



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
Follow-Up Compliance Inspection**

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

**Prairieland Detention Facility
Alvarado, Texas**

June 7-10, 2021

FOLLOW-UP COMPLIANCE INSPECTION
of the
PRAIRIELAND DETENTION FACILITY
Alvarado, Texas

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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 follow-up compliance inspection of the Prairieland Detention Facility (PDF) in Alvarado, Texas, from June 7 to 10, 2021.¹ This inspection focused on the standards found deficient during ODO’s last inspection of PDF from January 25 to 29, 2021. 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 deportation officers and a detention services manager to the facility. A PDF administrator handles daily facility operations and manages [REDACTED] support personnel. LaSalle Corrections provides food services and medical care, and Correct Corrections provides commissary services at the facility. In October 2018, PDF 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 Detainee Bed Capacity ²	707
Average ICE Detainee Population ³	[REDACTED]
Male Detainee Population (as of June 7, 2021)	[REDACTED]
Female Detainee Population (as of June 7, 2021)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2021, ODO found 14 deficiencies in the following areas: Admission and Release (2); Custody Classification System (2); Facility Security and Control (9); and Use of Force and Restraints (1).

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 June 7, 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, 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.

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.

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

PBNDS 2011 (Errata) Standards Inspected⁴	Deficiencies
Part 1 – Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	2
Custody Classification System	0
Facility Security and Control	6
Funds and Personal Property	2
Special Management Units	0
Use of Force and Restraints	0
Sub-Total	10
Part 4 – Care	
Food Service	0
Hunger Strike	0
Medical Care	1
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	1
Total Deficiencies	11

⁴ For greater detail on ODO’s findings, see the *Follow-Up 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 attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

Admission and Release: Two detainees stated they did not receive the ICE National Detainee Handbook nor the facility site-specific handbook upon their admission to the facility.

- Action Taken: ODO reviewed the facility's signed acknowledgement forms from each detainee, which indicated both received a copy of the facility detainee and the ICE National Detainee handbooks during the intake process. The intake coordinator informed ODO the facility bound both handbooks into one handbook and had informed the detainees of this feature during the intake process. On June 9, 2021, the intake coordinator provided a copy of both handbooks to each detainee.

Admission and Release: One detainee stated she did not receive the ICE National Detainee Handbook upon her admission to the facility; however, she did receive the facility's site-specific handbook in French. The detainee reported she speaks Haitian Creole but reads both Creole and French.

- Action Taken: ODO reviewed the facility's signed acknowledgement form from the detainee, which indicated she received a copy of the facility detainee and the ICE National Detainee handbooks during the intake process. The intake coordinator informed ODO the facility also bound the French and Creole translations into one handbook and had informed the detainee of this feature during the intake process. On June 9, 2021, the intake coordinator provided a copy of the handbook to the detainee in Haitian Creole.

Admission and Release: One detainee conveyed he did not receive the ICE National Detainee handbook but received the facility's site-specific detainee handbook in English and he reads Spanish.

- Action Taken: ODO reviewed the facility's signed acknowledgement form from the detainee, which indicated he received a copy of the facility detainee and ICE National Detainee handbooks in Spanish during the intake process. The intake coordinator informed ODO the facility bound both handbooks into one handbook and had informed the detainee of this feature during the intake process. The intake coordinator stated the facility staff made a mistake by issuing the detainee a copy of the English version of the handbook. On June 9, 2021, the intake coordinator provided a copy of the handbook to the detainee in Spanish.

Medical Care: One detainee stated she experienced chest pain a week prior to the inspection. On June 6, 2021, a facility nurse examined the detainee for her medical concern. The nurse reported the detainee's chest pain might be due to menstruation; however, the detainee stated she did not

believe that menstruation caused her chest pain.

