



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

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

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

**Prairieland Detention Facility
Alvarado, Texas**

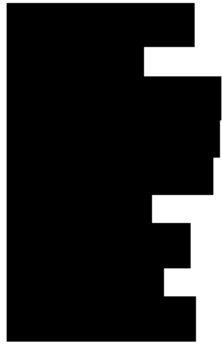
June 14-16, 2022

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

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead	ODO
Inspections and Compliance Specialist	ODO
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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 an unannounced follow-up compliance inspection of the Prairieland Detention Facility (PDF) in Alvarado, Texas, from June 14 to 16, 2022.¹ This inspection focused on the standards found deficient during ODO’s last inspection of PDF from December 14 to 16, 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 (FOD) in Dallas (ERO Dallas). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (2013 Errata).

ERO has assigned an assistant field office director, supervisory detention and deportation officers, and deportation officers (DO) 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 Commissary provides commissary services at the facility. The facility does not hold any accreditations from outside entities. In January 2022, 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 Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of June 14, 2022)	[REDACTED]
Adult Female Population (as of June 14, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2022, ODO found 32 deficiencies in the following areas: Correspondence and Other Mail (1); Detainee Transfers (1); Funds and Personal Property (2); Marriage Requests (1); Medical Care (1); Medical Care (Women) (1); Sexual Abuse and Assault Prevention and Intervention (2); and Use of Force and Restraints (23).

¹ This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods greater than 72 hours. Additionally, this inspection was a follow-up inspection to ODO’s inspection of PDF from December 14-16, 2021.

² Data Source: ERO Facility List as of June 6, 2022.

³ *Ibid.*

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) greater than 10, 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 highlights instances when 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.

Beginning fiscal year (FY) 2022, ODO will conduct focused 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 one-to-nine detainees. Additionally, ODO will conduct 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. ODO will conduct a complete review of several core standards, in accordance with the facility’s new contractually required ICE National Detention Standards, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (FRS only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

Upon completion of each unannounced compliance 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.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

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

MAJOR

PBNS 2011 (2013 Errata) Standards Inspected^{5,6,7}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	3
Sub-Total	3
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	1
Sub-Total	4
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	0
Part 5 - Activities	
Correspondence and Other Mail	2
Marriage Requests	0
Sub-Total	2
Part 6 - Justice	
Grievance System	1
Sub-Total	1
Part 7 - Administration and Management	
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	10

⁵ For greater detail on ODO’s findings, see the *Follow-up 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.

⁷ Special reviews and unannounced inspections are both focused reviews and ODO will review a facility's compliance with at least 10 individual standards during each special review or unannounced inspection.

DETAINEE RELATIONS

ODO interviewed 27 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 concern listed below.

Staff-Detainee Communication: One detainee stated ICE transferred him to another facility, causing him to miss his court date.

- Action Taken: ODO interviewed ERO Dallas and found ERO New Orleans originally processed and released the detainee on November 17, 2020, with a Notice to Appear for a court date on May 23, 2022, in the New Orleans area of responsibility (AOR). On December 19, 2021, the Collin County Sherriff's Office, Texas, arrested the detainee and confined him to the Collin County Jail in the Dallas AOR. On May 2, 2022, ERO Dallas took custody of the detainee and transferred him to the Bluebonnet Detention Facility. On May 3, 2022, ERO Dallas filed a change of venue (I-830) with the New Orleans AOR immigration court to have the detainee's court date moved to the Dallas AOR. On May 13, 2022, ERO Dallas transferred the detainee to the Okmulgee County Jail, Oklahoma, and then to the Prairieland Detention Center on May 25, 2022. The detainee did not make his court date on May 23, 2022, in the New Orleans AOR because he was in the custody of the Dallas AOR. On June 15, 2022, ERO Dallas contacted ERO New Orleans for a status update and found the change of venue was still pending. ERO Dallas will reschedule the detainee's court date after processing the change of venue. An ERO DO explained the process to the detainee and the detainee confirmed understanding.

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed medical inventory records and found the facility did not maintain separate inventory records for each hazardous substance. Specifically, the facility listed the inventory of alcohol prep pads with non-hazardous substances on a single inventory list (**Deficiency EHS-40⁸**).

ODO reviewed medical inventory records and found entries for alcohol prep pads did not include purchase dates and quantities nor use dates and quantities (**Deficiency EHS-42⁹**).

ODO inspected the medical supply storeroom and found the facility did not store flammable

⁸ "Inventory records shall be maintained separately for each substance." See ICE PBNDS 2011 (2013 Errata), Standard, Environmental Health and Safety, Section (V)(B)(3).

⁹ "The entries shall contain relevant data, including purchase dates and quantities, use dates and quantities and quantities on hand." See ICE PBNDS 2011 (2013 Errata), Standard, Environmental Health and Safety, Section (V)(B)(3).

substances as prescribed on the label. Specifically, ODO observed alcohol prep pads stored on open shelves in the medical supply storeroom (**Deficiency EHS-54¹⁰**).

SECURITY

STAFF-DETAINEE COMMUNICATION (SDC)

ODO found the facility did not keep a copy of each completed detainee request in the detainees' detention files. Specifically, ODO reviewed 25 detainee detention files of detainees who submitted requests and found in 25 out of 25 files, no copy of a completed detainee request (**Deficiency SDC-20¹¹**).

ODO interviewed ERO Dallas staff, observed office operations, and found in practice, ERO Dallas staff did not place copies of ICE requests into the detainees' detention files. ODO did not identify any instances in which detainees submitted confidential ICE requests; however, the practice ODO observed for non-confidential requests suggests ERO Dallas staff would likely not place copies of confidential requests in the A-file, which ODO cited as an **Area of Concern**.

