



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

**Office of Detention Oversight
Compliance Inspection**

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

**Prairieland Detention Facility
Alvarado, Texas**

December 14-16, 2021

Amended report as of February 15, 2022

This report has been amended due to inaccurate information that appeared on page 9 of this report. A deficiency cited in the Funds and Personal Property standard was in fact compliant with the standard and was removed from this report, and the associated tables were updated to reflect the actual number of deficiencies. No other changes were made to this report.

COMPLIANCE INSPECTION
of the
PRAIRIELAND DETENTION FACILITY
Alvarado, Texas

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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 compliance inspection of the Prairieland Detention Facility (PDF) in Alvarado, Texas, from December 14 to 16, 2021.¹ 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 no staff assigned to the facility. A facility administrator handles daily operations and manages [REDACTED] support personnel. LaSalle Corrections provides food services and medical care, and Correct Commissary 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 Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of December 13, 2021)	[REDACTED]
Adult Female Population (as of December 13, 2021)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2021, ODO found 11 deficiencies in the following areas: Admission and Release (2); Facility Security and Control (6); Funds and Personal Property (2); and Medical Care (1).

¹ This facility holds male and female detainees with security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List as of December 13, 2021.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 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.

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 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 (PBNDS) 2011 (2013 ERRATA) MAJOR CATEGORIES

PBNDS 2011 (2013 Errata) Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	2
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	2
Special Management Units	0
Use of Force and Restraints	23
Sub-Total	27
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	1
Medical Care (Women)	1
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	2
Part 5 - Activities	
Correspondence and Other Mail	1
Trips for Non-Medical Emergencies	0
Marriage Requests	1
Voluntary Work Program	0
Sub-Total	2
Part 6 - Justice	
Legal Rights Group Presentations	0
Sub-Total	0

⁵ For greater detail on ODO's findings, see the *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 inspections.

Part 7 - Administration and Management	
Detention Files	0
Interview and Tours	0
Detainee Transfers	1
Sub-Total	1
Total Deficiencies	32

DETAINEE RELATIONS

ODO interviewed 22 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.

Food Service: One detainee stated he requested a religious diet to contain no beef products. He continues to receive sausage with his breakfast every morning despite his repeated request for no beef.

- Action Taken: On December 16, 2022, ODO spoke with the chief of food service and confirmed the breakfast sausage contains only chicken and turkey. ODO observed a dinner meal preparation of hamburgers and a cheese sandwich for the detainee. The chief of food service explained to the detainee the breakfast sausage did not contain any beef products, and the detainee acknowledged he understood.

Medical Care: One detainee stated she requested cream from the medical staff for her psoriasis and has not received it.

- Action Taken: ODO interviewed the facility's health services administrator (HSA) and director of nursing, reviewed the detainee's medical record, and found nothing to indicate the detainee requested care for any skin condition. The medical staff evaluated and treated the detainee on November 14, 2021, for complaint of menstrual cramps and on December 11, 2021, for a toothache. On December 15, 2021, the nurse practitioner evaluated the detainee, diagnosed her as having dry skin, and prescribed a cream to treat her condition.

COMPLIANCE INSPECTION FINDINGS

SECURITY

FUNDS AND PERSONAL PROPERTY (FPP)

ODO interviewed facility staff, reviewed facility policy, and found the facility's detainee personal property inventory form did not contain the disposition of the property articles. Specifically, the form did not record "S" for property safekeeping and "R" for property retained (**Deficiency FPP-87⁷**).

ODO interviewed facility staff, reviewed facility policy, and found both the on-coming and off-going supervisors did not simultaneously conduct an audit of detainee funds, property envelopes and large valuables (**Deficiency FPP-100⁸**).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's sexual abuse and assault incident files and found the facility administrator does not maintain administrative files (**Deficiency SAAPI-201⁹**).

ODO interviewed the PREA compliance manager and found the facility administrator did not maintain a list of sexual assault victims, assailants, dates, and locations of all sexual assault incidents occurring within the facility (**Deficiency SAAPI-214¹⁰**).

