



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

**Office of Detention Oversight
Unannounced Compliance Inspection
2023-004-052**

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

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

January 31-February 2, 2023

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

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COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
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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 an unannounced compliance inspection of the Pine Prairie ICE Processing Center (PPIPC) in Pine Prairie, Louisiana, from January 31 to February 2, 2023.¹ 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 deportation officers and a detention services manager (DSM) assigned to the facility. A facility administrator handles daily operations and manages [REDACTED] support personnel. GEO provides food services and medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in November 2022 and the National Commission on Correctional Health Care in June 2020. In January 2022, 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 Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of January 31, 2023)	[REDACTED]
Adult Female Population (as of January 31, 2023)	[REDACTED]

During its last full 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-low, medium-high, and high security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List as of January 30, 2023.

³ *Ibid.*

UNANNOUNCED COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for over 72 hours, to assess compliance with ICE NDS. These inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and well-being.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO 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 *Unannounced Compliance Inspection Findings* section of this report.

In fiscal year (FY) 2022, ODO began conducting special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees. Additionally, ODO began conducting unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO’s informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility’s contractually required ICE NDS or in accordance with the ICE NDS listed in the current ERO Facility List Report for facilities that are not contractually obligated to an ICE NDS, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Suicide Prevention and Intervention, Hunger Strikes, Food Service, Environmental Health and Safety, Special Management Units (SMU) or Hold Rooms if the facility does not have an SMU, Use of Force and Restraints/Use of Physical Control Measures and Restraints, and Sexual Abuse and Assault Prevention and Intervention.

Upon completion of each special review or unannounced 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 its decision-making to better allocate resources across the agency’s entire detention inventory.

ODO completed this inspection as a hybrid-contingency due to inclement weather, which resulted in flight cancellations and prevented some of the inspection team from getting to the inspection site. Most of the ODO inspection team completed the inspection on-site while some completed the inspection remotely, and together, the team completed a full review of all standards inspected.

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 ^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Transportation (by Land)	0
Sub-Total	0
Part 2 - Security	
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	0
Use of Force and Restraints	0
Sub-Total	0
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	0
Part 5 - Activities	
Correspondence and Other Mail	0
Recreation	0
Visitation	0

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

⁶ 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.

Sub-Total	0
Part 6 - Justice	
Detainee Handbook	0
Sub-Total	0
Part 7 - Administration and Management	
Staff Training	0
Sub-Total	0
Total Deficiencies	0

DETAINEE RELATIONS

ODO interviewed 26 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.

Medical Care: One detainee stated facility medical staff prescribed only Tylenol for his continued tooth pain, which is insufficient to alleviate his pain.

- Action Taken: ODO interviewed the facility’s health services administrator (HSA), reviewed the detainee’s medical file, and found the detainee submitted a medical request for tooth pain on December 29, 2022. On the same day, medical staff evaluated the detainee, prescribed Amoxicillin (500 mg), once a day for 7 days, Tylenol (325 mg), 3 times a day as needed for pain, and educated the detainee on proper dental hygiene techniques. On January 5, 2023, the HSA referred the detainee for an outside dental evaluation. In a follow-up call on January 17, 2023, the outside provider replied to medical staff, he had no time available to schedule the detainee. On January 31, 2023, the detainee submitted another medical request for continued tooth pain. Medical staff evaluated the detainee, prescribed ibuprofen (200 mg), 3 times a day for 5 days, and educated the detainee on maintaining dental hygiene. On February 2, 2023, the outside provider replied to the HSA in a follow-up call, he would schedule the detainee with his first available appointment. On February 7, 2023, the outside provider informed medical staff of the detainee’s scheduled appointment for March 27, 2023. On February 15, 2023, the facility advised the detainee of his scheduled appointment and the detainee acknowledged understanding.

Medical Care: One detainee stated he required a diabetic medical diet, but the facility served him the same food as the general population.

- Action Taken: ODO interviewed the facility’s HSA and food service administrator, reviewed the detainee’s medical file, and found on November 10, 2022, the detainee arrived at the facility with medication for hyperlipidemia and diabetes. On November 14, 2022, the nurse practitioner (NP) evaluated the detainee and ordered a lipid panel and a complete blood count test. On November 17, 2022, the facility completed the lipid panel and blood count tests and received the results on the following day. On

November 22, 2023, the NP diagnosed the detainee with hyperlipidemia and Type-2 diabetes, prescribed Atorvastatin Calcium (40 mg), once daily, a Lantus SoloStar injection pen (30 units) to be administered to the detainee at bedtime, Metformin (500 mg), 1 ½ tablets twice a day, and a medical diet consisting of a fourth meal in the evening, and educated the detainee on his medications and diet plan. On February 2, 2023, at ODO’s request, medical staff reminded the detainee his medical diet consists only of a fourth meal in the evening with no special restrictions regarding his three daily meals.

UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

ODO noted no deficiencies during this unannounced compliance inspection.

CONCLUSION

During this unannounced inspection, ODO assessed the facility’s compliance with 24 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with all 24 standards. Since PPIPC’s last full inspection in February 2022, the facility has shown steady improvement. PPIPC went from four deficient standards and six deficiencies in February 2022 to zero deficiencies during this most recent inspection. ERO provided ODO with a completed uniform corrective action plan from the facility’s last full inspection in February 2022, and has a DSM assigned to the facility, both of which likely contributed to the facility’s sustained performance. ODO commends facility staff members for their responsiveness during this inspection, and recommends ERO continue working with the facility to ensure the facility maintains compliance with all standards in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2022 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	23	24
Deficient Standards	4	0
Overall Number of Deficiencies	6	0
Priority Component Deficiencies	N/A	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Superior