ODO reviewed telephone testing records and found ERO Dallas staff did not test detainee telephones at least weekly. Specifically, the records indicated the last telephone tests occurred in November 2021 (**Deficiency SDC-23¹²**).

ODO reviewed telephone testing records and found staff did not document each telephone serviceability test on a form provided by ERO Dallas nor maintain those forms, organized by month, for 3 years (**Deficiency SDC-25¹³**).

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed six audiovisual recordings of one calculated UOF incident and found the audiovisual recordings did not include all required elements, nor were they in the required order. Specifically, the recordings did not include:

- An introduction by the team leader stating facility name, location, time, date, etc.; a description of the incident that led to the calculated use of force; nor the naming of the camera operator and other staff present;
- Faces of all team members, identified by name and title, did not appear until after the conclusion of the operation;

¹⁰ "As required by the Federal Hazardous Substances Labeling Act, any liquid or aerosol labeled "flammable" or "combustible" must be stored and used as prescribed on the label." See ICE PBNDS 2011 (2013 Errata), Standard, Environmental Health and Safety, Section (V)(B)(7)(a).

¹¹ "A copy of each completed detainee request shall be filed in the detainee's detention file and be retained there for three years at minimum." See ICE PBNDS 2011 (2013 Errata), Standard, Staff-Detainee Communication, Section (V)(B)(2).

¹² "Field Office Directors shall ensure that all phones for detainee use are tested at least weekly in accordance with standard "5.6 Telephone Access." See ICE PBNDS 2011 (2013 Errata), Standard, Staff-Detainee Communication, Section (V)(C).

¹³ "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 (2013 Errata), Standard, Staff-Detainee Communication, Section (V)(C).

- The team leader offering the detainee a last chance to cooperate before team action, outlining the use-of-force procedures, engaging in confrontation avoidance, nor issuing a use-of-force order;
- The entire use-of-force team operation, unedited, until the detainee was in restraints;
- Close-ups of the detainee’s body during a medical exam, focusing on the presence/absence of injuries; and
- A debrief of the incident with a full discussion/analysis/assessment of the incident (**Deficiency UOFR-74¹⁴**). **This is a repeat deficiency.**

ACTIVITIES

CORRESPONDENCE AND OTHER MAIL (COM)

ODO reviewed the facility’s COM policy, interviewed the mail officer, and found detainees did not sign a logbook upon receipt of legal mail, verifying facility staff opened it in their presence (**Deficiency COM-47¹⁵**).

ODO reviewed the facility’s COM policy, interviewed the mail officer, and found the facility did not provide the sender and addressee written notice, signed by the administrator with an explanation when rejecting incoming or outgoing mail. Specifically, ODO found the facility did not provide notification to non-detainee senders and addressees when rejecting mail (**Deficiency COM-61¹⁶**).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility’s GS policy and found the policy did not include a requirement to provide written justification for a decision to the detainee (**Deficiency GS-3¹⁷**).

¹⁴ “Calculated use-of-force incidents shall be audio visually recorded in the following order:

- Introduction by team leader stating facility name, location, time, date, etc., describing the incident that led to the calculated use of force, and naming the audiovisual camera operator and other staff present.
- Faces of all team members shall briefly appear (with helmets removed and heads uncovered), one at a time, identified by name and title.
- Team Leader offers the detainee a last chance to cooperate before team action, outlines the use-of-force procedures, engages in confrontation avoidance and issues use-of-force order.
- Record entire use-of-force team operation, unedited, until the detainee is in restraints.
- Take close-ups of the detainee’s body during a medical exam, focusing on the presence/absence of injuries. Staff injuries, if any, are to be described but not shown.
- Debrief the incident with a full discussion/analysis/assessment of the incident.”

See ICE PBNDS 2011 (2013 Errata), Standard, Use of Force and Restraints, Section (V)(I)(2)(a-f).

¹⁵ “Detainees shall sign a logbook upon receipt of special correspondence and/or legal mail to verify that the special correspondence or legal mail was opened in their presence.” *See ICE PBNDS 2011 (2013 Errata), Standard, Correspondence and Other Mail, Section (V)(F)(2).*

¹⁶ “Both sender and addressee shall be provided written notice, signed by the facility administrator, with explanation, when the facility rejects incoming or outgoing mail.” *See ICE PBNDS 2011 (2013 Errata), Standard, Correspondence and Other Mail, Section (V)(H).*

¹⁷ “Each facility shall have written policy and procedures for a detainee grievance system that: ...

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 (2013 Errata) and found the facility in compliance with 13 of those standards. ODO found 10 deficiencies in the remaining 5 standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO Dallas work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the uniform corrective action plan for ODO's last inspection of KNSPC in December 2021.

Compliance Inspection Results Compared	First FY 2022 (PBNDS 2011) (2013 Errata)	Second FY 2022 (PBNDS 2011) (2013 Errata)
Standards Reviewed	24	18
Deficient Standards	8	5
Overall Number of Deficiencies	33	10
Repeat Deficiencies	0	1
Areas Of Concern	1	0
Corrective Actions	0	0
Facility Rating	Good	Superior

3. Establish reasonable time limits for: ...

c. Providing written responses to detainees who filed formal grievances, including the basis for the decision.”

See ICE PBNDS 2011 (2013 Errata), Standard, Grievance System, Section (V)(A)(3)(c).