



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

**Office of Detention Oversight
Follow-Up Compliance Inspection**

**Enforcement and Removal Operations
ERO New Orleans Field Office**

**Pine Prairie ICE Processing Center
Pine Prairie, Louisiana**

August 9-11, 2022

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

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FOLLOW-UP 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 U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a follow-up compliance inspection of the Pine Prairie ICE Processing Center (PPIPC) in Pine Prairie, Louisiana, from August 9 to 11, 2022.¹ This inspection focused on the standards found deficient during ODO’s last inspection of PPIPC from February 7 to 10, 2022. The facility opened in 2000 and is owned and operated by The GEO Group, Inc. (GEO). 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 detention services manager to the facility. A facility administrator handles daily operations and manages [REDACTED] support personnel. GEO provides food services and medical care, and Keefe Commissary Network provides commissary services at the facility. The facility was accredited by the American Correctional Association (ACA) in December 2019 and the National Commission on Correctional Health Care in June 2020.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of August 9, 2022)	[REDACTED]
Adult Female Population (as of August 9, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2022, ODO found six deficiencies in the following areas: Admission and Release (1); Custody Classification System (3); Funds and Personal Property (1); and Use of Force and Restraints (1).

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

² Data Source: ERO Facility List as of August 1, 2021.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniform corrective action plan (UCAP), and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

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

PBNS 2011 (Revised 2016) Standards Inspected^{4,5}	Deficiencies
Part 1 – Safety	
Emergency Plans	1
Environmental Health and Safety	3
Sub-Total	4
Part 2 – Security	
Admission and Release	1
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	1
Part 4 – Care	
Food Service	1
Hunger Strikes	0
Medical Care	0
Personal Hygiene	1
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	2
Part 5 - Activities	
Recreation	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance System	1
Sub-Total	1
Total Deficiencies	8

⁴ For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

⁵ 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 inspections.

DETAINEE RELATIONS

ODO interviewed 26 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Two detainees stated they had thoughts of harming themselves, and ODO immediately referred both detainees to ERO New Orleans and facility medical staff for evaluation. Most detainees reported satisfaction with facility services except for the concerns listed below.

Significant Self-harm and Suicide Prevention and Intervention: One detainee stated he had thoughts of harming himself.

- Action Taken: ODO immediately concluded the interview and notified ERO New Orleans, PPIPC facility staff, and ODO leadership. Facility staff escorted the detainee to medical for evaluation by a facility psychiatrist. The detainee denied having thoughts of harming himself but informed the psychiatrist he had been depressed because of his confinement to the facility. The psychiatrist prescribed the detainee medication to target depressive episodes, scheduled the detainee for a follow-up appointment in 30 days, and cleared the detainee for return to general population.

Significant Self-harm and Suicide Prevention and Intervention: Another detainee also stated he had thoughts of harming himself.

- Action Taken: ODO immediately concluded the interview and notified ERO New Orleans, PPIPC facility staff, and ODO leadership. Facility staff escorted the detainee to medical for evaluation by a facility psychiatrist. The detainee stated he had suicidal thoughts approximately 2-3 months ago but never had any intentions of acting on those thoughts. The psychiatrist prescribed medication for depression and determined no follow-up appointment was required. The psychiatrist cleared the detainee to return to general population.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

EMERGENCY PLANS (EP)

ODO reviewed the facility EP policy, observed staff phone locations, interviewed the chief of security, and found the facility administrator did not develop a “script” for staff to follow upon receiving a telephoned bomb threat (**Deficiency EP-138⁶**).

⁶ “The facility administrator shall develop a “script” for staff to follow upon receiving a telephoned bomb threat; script shall be available at every staff telephone for instant access. (FBI Bomb Threat DATA Form, DOJ 370)” See ICE PBNDS 2011, Standard, Emergency Plans, Section (V)(E)(7)(a)(1).