ODO reviewed the sexual abuse incident general files and found no information on the demographic background of the victim or perpetrator. ODO noted this as an **Area of Concern**.

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed the facility's UOF documentation, interviewed the chief of security, and learned the facility had three UOF incidents during this inspection period; however, the facility maintained an audio-visual recording for only one out of three UOF incidents, which documented the facility's

⁷ "The personal property inventory form must contain the following information at a minimum: description, quantity and ... 3. disposition of articles; disposition may be indicated as either:

a. "S" for "safekeeping"(by the facility); or

b. "R" for "retained" (by the detainee)."

See ICE PBNDS 2011 (2013 Errata), Standard, Funds and Personal Property, Section (V)(I)(3) (a-b).

⁸ "Both on-coming, and off-going supervisors shall simultaneously conduct an audit of detainee funds, property envelopes and large valuables where physical custody of, or access to such items changes with facility shift changes." See ICE PBNDS 2011 (2013 Errata), Standard, Funds and Personal Property, Section (V)(J).

⁹ "Accordingly, the facility administrator must maintain two types of files.

2. Administrative investigative files include: ...

See ICE PBNDS 2011 (2013 Errata), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(L)(2)(a-d).

¹⁰ "In addition, the facility administrator shall maintain a listing of the names of sexual assault victims and assailants, along with the dates and locations of all sexual assault incidents occurring within the facility, on his/her computerized incident reporting system." See ICE PBNDS 2011 (2013 Errata), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(L).

follow-up actions for the one UOF incident (**Deficiency UOFR-2**¹¹).

ODO reviewed the facility's UOF documentation, interviewed the chief of security, and learned that the facility documented two calculated UOF incidents; however, the facility only maintained an audio-visual recording for one out of two calculated UOF incidents (**Deficiency UOFR-69**¹²).

ODO reviewed [REDACTED] investigative packages for after-action reviews since ODO's last inspection, interviewed the chief of security, and found [REDACTED] investigative packages did not include audio-visual records (**Deficiency UOFR-72**¹³).

ODO found the facility did not have an audio-visual recording for one out of two calculated UOF incidents and thus did not have an audio-visual recording for one calculated UOF incident, which documented and introduction by the team leader, the faces of team members, the team leader offering the detainee one last chance to cooperate, a recording of the entire UOF incident, close-ups of the detainee's body, nor a debrief of the incident (**Deficiency UOFR-73**¹⁴).

ODO interviewed facility staff, reviewed facility policy, and found the facility did not retain all audio-visual recordings for a minimum of 6 months after the conclusion of litigation. Specifically, since ODO's last inspection, one out of three UOF investigative packets did not include an audio-visual recording (**Deficiency UOFR-94**¹⁵).

ODO reviewed three UOF investigative packages, interviewed facility staff, and found the facility did not retain all relevant audio-visual recordings for 1-year after litigation or after the conclusion of any investigation. Specifically, since ODO's last inspection, one out of three UOF investigative packets did not include an audio-visual recording (**Deficiency UOFR-95**¹⁶).

¹¹ "Follow-up (e.g., medical attention), documentation (e.g., audiovisual recording for calculated use of force), reporting and an after-action review are required for each incident involving use of force." See ICE PBNDS 2011 (2013 Errata), Standard, Use of Force and Restraints, Section (V)(A)(5).

¹² "For calculated use of force, it is required that the entire incident be audio visually recorded. See ICE PBNDS after-action review described below." See ICE PBNDS 2011 (2013 Errata), Standard, Use of Force and Restraints, Section (V)(I)(2).

¹³ "The audiovisual record and accompanying documentation shall be included in the investigation package for the after-action review described below." See ICE PBNDS 2011 (2013 Errata), Standard, Use of Force and Restraints, Section (V)(I)(2).

