



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

Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Dallas Field Office

Prairieland Detention Center
Alvarado, Texas

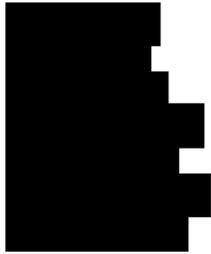
August 24-27, 2020

COMPLIANCE INSPECTION
of the
PRAIRIELAND DETENTION CENTER
Alvarado, Texas

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES.....	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	8
SAFETY.....	8
Environmental Health and Safety	8
SECURITY	8
Staff-Detainee Communication	8
CARE	9
Disability Identification, Assessment, and Accommodation	9
CONCLUSION	9

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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 Center (PDC) in Alvarado, Texas, from August 24 to 27, 2020.¹ 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 PDC in 2017 under the oversight of ERO's Field Office Director (FOD) in Dallas (ERO Dallas). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers and a detention services manager to the facility. A LaSalle Corrections facility administrator handles daily facility operations and is supported by ██████ 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 Detainee Bed Capacity ²	612
Average ICE Detainee Population ³	496
Male Detainee Population (as of 8/24/2020)	355
Female Detainee Population (as of 8/24/2020)	15

During its last inspection, in Fiscal Year (FY) 2018, ODO found 22 deficiencies in the following areas: Admission and Release (1); Custody Classification System (2); Disability Identification, Assessment and Accommodation (2); Environmental Health and Safety (1); Food Service (2); Grievance System (1); Special Management Units (3); Staff-Detainee Communication (2); Telephone Access (3); and Use of Force and Restraints (5).

¹ This facility holds male and female 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 August 24, 2020.

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 MAJOR CATEGORIES

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

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.

Medical Care: One detainee stated she requested a vision test because of blurred vision and has not seen an optometrist.

- Action Taken: ODO reviewed the detainee's medical records and spoke with facility medical staff. The facility medical staff evaluated the detainee's eye condition on July 8, 2020, which they referred her to the medical provider for further evaluation. The medical provider evaluated her eye condition on July 10, 2020, diagnosed her with having eye floaters and Presbyopia, and referred her to the optometrist for a full eye evaluation. The health services administrator (HSA) stated because of the COVID-19 pandemic, the facility did not send detainees to see outside providers unless there was an emergency. The HSA stated the detainee was scheduled to see the community optometrist within the next week.

Medical Care: One detainee stated he requested to see a dentist two months ago and had not received a response.

- Action Taken: ODO reviewed the detainee's medical records and spoke with the facility medical staff. ODO found nothing to indicate the detainee had requested medical or dental care since his arrival at PDC. ODO requested the facility medical staff evaluate the detainee to determine if the detainee needed to see a dentist. The facility medical staff placed him on the sick call schedule for August 26, 2020, and informed ODO they would add him to the dental list if needed, following the sick call encounter. Following the inspection, ODO followed up with ERO Dallas and learned the facility added the detainee to their dental list and he has an appointment scheduled for October 12, 2020.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the facility's documentation for [REDACTED] fire drills and found the facility did not document drawing nor testing the [REDACTED] for any of the [REDACTED] fire drills (**Deficiency EH&S-1⁶**).

SECURITY

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the facility's detainee request log and found several instances in which ERO Dallas did not respond to the detainees' requests within three business days of receipt as required by the standard (**Deficiency SDC-1⁷**).

ODO reviewed the facility's detainee request log and found the log did not have an area for specific reasons as to why a detainee's request was urgent and required a faster response, which was a repeat deficiency (**Deficiency SDC-2⁸**).

ODO reviewed the facility's telephone serviceability test forms and found ERO Dallas did not provide the forms to the facility, which was a repeat deficiency (**Deficiency SDC-3⁹**).

⁶ "Fire drills shall be conducted and documented at [REDACTED] in all facility locations including administrative areas.

c. [REDACTED] NFPA recommends a limit of [REDACTED]. However, when conducting fire drills, emphasis shall be placed on safe and orderly evacuation rather than speed." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(C)(4)(c).

⁷ "In Facilities with ICE/ERO Onsite Presence

The ICE/ERO staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no later than within three (3) business days of receipt." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(B)(1)(a).

⁸ "All requests shall be recorded in a logbook (or electronic logbook) that is specifically designated for that purpose.

At a minimum, the log shall record: ...

h. specific reasons why the detainee's request is urgent and requires a faster response." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section, (V)(B)(2)(h). **This is a repeat deficiency.**

⁹ "... Staff shall document each serviceability test on a form that has been provided by ERO, and each Field Office shall maintain those forms, organized by month, for three years." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(C). **This is a repeat deficiency.**

CARE

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)

The facility's reasonable accommodation policy did not address reasonable timelines for reviewing detainees' requests for accommodations, providing reasonable accommodations, nor for modifications to or reassessments of accommodations. Additionally, the facility's reasonable accommodations policy did not address several processes outlined in the DIA&A standard. Specifically, the facility's policy did not address using a multidisciplinary team to evaluate requests or referrals, staff training, external notifications, nor communication aids and services (**Deficiency DIA&A-1¹⁰**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 and found the facility in compliance with 15 of those standards. ODO found five deficiencies in the remaining three standards. ODO commends facility staff for their responsiveness during this 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 2018 (PBNDS 2011)	FY 2020 (PBNDS 2011)
Standards Reviewed	17	18
Deficient Standards	10	3
Overall Number of Deficiencies	22	5
Repeat Deficiencies	0	2
Corrective Actions	5	0

¹⁰ "The facility shall develop written policy and procedures, including reasonable timelines, for reviewing detainees' requests for accommodations related to a disability and for providing accommodations (including interim accommodations), modifications, and reassessments. These policies and procedures shall be consistent with the processes outlined in this standard." See ICE PBDNS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section, (V)(B)(1).