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

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**Office of Detention Oversight  
Follow-Up Compliance Inspection  
2023-002-102**

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

**Prairieland Detention Facility  
Alvarado, Texas**

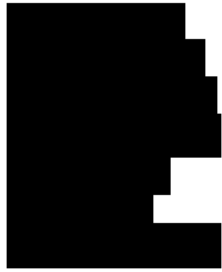
**June 6-8, 2023**

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

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## **FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS**



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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 6 to 8, 2023.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of PDF from December 13 to 15, 2022. 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).

[REDACTED] A facility administrator handles daily operations and manages [REDACTED] personnel. Lasalle Corporation provides food services and medical care, and Correct Commissary provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in February 2020. 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 <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of June 6, 2023)	[REDACTED]
Adult Female Population (as of June 6, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found eight deficiencies in the following areas: Correspondence and Other Mail (1); Environmental Health and Safety (3); Medical Care (2); Tool Control (1); and Significant Self harm and Suicide Prevention and Intervention (1).

<sup>1</sup> This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods greater than 72 hours.

<sup>2</sup> Data Source: ERO Facility List as of June 5, 2023.

<sup>3</sup> *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 full inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniform corrective action plan (UCAP), 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.

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

PBNDs 2011 (2013 Errata) Standards Inspected <sup>4,5</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Emergency Plans	0
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Facility Security and Control Funds and Personal Property	0
Funds and Personal Property	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	1
Tool Control	0
Use of Force and Restraints	1
<b>Sub-Total</b>	<b>2</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	2
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Telephone Access	3
<b>Sub-Total</b>	<b>3</b>
<b>Part 6 - Justice</b>	
Grievance System	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>7</b>

<sup>4</sup> For greater detail on ODO's findings, see the *Follow-up Inspection Findings* section of this report.

<sup>5</sup> 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.

## DETAINEE RELATIONS

ODO interviewed 31 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.

*Recreation:* Two detainees stated they only receive 30 minutes for recreation.

- Action Taken: ODO interviewed facility staff, reviewed recreation logbook entries, and found the facility offered outdoor recreation at least 1-hour a day, 7 days a week, as allowed by weather and facility scheduling. On June 7, 2023, ODO informed detainees the facility provides recreation at a minimum of 1 hour daily, indoor or outdoor, based on weather conditions and facility scheduling. Due recent prevailing weather, facility staff carefully managed outdoor recreation to minimize injury as per facility handbook requirements. ODO confirmed the facility's adherence to policy by verifying the heat index and wind speeds from May 31 through June 6, 2023.

## FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### STAFF-DETAINEE COMMUNICATION (SDC)

ODO interviewed ERO Dallas staff and found ERO Dallas does not maintain nor retain a copy of each completed detainee request in the detainee's detention file for a minimum of 3 years (**Deficiency SDC-20**<sup>6</sup>).

#### USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed four calculated UOF incidents and found the facility allowed a PDF supervisor to participate in a calculated UOF to prevent injury. Specifically, in one out of four calculated use-of-force incidents during the inspection period, a PDF supervising sergeant participated in a calculated UOF as a team member and ODO found no evidence found to indicate impediment of staff injury (**Deficiency UOFR-83**<sup>7</sup>).

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<sup>6</sup> "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).

<sup>7</sup> "The shift supervisor or another supervisor on duty: ...

2). Shall not participate except to prevent impending staff injury."

See ICE PBNDS 2011 (2013 Errata), Standard, Use of Force and Restraints, Section (V)(I)(3)(d)(2).

## CARE

### MEDICAL CARE (MC)

ODO reviewed [REDACTED] detainee medical files, reviewed facility MC policy, H.C. 4.3.8, dated June 2, 2021, and found a PDF registered nurse (RN) and a PDF nurse practitioner (NP) did not perform their authorized duties within the scope of practice as per the referenced MC policy. Specifically, the NP prescribed an emergency psychotropic medication for a detainee, twice daily, as needed for 5 days without a physician's authorization. At [REDACTED], the RN involuntarily administered the psychotropic medication to the same detainee without a physician's authorization (**Deficiency MC-21<sup>8</sup>**).