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

- a. 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.
- b. Faces of all team members shall briefly appear (with helmets removed and heads uncovered), one at a time, identified by name and title.
- c. 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.
- d. Record entire use-of-force team operation, unedited, until the detainee is in restraints.
- e. 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.
- f. 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 "In the event of litigation, the facility shall retain the relevant audiovisual record a minimum of six months after the litigation has concluded or been resolved." See ICE PBNDS 2011 (2013 Errata), Standard, Use of Force and Restraints, Section (V)(K).

¹⁶ "The relevant audiovisual record shall be retained by the facility for one year after litigation or any investigation

ODO reviewed three UOF investigative packages, interviewed facility staff, and found the facility did not have an audio-visual recording for one out of three UOF incidents. Thus, the facility did not make one audio-visual record available for supervisory, field office, and ICE/ERO headquarters review (**Deficiency UOFR-98**¹⁷).

ODO found the facility did not maintain an audio-visual recording of one calculated UOF incident, which prevented the after-action review team from evaluating the audio-visual recording, and assessing the UOF incident for compliance with all provisions of this standard, particularly the proper exercise of the UOF team technique (**Deficiency UOFR-158**¹⁸).

ODO found the facility did not maintain an audio-visual recording of one calculated UOF incident, which prevented the after-action review team from evaluating the audio-visual recording, and assessing the UOF incident for compliance with all provisions of this standard, particularly the professionalism of the shift supervisor (**Deficiency UOFR-159**¹⁹).

ODO found the facility did not maintain an audio-visual recording of one calculated UOF incident, which prevented the after-action review team from evaluating the audio-visual recording, and assessing the UOF incident for compliance with all provisions of this standard, particularly adherence to the requirement of wearing prescribed protective gear (**Deficiency UOFR-160**²⁰).

ODO found the facility did not maintain an audio-visual recording of one calculated UOF incident, which prevented the after-action review team from evaluating the audio-visual recording, and assessing the UOF incident for compliance with all provisions of this standard, particularly to ensure compliance in not using unauthorized items, equipment, or devices (e.g., towels, tape, surgical masks, hosiery) (**Deficiency UOFR-161**²¹).

has concluded or been resolved." See ICE PBNDS 2011 (2013 Errata), Standard, Use of Force and Restraints, Section (V)(K).

¹⁷ "Use-of-force audiovisual records shall be available for supervisory, Field Office and ICE/ERO headquarter of incident reviews and may also be used for training." See ICE PBNDS 2011 (2013 Errata), Standard, Use of Force and Restraints, Section (V)(K).

¹⁸ "The after-action review team shall also review the audiovisual recording of any use-of-force incidents for compliance with all provisions of this standard, with particular attention paid to whether the use-of-force team technique was exercised properly." See ICE PBNDS 2011 (2013 Errata), Standard, Use of Force and Restraints, Section (V)(P)(4) (a).

¹⁹ "The after-action review team shall also review the audiovisual recording of any use-of-force incidents for compliance with all provisions of this standard, with particular attention paid to the professionalism of the shift supervisor." See ICEPBNDS 2011 (2013 Errata), Standard, Use of Force and Restraints, Section (V)(P)(4)(b).

²⁰ "The after-action review team shall also review the audiovisual recording of any use-of-force incidents for compliance with all provisions of this standard, with particular attention paid to adherence to the requirement of wearing prescribed protective gear." See ICE PBNDS 2011 (2013 Errata), Standard, Use of Force and Restraints, Section (V)(P)(4)(c).

²¹ "The after-action review team shall also review the audiovisual recording of any use-of-force incidents for compliance with all provisions of this standard, with particular attention paid to ensuring that unauthorized items, equipment or devices (e.g., towels, tape, surgical masks, hosiery) were not used." See ICE PBNDS 2011 (2013 Errata), Standard, Use of Force and Restraints, Section (V)(P)(4)(d).

