



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
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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

August 31-September 4, 2020

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, from August 31 to September 4, 2020.¹ 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 (FOD) in New Orleans (ERO New Orleans). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has deportation officers and a full-time detention services manager assigned to the facility. The PPIPC warden handles daily facility operations and is supported by █ personnel. The GEO Group 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 in November 2019, the DHS Prison Rape Elimination Act in June 2018, and the National Commission on Correctional Health Care in June 2020.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	1088
Average ICE Detainee Population ³	618
Male Detainee Population (as of 8/24/2020)	197
Female Detainee Population (as of 8/24/2020)	N/A

During its last inspection, in Fiscal Year (FY) 2019, ODO found 17 deficiencies in the following areas: Admission and Release (1); Detainee Grievance Systems (1); Environmental Health and Safety (3); Food Services (3); Funds and Personal Property (2); Personal Hygiene (1); Sexual Abuse and Assault Prevention and Intervention (1); Telephone Access (1); Use of Force and Restraints (4).

¹ This facility holds male detainees with high, medium high, medium low, low detainee 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 (REVISED 2016) MAJOR CATEGORIES

PBNDs 2011 (Revised 2016) Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	1
Sub-Total	1
Part 2 – Security	
Admission and Release	4
Custody Classification System	1
Facility Security and Control	0
Funds and Personal Property	2
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	1
Staff-Detainee Communication	0
Use of Force and Restraints	1
Sub-Total	9
Part 4 – Care	
Food Service	2
Medical Care	2
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	0
Visitation	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	14

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 he has an ongoing body rash that he was receiving cream for; however, he no longer has anymore. He has submitted many verbal/written requests for a refill; however, the request has gone unfulfilled.

- Action Taken: ODO reviewed the detainee's medical chart and found no evidence of a medication refill request. The health services administrator (HSA) was consulted, who also reviewed the chart and confirmed there is no evidence of electronic or paper requests. He also reported none of the detainee's medications are up for refill or are expiring. The HSA stated nurses have, in the past, instructed him and assisted him with the process of requesting refills. When the server is down, paper sick-call requests are always available in the units from the officers.

Medical Care: One detainee requested to be seen by medical due to a possible spider bite. The detainee described the area as swollen and very itchy. He further alleged staff accuse him of playing games with the medical process and would not grant requests submitted two to three day prior to this interview.

- Action Taken: ODO consulted with the HSA who reviewed the detainee's medical chart and found no evidence of electronic or paper sick-call requests. There was no documentation regarding the detainee's complaint. The HSA had the nurse call the detainee down to medical for a sick-call visit. The detainee denied having placed any form of request. There was slight redness but no indication of a spider bite. The area appeared to be healing. The detainee was re-educated regarding how to access care.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed documentation for [REDACTED] fire drills conducted during the inspection period and found [REDACTED] fire drills did not include [REDACTED] (Deficiency EH&S-1⁶).

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed the training records of [REDACTED] staff that conduct admissions and found no documentation to confirm training in the admissions process (Deficiency AR-1⁷). The intake supervisor also confirmed that training was not documented nor maintained.

ODO reviewed 16 detainee files and found six out of 16 files did not contain the appropriate ICE/ERO authorizing signature on the Order to Detain or Release (I-203) (Deficiency AR-2⁸).

ODO reviewed the facility orientation video and found the orientation video did not contain information regarding access to and use of the general library or how to file formal complaints with the Department of Homeland Security Office of the Inspector General (Deficiency AR-3⁹).

ODO reviewed five files of detainees that had been released and found wants and warrants were not checked in any of the five files (Deficiency AR-4¹⁰).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed five detainee files released from the special management unit (SMU) and found the reclassification for two out of the five detainees had not been completed within 24 hours before the detainees' release from the SMU (Deficiency CCS-1¹¹). Both detainees had been in SMU for

⁶ [REDACTED] shall be included in each fire drill, and [REDACTED] See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(C)(4)(c).

⁷ "... Staff members shall be provided with adequate training on the admissions process at the facility." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(B)(1).

⁸ "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).

⁹ "The orientation video shall include the following: 10.... access to and use of the law library and the general library... 12. how the detainee can file formal complaints with the DHS Office of the Inspector General (OIG)." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(F)(10)(12).

¹⁰ "Facility staff assigned to processing must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include but are not limited to: ... checking wants and warrants." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(H).

¹¹ "Staff shall complete a special reclassification within 24 hours before a detainee leaves the Special Management

disciplinary reasons and required a reclassification.