ODO reviewed the facility medical record and Supervisor Summary of Incident regarding an involuntary administration of psychotropic medication and found medical staff violated facility MC policy by medicating a detainee without the authorization of a physician. Specifically, at [REDACTED] an NP evaluated a detainee, documented the detainee "portrayed a psychotic episode," and ordered an emergency administration of psychotropic medication for the detainee, twice daily as needed for 5 days. At [REDACTED], an RN assessed the detainee and noted his behavior as "escalating" and involuntarily administered the psychotropic medication without a physician's authorization (**Deficiency MC-156<sup>9</sup>**).

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, a discrepancy between the actual and documented times of medicating a detainee. Specifically, on [REDACTED], one detainee received an emergency involuntary dose of a psychotropic medication. An RN documented medicating the detainee at [REDACTED]. ODO's review of the Supervisor Summary of Incident found the RN involuntarily administered the detainee's medication at [REDACTED], and wrote no late entry report in the medical record to explain the delay in documentation. The inaccuracy of the charted time of medication did not correspond with the health care needs of the detainee and could have adversely impacted the detainee's medication schedule. ODO notes this as an **Area of Concern**.

## ACTIVITIES

### TELEPHONE ACCESS (TA)

ODO observed 10 PDF housing units and found in 10 out of 10 units, no posted procedures near the telephones for making an unmonitored call. Specifically, PDF posted unmonitored call procedures separately from the telephones in the recreation room (**Deficiency TA-20<sup>10</sup>**).

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<sup>8</sup> "Health care personnel perform duties within their scope of practice for which they are credentialed by training, licensure, certification, job descriptions, and/or written standing or direct orders by personnel authorized by law to give such orders." See ICE PBNDS 2011 (2013 Errata), Standard, Medical Care, Section (V)(B).

<sup>9</sup> "Involuntary administration of psychotropic medication to detainees shall comply with established guidelines and applicable laws, and shall be performed only pursuant to the specific, written and detailed authorization of a physician." See ICE PBNDS 2011 (2013 Errata), Standard, Medical Care, Section (V)(N)(6).

<sup>10</sup> "If telephone calls are monitored, the facility shall, at each monitored telephone, place a notice that states the following: ...



*Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action by posting at each PDF monitored telephone, a notice stating the procedure for obtaining an unmonitored call to a court, a legal representative or for the purposes of obtaining legal representation (C-1).

ODO observed 10 PDF housing units and found in 10 out of 10 units, no posted telephone access hours (Deficiency TA-25<sup>11</sup>).

ODO observed the telephones in each housing unit at PDF and found no telephone access hours posted by the telephones (Deficiency TA-30<sup>12</sup>).

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 20 standards under PBNDS 2011 (2013 Errata) and found the facility in compliance with 16 of those standards. ODO found seven deficiencies in the remaining five standards. Since PDF’s last inspection in December 2022, the facility has shown gradual improvement. PDF went from five deficient standards and eight deficiencies to four deficient standards and seven deficiencies during this most recent inspection. ODO did not review Telephone Access during the December 2022 inspection as it was not an FY 2023 core standard, and this standard accounted for three out of eight deficiencies. The facility’s improved performance was likely a result of completing a uniform corrective action plan for ODO’s last inspection in December 2022. ODO recommends ERO Dallas continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNDS 2011) (2013 Errata)	FY 2023 Follow - up Inspection (PBNDS 2011) (2013 Errata)
Standards Reviewed	24	20
Deficient Standards	5	4
Overall Number of Deficiencies	8	7
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	1	1
Corrective Actions	1	1
Facility Rating	Superior	N/A

b. the procedure for obtaining an unmonitored call to a court, a legal representative or for the purposes of obtaining legal representation.”

See ICE PBNDS 2011 (2013 Errata), Standard, Telephone Access, Section (V)(B)(3)(b).

<sup>11</sup> “Telephone access hours shall also be posted.” See ICE PBNDS 2011 (2013 Errata), Standard, Telephone Access, Section (V)(C).

<sup>12</sup> “Telephone access hours shall be posted near the telephones.” See ICE PBNDS 2011 (2013 Errata), Standard, Telephone Access, Section (V)(D).