ODO found the facility did not maintain an audio-visual recording of one calculated UOF incident, which prevented the after-action review team from evaluating the audio-visual recording, and assessing the UOF incident for compliance with all provisions of this standard, particularly team members applying only as much force as necessary to subdue the detainee, including team members responding appropriately to a subdued or cooperative detainee who discontinued his/her violent behavior (**Deficiency UOFR-162**²²).

ODO found the facility did not maintain an audio-visual recording of one calculated UOF incident, which prevented the after-action review team from evaluating the audio-visual recording, and assessing the UOF incident for compliance with all provisions of this standard, particularly the shift supervisor taking charge of his team and the situation (**Deficiency UOFR-163**²³).

ODO found the facility did not maintain an audio-visual recording of one calculated UOF incident, which prevented the after-action review team from evaluating the audio-visual recording, and assessing the UOF incident for compliance with all provisions of this standard, particularly the detainee receiving and rejecting the opportunity to submit to restraints voluntarily before the team entered the cell area (**Deficiency UOFR-164**²⁴).

ODO found the facility did not maintain an audio-visual recording of one calculated UOF incident, which prevented the after-action review team from evaluating the audio-visual recording, and assessing the UOF incident for compliance with all provisions of this standard, particularly the team member exerting more pressure than necessary to the detainee's thorax (chest and back), throat, head, and extremities when applying restraints (**Deficiency UOFR-165**²⁵).

ODO found the facility did not maintain an audio-visual recording of one calculated UOF incident, which prevented the after-action review team from evaluating the audio-visual recording, and assessing the UOF incident for compliance with all provisions of this standard, particularly to the amount of time needed to restrain the detainee (**Deficiency UOFR-166**²⁶).

²² "The after-action review team shall also review the audiovisual recording of any use-of-force incidents for compliance with all provisions of this standard, with particular attention paid to whether team members applied only as much force as necessary to subdue the detainee, including whether team members responded appropriately to a subdued or cooperative detainee or a detainee who discontinued his/her violent behavior." See ICE PBNDS 2011 (2013 Errata), Standard, Use of Force and Restraints, Section (V)(P)(4)(e).

²³ "The after-action review team shall also review the audiovisual recording of any use-of-force incidents for compliance with all provisions of this standard, with particular attention paid to whether the shift supervisor was clearly in charge of team and situation. This includes intervention at the first sign of one or more team members applying more force than necessary." See ICE PBNDS 2011 (2013 Errata), Standard, Use of Force and Restraints, Section (V)(P)(4)(f).

²⁴ "The after-action review team shall also review the audiovisual recording of any use-of-force incidents for compliance with all provisions of this standard, with particular attention paid to whether the detainee received and rejected the opportunity to submit to restraints voluntarily before the team entered the cell area. If he/she submitted, team action should not have been necessary." See ICE PBNDS 2011 (2013 Errata), Standard, Use of Force and Restraints, Section (V)(P)(4)(g).

²⁵ "The after-action review team shall also review the audiovisual recording of any use-of-force incidents for compliance with all provisions of this standard, with particular attention paid to whether team members exerted more pressure than necessary to the detainee's thorax (chest and back), throat, head and extremities when applying restraints." See ICE PBNDS 2011 (2013 Errata), Standard, Use of Force and Restraints, Section (V)(P)(4)(h).

²⁶ "The after-action review team shall also review the audiovisual recording of any use-of-force incidents for compliance with all provisions of this standard, with particular attention paid to the amount of time needed to restrain

ODO found the facility did not maintain an audio-visual recording of one calculated UOF incident, which prevented the after-action review team from evaluating the audio-visual recording, and assessing the UOF incident for compliance with all provisions of this standard, particularly to team members wearing protective gear inside the cell/area until completion of the operation (**Deficiency UOFR-167**²⁷).

ODO found the facility did not maintain an audio-visual recording of one calculated UOF incident, which prevented the after-action review team from evaluating the audio-visual recording, and assessing the UOF incident for compliance with all provisions of this standard, particularly the continuous audio-visual coverage from start to finish of the incident (**Deficiency UOFR-168**²⁸).