- Action Taken: ODO reviewed the detainee’s medical record and spoke with the director of nursing (DON). On June 6, 2021, the facility’s nurse provided the detainee with naproxen for her chest pain. The detainee’s medical plan included continued medication and a follow-up chest exam. On June 9, 2021, the nurse practitioner performed a chest exam of the detainee and discovered a palpable mass on the left side of her chest. On the same day, the facility medical staff submitted a mammogram referral to the Health Hugely Hospital, and ODO confirmed the detainee did receive an evaluation at the hospital on June 16, 2021. The facility’s health services administrator reported the detainee had no findings and no new orders were submitted.

Medical Care: One detainee stated she tested positive for COVID-19 upon entering the facility. Additionally, the detainee reported she believed her prescribed asthma medication to be the cause of her rapid heartbeat. She spoke with the facility’s medical staff about her condition but did not remember when she spoke with the medical staff.

- Action Taken: ODO reviewed the detainee’s medical record and spoke with the DON and the medical care SME. During the intake process, the detainee stated no medical issues; however, she tested positive for COVID-19. On June 4, 2021, the facility RN examined the detainee for a respiratory follow-up. The detainee reported the albuterol medication to be the cause of her heart palpitations, and the medical staff evaluated her rapid heartbeat on June 9, 2021. The detainee disclosed to the medical staff she used her albuterol due to shortness of breath every 4 hours. When the medical staff adjusted her albuterol for every 6 hours as needed, the detainee did not report shortness of breath or dizziness and appeared to be in no distress. The facility medical staff provided the detainee with handouts about albuterol and educated her on the difference between allergic reactions and side effects from her medication. The medical staff scheduled the detained to see the facility doctor on June 28, 2021.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed [REDACTED] detainee detention files and found [REDACTED] out of [REDACTED] Orders to Detain or Release forms (Forms 1-203 or 1-203a) did not bear the appropriate ERO Dallas authorizing official signature (**Deficiency AR-54**⁵).

ODO reviewed the facility admission orientation video and found it did not contain the authority, responsibilities, nor duties of facility security officers (**Deficiency AR-66**⁶). **This is a repeat**

⁵ “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 (2013 Errata), Standard, Admission and Release, Section (V)(E).

⁶ “At SPCs, CDFs, and dedicated IGSAs, the facility administrator shall produce an orientation video that covers the required topics listed below and shall screen it for every detainee. ... The orientation shall include the following

deficiency.

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the FSC program and found the facility visitor log did not record the person nor department visited (**Deficiency FSC-24**⁷). **This is a repeat deficiency.**

ODO reviewed the facility FSC program, interviewed both the assistant administrator and compliance manager, and found the facility did not have any contractor employees during the inspection. However, the main gate did not maintain a separate file of contract employee forms, or equivalent, for the facility's contracted employees (**Deficiency FSC-31**⁸). **This is a repeat deficiency.**

ODO reviewed the FSC program and found the facility visitor logbook did not record official visitor arrivals, departures, nor the departments visited (**Deficiency FSC-39**⁹). **This is a repeat deficiency.**

ODO reviewed the FSC program and found no Personal Data Cards (Form G-74), or equivalent, at the front entrance for ERO Dallas employees with frequent business at the facility but not assigned to it (**Deficiency FSC-40**¹⁰). **This is a repeat deficiency.**

ODO reviewed the FSC program and found the post officer did not photocopy the identification card and attach it to a memo for the supervisor whenever a visitor did not return a visitor pass or retrieve his or her identification card. The identification card should have included: visitor's name, visitor's title (if applicable), person or department visited; time the pass was issued, reason for not retrieving the pass from the visitor or returning the identification card, and other relevant observations (**Deficiency FSC-51**¹¹). **This is a repeat deficiency.**

information: ...

3. *authority, responsibilities and duties of security officers;*" See ICE PBNDS 2011 (2013 Errata), Standard, Admission and Release, Section (V)(F)(3).

⁷ "Every entry in the logbook shall identify the person or department visited, date and time of the visitor's arrival, purpose of visit, unusual requests and time of departure." See ICE PBNDS 2011 (2013 Errata), Standard, Facility Security and Control, Section (V)(C)(1)(b)(2).