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the property inventories of four detainees who arrived with small valuables and found that in three files there were no Property Receipt (G-589) forms documenting the valuables (**Deficiency FPP-1**¹²).

ODO reviewed 16 detainee files and found in all 16 files the personal property inventory forms did not contain the required information (**Deficiency FPP-2**¹³). Specifically, the inventory forms did not contain the description, quantity and disposition of articles nor the general condition of the property.

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed the detention files of 20 detainees housed in the SMU during the inspection period and found six out of 20 did not consistently contain signatures from medical staff representative on the detainee's individual daily records (**Deficiency SMU-1**¹⁴). The individual daily records of the six files had signatures from medical staff only on some days and contained a combined 25 days of missing signatures from a medical staff representative.

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed one calculated UOF and 14 immediate use of force (IUOF) incidents which occurred during the inspection period and found in one IUOF incident staff removed the restraints from a detainee while the detainee was still a threat to himself (**Deficiency UOF-1**¹⁵). Specifically, ODO's review of this incident found a detainee was placed in restraints due to multiple attempts at self-harm. After application of the restraints, staff placed the detainee in a cell and immediately removed the restraints at which point the detainee continued attempts at self-harm by scratching his wrist on the bunk. Staff had to reenter the cell and use force to place the detainee back into restraints to prevent his continued attempts at self-harm.

Unit (SMU), following an incident of abuse or victimization, and at any other time when warranted based upon the receipt of additional, relevant information, such as after a criminal act, or if a detainee wins a criminal appeal, is pardoned or new criminal information comes to light." See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(H)(3).

¹² "The Form G-589 or equivalent should be used to describe generally each item of value." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(G)(2).

¹³ "The personal property inventory form must contain the following information at a minimum: ... 3. Description, quantity and disposition of articles; ... 4. General condition of the property;" See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(I)(3)(4).

¹⁴ "The facility medical officer shall sign each individual's record when he/she visits a detainee in the SMU." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(D)(3)(b).

¹⁵ "Staff may not remove restraints until the detainee is no longer a danger to himself or others." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(B)(10).

CARE

FOOD SERVICE (FS)

ODO reviewed two purchase requests made during the inspection period for controlled/hot food items and found purchase requests for sugar did not specify the special-handling requirements for delivery (**Deficiency FS-1¹⁶**).

ODO reviewed the common fare menus and found they did not include special menus for the ten federal holidays (**Deficiency FS-2¹⁷**).

MEDICAL CARE (MC)

ODO reviewed the credential files for [REDACTED] licensed medical staff and found the license of the clinical psychologist had expired on July 30, 2020. The license for the advanced practice medical psychologist conducting tele-psychiatry had also not been verified (**Deficiency MC-1¹⁸**). ODO discussed each of the above license issues with the HSA to ensure the HSA was aware of each incident.

ODO reviewed [REDACTED] training records for medical staff that conduct initial dental screening exams and found two out of [REDACTED] (**Deficiency MC-2¹⁹**). Initial dental screening exams are conducted by nurses and mid-level practitioners. [REDACTED] had not received the required dental screening exam training. ODO discussed the training issue for the [REDACTED] with the HSA to ensure the HSA was aware of the issue.

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 12 of those standards. ODO found 14 deficiencies in the remaining 7 standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO work with facility personnel to remedy any deficiencies that remain outstanding, as applicable and in accordance with contractual obligations.

¹⁶ [REDACTED] also require special handling and storage. 1) The purchase order for any of these items shall specify the special-handling requirements for delivery.”

See ICE PBNDS 2011, Standard, Food Service, Section (V)(B)(4)(b)(1).

¹⁷ The common fare menu is based on a 14-day cycle, with special menus for the ten federal holidays.” See ICE PBNDS 2011, Standard, Food Service, Section (V)(G)(2).

¹⁸ “All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements.” See ICE PBNDS 2011, Standard, Medical Care, Section (V)(I).

¹⁹ “The initial dental screening may be performed by a dentist or a properly trained qualified health provider.” See ICE PBNDS 2011, Standard, Medical Care, Section (V)(R).

Compliance Inspection Results Compared	FY 2019 (PBNDS 2011) Revised 2016	FY 2020 (PBNDS 2011) Revised 2016
Standards Reviewed	20	19
Deficient Standards	9	7
Overall Number of Deficiencies	17	14
Repeat Deficiencies	1	1
Corrective Actions	2	0