ODO found the facility did not maintain an audio-visual recording of one calculated UOF incident, which prevented the after-action review team from evaluating or investigating any breaks or sequences missing from the audio-visual recording (**Deficiency UOFR-169**²⁹).

ODO found the facility did not maintain an audio-visual recording of one calculated UOF incident, which prevented the after-action review team from evaluating the audio-visual recording, and assessing the UOF incident for compliance with all provisions of this standard, particularly if medical personnel promptly examined the detainee according to the findings reported on the audio-visual recording (**Deficiency UOFR-170**³⁰).

ODO found the facility did not maintain an audio-visual recording of one calculated UOF incident, which prevented the after-action review team from evaluating the audio-visual recording, and assessing the UOF incident for compliance with all provisions of this standard, particularly the appropriate use of chemical agents, pepper spray, etc., in accordance with written procedures (**Deficiency UOFR-171**³¹).

ODO found the facility did not maintain an audio-visual recording of one calculated UOF incident, which prevented the after-action review team from evaluating the audio-visual recording, and

the detainee. Any non-resisting detainee restrained for longer than necessary could indicate training problems/inadequacies." *See* ICE PBNDS 2011 (2013 Errata), Standard, Use of Force and Restraints, Section (V)(P)(4)(i).

²⁷ "The after-action review team shall also review the audiovisual recording of any use-of-force incidents for compliance with all provisions of this standard, with particular attention paid to whether team members wore protective gear inside the cell area until the operation was completed." *See* ICE PBNDS 2011 (2013 Errata), Standard, Use of Force and Restraints, Section (V)(P)(4)(G).

²⁸ "The after-action review team shall also review the audiovisual recording of any use-of-force incidents for compliance with all provisions of this standard, with particular attention paid to whether there was continuous audiovisual coverage from the time the camera started recording until the incident concluded." *See* ICE PBNDS 2011 (2013 Errata), Standard, Use of Force and Restraints, Section (V)(P)(4)(k).

²⁹ "The review team shall investigate any breaks or sequences missing from the audiovisual record." *See* ICE PBNDS 2011 (2013 Errata), Standard (Revised), Use of Force and Restraints, Section (V)(P)(4)(k).

³⁰ "The after-action review team shall also review the audiovisual recording of any use-of-force incidents for compliance with all provisions of this standard, with particular attention paid to whether a medical professional promptly examined the detainee, with the findings reported on the audiovisual record." *See* ICE PBNDS 2011 (2013 Errata), Standard, Use of Force and Restraints, Section (V)(P)(4)(I).

³¹ "The after-action review team shall also review the audiovisual recording of any use-of-force incidents for compliance with all provisions of this standard, with particular attention paid to whether use of chemical agents, pepper spray, etc., was appropriate and in accordance with written procedures." *See* ICE PBNDS 2011 (2013 Errata), Standard, Use of Force and Restraints, Section (V)(P)(4)(m).

assessing the UOF incident for compliance with all provisions of this standard, particularly if team members addressed derogatory, demeaning, taunting, or otherwise inappropriate/inflammatory remarks made to the detainee or others outside the cell area (**Deficiency UOFR-172**³²).

ODO found the facility did not maintain an audio-visual recording of one calculated UOF incident, which prevented the after-action review team from evaluating the audio-visual recording, assessing the UOF incident, and determining the reasonableness and appropriateness of any improvised actions the UOF team may have taken (**Deficiency UOFR-173**³³).

CARE

MEDICAL CARE (MC)

ODO reviewed credentials for [REDACTED] licensed medical staff and found the facility did not have licenses for [REDACTED] professional counselors available for on-site review (**Deficiency MC-102**³⁴).

MEDICAL CARE (WOMEN) (MCW)

ODO reviewed the medical records of [REDACTED] female detainees and found [REDACTED] records did not contain evidence the facility conducted a pregnancy test during the detainee's initial health assessment. The health assessment form recorded the detainee as not pregnant but did not record if the facility conducted a pregnancy test (**Deficiency MCW-9**³⁵).