⁸ "The facility administrator shall establish procedures for tracking the arrivals and departures of contract employees. However, the main gate/front entrance officer shall maintain a separate file of contract employee Forms G-74, or equivalent, laminated, with photograph, issue date, expiration date (if applicable), and the facility administrator's signature." See ICE PBNDS 2011 (2013 Errata), Standard, Facility Security and Control, Section (V)(C)(1)(b)(5).

⁹ "The post officer shall record every official visitor's arrivals and departures in the visitor logbook, including the person or department visited, date and time of visitor's arrival, purpose of visit, unusual requests and time of departure." See ICE PBNDS 2011 (2013 Errata), Standard, Facility Security and Control, Section (V)(C)(1)(d).

¹⁰ "To save time, all ICE/ERO employees with frequent business at the facility but stationed elsewhere shall complete a G-74 form, or equivalent, for the front-entrance personal data card file." See ICE PBNDS 2011 (2013 Errata), Standard, Facility and Security and Control, Section (V)(C)(1)(d).

¹¹ "If a visitor leaves the facility without surrendering the visitor pass and retrieving his/her identification card, the post officer shall photocopy the identification card and attach it to a memo to the shift supervisor stating the:

- 1) visitor's name;
- 2) visitor's title (if applicable);
- 3) person or department visited;
- 4) time the pass was issued;

ODO reviewed the FSC program and found the post officer's vehicle entrance log did not record the purpose of the visit (**Deficiency FSC-59**¹²). **This is a repeat deficiency.**

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the facility detainee handbook and found it did not notify detainees about access to their personal funds to pay for legal services (**Deficiency FPP-20**¹³).

ODO reviewed [REDACTED] detainee detention files and found [REDACTED] out of [REDACTED] files did not contain a forwarding address for the facility to use in the event personal property was lost or forgotten in the facility after the detainee's release, transfer, or removal (**Deficiency FPP-24**¹⁴).

CARE

MEDICAL CARE (MC)

ODO reviewed [REDACTED] training files for non-dental clinicians who performed initial dental screenings and found [REDACTED] out of [REDACTED] files did not have documented training by a dentist (**Deficiency MC-177**¹⁵).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 13 standards under PBNDS 2011 (2013 Errata) and found the facility in compliance with 9 of those standards. ODO found 11 deficiencies in the remaining 4 standards. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ERO provided ODO with the uniform corrective action plan for ODO's last inspection of PDF on May 24, 2021.

5) reason for not retrieving the pass from the visitor and/or not returning the identification card; and
6) other relevant observations (for example, suspicious or emotionally charged behavior, use of rude language, demeanor)." See ICE PBNDS 2011(2013 Errata), Standard, Facility Security and Control, Section (V)(C)(1)(g)(1-6).

¹² "The post officer shall log the following information regarding every vehicle: tag number, driver's name, firm represented, purpose of the visit, (e.g., repairs, delivery, etc.), vehicle contents, date, time in, time out and facility employee responsible for the vehicle on-site." See ICE PBNDS 2011 (2013 Errata), Standard, Facility Security and Control, Section (V)(C)(2)(b).

¹³ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures related to personal property, including:

6. access to detainee personal funds to pay for legal services." See ICE PBNDS 2011 (2013 Errata), Standard, Funds and Personal Property, Section (V)(C)(6).

¹⁴ "Standard operating procedure shall include obtaining a forwarding address from every detainee for use in the event that personal property is lost or forgotten in the facility after the detainee's release, transfer, or removal." See ICE PBNDS 2011 (2013 Errata), Standard, Funds and Personal Property, Section (V)(D).

¹⁵ "The initial dental screening may be performed by a dentist or a properly trained qualified health provider." See ICE PBNDS 2011 (2013 Errata), Standard, Medical Care, Section (V)(R).

Compliance Inspection Results Compared	First FY 2021 (PBNS 2011) (2013 Errata)	Second FY 2021 (PBNS 2011) (2013 Errata)
Standards Reviewed	21	13
Deficient Standards	4	4
Overall Number of Deficiencies	14	11
Repeat Deficiencies	0	7
Areas of Concern	0	0
Corrective Actions	0	0