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO observed PPIPC dormitory units, interviewed the fire safety manager (FSM), and found detainees did not receive safety instructions for living area-related assignments. Specifically, ODO found chemical storage carts in Bravo and Delta dormitories with the chemical cleaning agent “HDQ Neutral,” labeled as "hazardous;" however, PPIPC staff did not document any safety instruction to the detainees prior to use (**Deficiency EHS-6**⁷).

ODO toured the facility, interviewed the FSM, and found detainees did not have ready and continuous access to Material Safety Data Sheets (MSDS) for substances they handled. Specifically, PPIPC could not provide ODO with any MSDS for chemicals used by detainees in the facility (**Deficiency EHS-45**⁸).

ODO reviewed the facility EHS policy, toured the facility, interviewed the FSM, and found exit diagram postings did not meet applicable fire safety regulations of the facility’s jurisdiction. Specifically, the PPIPC medical and intake floorplan and exit locations did not correspond to the actual floorplan for those locations (**Deficiency EHS-116**⁹).

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed the detainee detention files of five released detainees and found in two out of five files, no Orders to Release (Form I-203) (**Deficiency AR-80**¹⁰).

CARE

FOOD SERVICE (FS)

ODO reviewed the PPIPC FS policy and fire and safety inspection reports, interviewed the FSM, and found a qualified contractor did not inspect the PPIPC fire suppression system every 6 months. Specifically, the last documented fire and safety inspection conducted by a qualified contractor was dated November 30, 2021 (**Deficiency FS-407**¹¹).

⁷ “Detainees shall receive safety instruction as necessary for living area-related assignments, such as working with cleaning products to clean general use areas.” See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(A)(2).

⁸ “Staff and detainees shall have ready and continuous access to the MSDS for the substances with which they are working.” See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(B)(4)(c).

⁹ “Diagram posting shall be in accordance with applicable fire safety regulations of the jurisdiction.” See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(C)(5).

¹⁰ “A detainee’s out-processing begins when release processing staff receive the Form I-203, ‘Order to Detain or Release,’ signed by an authorizing official.” See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(H)(1).

¹¹ “A qualified contractor shall inspect the system every six months.” See ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(12)(f).

PERSONAL HYGIENE (PH)

ODO toured PPIPC dormitories, interviewed facility staff, and found the facility did not provide a minimum ratio of 1 shower for every 12 detainees as required by the ACA. Specifically, the facility's detainee roster indicated the Delta-Bravo housing unit housed 50 detainees but only had 4 showers for a ratio of 1 shower for every 25 detainees (**Deficiency PH-39**¹²).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the PPIPC detainee handbook and found the handbook did not inform detainees of the procedures to file a complaint by telephone nor in writing to the Department of Homeland Security Office of Inspector General Hotline (**Deficiency GS-18**¹³).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 11 of those standards. ODO found eight deficiencies in the remaining six standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO New Orleans work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligation. ERO provided ODO with the UCAP for ODO's last inspection of PPIPC on February 7, 2022.

Compliance Inspection Results Compared	First FY 2022 (PBNDS 2011) (Revised 2016)	Second FY 2022 (PBNDS 2011) (Revised 2016)
Standards Reviewed	23	17
Deficient Standards	4	6
Overall Number of Deficiencies	6	8
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	N/A

¹² "ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees." See ICE PBNDS 2011, Standard, Personal Hygiene, Section (V)(E)(3).

¹³ "The facility shall provide each detainee, upon admittance, a copy of the detainee handbook and local supplement (see also standard '6.1 Detainee Handbook'), in which the grievance section provides notice of the following: ...

8. The opportunity at any point to file a complaint directly to the Department of Homeland Security (DHS) OIG about staff misconduct, physical or sexual abuse or civil rights violations; complaints may be filed by calling the DHS OIG Hotline at 800-323-8603 or by writing to: Department of Homeland Security Attn: Office of the Inspector General Washington, DC 20528."

See ICE PBNDS 2011, Standard, Grievance System, Section (V)(B)(8).