mg) and Lipitor (40 mg) and discharged her to PDF. On November 16, 2022, an NP conducted a follow-up visit and cleared the detainee to return to general population. On December 14, 2022, the detainee stated to the NP during a follow-up visit, her high blood pressure caused her headaches. The NP prescribed hydrochlorothiazide (25 mg) and encouraged the detainee to seek medical care if her symptoms continued.

# COMPLIANCE INSPECTION FINDINGS

## SAFETY

### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed PDF's EHS policy, toured the facility, and observed lime build-up, debris, and water stains in the showers and toilets of housing units A-1 and C-2 (**Deficiency EHS-11**<sup>7</sup>).

ODO toured the facility and found facility staff used one storage cabinet in the medical supply room for alcohol prep pads, but facility staff did not label it to indicate "Flammable-Keep Fire Away" (**Deficiency EHS-57**<sup>8</sup>).

ODO interviewed medical staff, reviewed sharps inventory sheets, and found the inventory sheets for laboratory cart #1 reflected 26 lancets and 11 tuberculosis syringes, but ODO identified 24 lancets and 15 syringes. Additionally, ODO found the inventory sheets for the bulk storage cart reflected 1,368 lancets, but ODO identified 1,328 lancets in the cart (**Deficiency EHS-141**<sup>9</sup>).

## SECURITY

### TOOL CONTROL (TC)

ODO toured the PDF and found the facility did not mark all tools with a symbol, signifying their storage location. Specifically, the facility did not mark kitchen tools with a symbol, while staff labeled tools in all other departments with a corresponding letter to signify storage location (**Deficiency TC-44**<sup>10</sup>).

## CARE

### MEDICAL CARE (MC)

ODO interviewed medical staff, reviewed one medical file requiring approval for non-formulary medicine, and found the facility did not employ an efficient method to obtain such medicine. Specifically, ODO found medical staff submitted one request for non-formulary medicine that

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<sup>7</sup> "The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness. When possible, the use of non-toxic cleaning supplies is recommended." See ICE PBNDS 2011 (2013 Errata), Standard, Environmental Health and Safety, Section (V)(A)(3).

<sup>8</sup> "Every storage cabinet shall:

1) Be constructed according to the applicable code and securely locked at all times;

3) Be conspicuously labeled: "Flammable - Keep Fire Away;"

See ICE PBNDS 2011 (2013 Errata), Standard, Environmental Health and Safety, Section (V)(B)(7)(d)(1-4).

<sup>9</sup> "Items that pose a security risk, such as sharp instruments, syringes, needles and scissors, shall be inventoried and checked weekly by an individual designated by the medical facility's Health Service Administrator (HSA) or equivalent." See ICE PBNDS 2011 (2013 Errata), Standard, Environmental Health and Safety, Section (V)(D)(4).

<sup>10</sup> "The tool control officer shall mark every tool in every work location with a symbol signifying its storage location (e.g., "armory," "control center")." See ICE PBNDS 2011 (2013 Errata), Standard, Tool Control, Section (V)(G)(1).



remained pending for 13 days but did not follow up on the request while treating the detainee with alternative medicine (**Deficiency MC-89**<sup>11</sup>).

ODO reviewed █ detainee medical records and found in █ out of █ records, the chief medical assistant did not review and sign five comprehensive health assessments completed by registered nurses (**Deficiency MC-133**<sup>12</sup>).

## **SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)**

ODO reviewed the observation logs for one detainee placed on suicide watch and found the facility did not consistently conduct close observations at staggered intervals, not exceeding 15 minutes. Specifically, ODO found the facility did not conduct checks in staggered intervals in 230 logged entries. Additionally, ODO found 3 out of 230 logged observations exceeded 15 minutes, ranging from 25 to 48 minutes (**Deficiency SSHSPI-36**<sup>13</sup>).

ODO reviewed PDF's SSHSPI policy and found definitions for two types of suicide watches: actively suicidal (active) and non-acutely suicidal (potential or inactive). However, ODO found in three out of five detainee medical files requiring suicide watch, the facility used the term "mental health observation," a term not defined by facility policy. ODO interviewed the facility director of nursing, a licensed professional counselor, and a medical detention officer and found each had differing opinions on whether to stagger a 15-minute mental health observation. ODO noted this as an **Area of Concern**.

## **ACTIVITIES**

### **CORRESPONDENCE AND OTHER MAIL (COM)**

ODO reviewed the PDF facility handbook and found no notification that outgoing special correspondence or legal mail shall not be opened, inspected, nor read by facility staff (**Deficiency COM-19**<sup>14</sup>).

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<sup>11</sup> "Each detention facility shall have and comply with written policy and procedures for the management of pharmaceuticals, to include: ...

2. Identification of a method for promptly approving and obtaining medicines not on the formulary." *See* ICE PBNDS 2011 (2013 Errata), Standard, Medical Care, Section (V)(G)(2).

<sup>12</sup> "The CMA shall be responsible for review of all comprehensive health assessments to assess the priority for treatment." *See* ICE PBNDS 2011 (2013 Errata), Standard, Medical Care, Section (V)(L).

<sup>13</sup> "Detainees on suicide precautions who have not been placed in an isolated confinement setting by the qualified mental health professional will receive documented close observation at staggered intervals not to exceed 15 minutes (e.g. 5, 10, 7 minutes), checks at least every 8 hours by clinical staff, and daily mental health treatment by a qualified clinician." *See* ICE PBNDS 2011 (2013 Errata), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

<sup>14</sup> "At a minimum, the notification shall specify: ...

5. That incoming special correspondence or legal mail may only be opened in the detainee's presence, and may be inspected for contraband, but not read, and that outgoing special correspondence or legal mail shall

*Corrective Action:* Prior to the completion of the inspection and on December 14, 2022, the facility staff updated the facility handbook to include, “Outgoing correspondence or legal mail shall not be opened, inspected, or read.” ODO confirmed the facility’s compliance manager notified all staff of the change via email, posted a notification for detainees inside all housing units for review, and confirmed all incoming detainees will receive an updated handbook (C-1).

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 24 standards under PBNDS 2011 (Errata 2013) and found the facility in compliance with 19 of those standards. ODO found eight deficiencies in the remaining five standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO Dallas to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the uniform corrective action plan for ODO’s last inspection of PDF in July 2022.

| <b>Compliance Inspection Results Compared</b> | <b>FY 2022<br/>PBNDS 2011<br/>(2013 Errata)</b> | <b>FY 2023<br/>PBNDS 2011<br/>(2013 Errata)</b> |
|---|---|---|
| Standards Reviewed                            | 18  | 24  |
| Deficient Standards                           | 5   | 5   |
| Overall Number of Deficiencies                | 10  | 8   |
| Priority Component Deficiencies               | N/A   | 0   |
| Repeat Deficiencies                           | 1   | 0   |
| Areas Of Concern                              | 0   | 1   |
| Corrective Actions                            | 0   | 1   |
| Facility Rating                               | Superior  | Superior  |

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not be opened, inspected or read.”

See ICE PBNDS 2011 (2013 Errata), Standard, Correspondence and Other Mail, Section (V)(C)(5).