ACTIVITIES

CORRESPONDENCE AND OTHER MAIL (COM)

ODO interviewed facility staff and found the facility did not notify detainees that they consider identity documents, such as passports, birth certificates, etc., in a detainee's possession to be contraband and ICE/ERO may use this contraband as evidence against the detainee or for other purposes authorized by law (**Deficiency COM-22**³⁶).

³² "The after-action review team shall also review the audiovisual recording of any use-of-force incidents for compliance with all provisions of this standard, with particular attention paid to whether team member(s) addressed derogatory, demeaning, taunting, or otherwise inappropriate/inflammatory remarks made to detainee or person(s) outside the cell or area." See ICE PBNDS 2011 (2013 Errata), Standard, Use of Force and Restraints, Section (V)(P)(4)(n).

³³ "If the incident review reveals a violation of CE/ERO policy or procedures, the after-action review team shall then determine whether the situation called for improvised action and, if so, whether the action taken was reasonable and appropriate under the circumstances." See ICE PBNDS 2011 (2013 Errata), Standard, Use of Force and Restraints, Section (V)(P)(4)(o).

³⁴ "Copies of the documents must be maintained on site and readily available for review." See ICE PBNDS 2011 (2013 Errata), Standard, Medical Care, Section (V)(I).

³⁵ "In addition to the criteria listed on the health assessment form, the evaluation shall inquire about the following:

a. pregnancy testing and documented results."

See ICE PBNDS 2011 (2013 Errata), Standard, Medical Care (Women), Section (V)(B)(2)(a).

³⁶ "The facility shall notify detainees of its rules on correspondence and other mail through the detainee handbook, or supplement, provided to each detainee upon admittance. At a minimum, the notification shall specify: ...

MARRIAGE REQUESTS (MR)

ODO reviewed [REDACTED] detention files for detainees who had submitted a marriage request and found [REDACTED] files did not contain the required marriage documentation (**Deficiency MR-41**³⁷).

ADMINISTRATION AND MANAGEMENT

DETAINEE TRANSFERS (DT)

ODO observed the facility complete documentation that verified the facility offered a phone call to one detainee, but the facility did not place a copy of this documentation in the detainee's detention folder (**Deficiency DT-71**³⁸).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 24 standards under PBNDS 2011 (2013 Errata) and found the facility in compliance with 16 of those standards. ODO found 32 deficiencies in the remaining 8 standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO 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 PDF which occurred in June 2021.

Compliance Inspection Results Compared	FY 2021 PBNDS 2011 (2013 Errata)	FY 2022 PBNDS 2011 (2013 Errata)
Standards Reviewed	13	24
Deficient Standards	4	8
Overall Number of Deficiencies	11	32
Repeat Deficiencies	7	0
Areas Of Concern	0	1
Corrective Actions	0	0
Facility Rating	N/A	Good

8. That identity documents, such as passports, birth certificates, etc., in a detainee's possession are contraband and may be used by ICE/ERO as evidence against the detainee or for other purposes authorized by law (however, upon request, the detainee shall be provided a copy of each document, certified by an ICE/ERO officer to be a true and correct copy; the facility shall consult ICE/ERO with any and all requests for identity documents); "

See ICE PBNDS 2011 (2013 Errata), Standard, Correspondence and Other Mail, Section (V)(C)(8).

³⁷ "Once the marriage has taken place, the facility administrator shall forward original copies of all documents to the detainee's A-file and maintain copies in the facility's detention file." *See* ICE PBNDS 2011 (2013 Errata), Standard, Marriage Requests, Section (V)(G).

³⁸ "A copy of the documentation verifying that a detainee was offered a three-minute phone call will be filed in the detainee's detention folder." *See* ICE PBNDS 2011 (2013 Errata), Standard, Detainee Transfers, Section (V)(F)(2).