



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

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**Office of Detention Oversight  
Compliance Inspection  
2024-002-293**

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

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

**April 9-11, 2024**

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

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## COMPLIANCE INSPECTION TEAM MEMBERS

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## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.<sup>4</sup>

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 their decision-making to better allocate resources across the agency’s entire detention inventory.

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<sup>4</sup> 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 <sup>5,6</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	1
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	1
Population Counts	0
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	2
Personal Hygiene	1
Significant Self-harm and Suicide Prevention and Intervention	3
<b>Sub-Total</b>	<b>6</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Religious Practices	0
Telephone Access	0
Voluntary Work Program	0
<b>Sub-Total</b>	<b>0</b>

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

<sup>6</sup> Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

<b>Part 6 - Justice</b>	
Grievance System	0
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 7 - Administration and Management</b>	
Detention Files	0
Detainee Transfers	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>8</b>

## 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.

*Medical Care:* One detainee stated he submitted medical requests on April 6, 7, and 8, 2024, and had not been seen for his concern with blood in his stools. The detainee requested immediate medical care, ODO ended the interview and referred the detainee to the facility's medical department for evaluation.

- Action Taken: On April 10, 2024, ODO requested the detainee's medical file and reviewed all sick call requests and grievances filed by the detainee. ODO found the detainee submitted a sick call request on April 3, 2024, for an unrelated medical issue and the facility evaluated the detainee on the same day. ODO found no other sick call requests from this detainee. Facility medical staff evaluated the detainee on April 9, 2024, following ODO's referral, and provided him with instructions on how to obtain and submit a stool sample for testing. Facility medical staff also provided and instructed the detainee on the use of medication for possible hemorrhoids.

*Correspondence and Other Mail:* One detainee requested assistance with writing letters to family members.

- Action Taken: On April 11, 2024, ODO spoke with PPIPC's chief of security and informed him of the detainee's request for assistance in writing letters to his family. On the same day, ODO confirmed with the chief of security facility staff, or another detainee may assist with his letter writing. ODO followed up with the detainee, and the detainee confirmed a fellow detainee and facility staff helped him with writing a letter and using a tablet.

# COMPLIANCE INSPECTION FINDINGS

## SECURITY

### ADMISSION AND RELEASE (AR)

ODO reviewed █ detainee admission files and found in █ out of █ detainee files, a detainee arrived at the facility on March 21, 2024, without an Order to Detain (Form I-203) (**Deficiency AR-54**<sup>7</sup>).

### FUNDS AND PERSONAL PROPERTY (FPP)

ODO interviewed the facility's intake sergeant, observed detainee property storage bags in the facility property room, and found the facility staff tied detainee property storage bags with a non-securable string, allowing the bags to open and close without detection (**Deficiency FPP-84**<sup>8</sup>).

## CARE

### MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found in █ out of █ detainee medical records, █ detainees received their tuberculosis screenings 20 and 22 hours respectively after their arrival to the facility (**Deficiency MC-29**<sup>9</sup>).

ODO reviewed █ detainee medical records, and found in █ out of █ detainee medical records, the facility's medical staff completed the initial detainee medical screenings between 20 and 23 hours after their arrival to the facility (**Deficiency MC-103**<sup>10</sup>). **This is a priority component.**

### PERSONAL HYGIENE (PH)

ODO inspected 27 housing units each housing 8 detainees, and found in 26 out of 27 units, 1 toilet per housing unit (**Deficiency PH-35**<sup>11</sup>).

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<sup>7</sup> "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 (Revised 2016), Standard, Admission and Release, Section (V)(E).

<sup>8</sup> "All detainee luggage and facility containers used for storing detainee personal property shall be secured in a tamper-resistant manner and shall only be opened in the presence of the detainee." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(I).

<sup>9</sup> "All new arrivals shall receive TB screening within 12 hours of intake and in accordance with CDC guidelines." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(C)(2).

<sup>10</sup> "As soon as possible, but no later than 12 hours after arrival, all detainees shall receive, by a health care provider or a specially trained detention officer, an initial medical, dental and mental health screening." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(J).

<sup>11</sup> "All housing units with three or more detainees must have at least two toilets." See ICE PBNDS 2011 (Revised 2016), Standard, Personal Hygiene, Section (V)(E)(1).



## **SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)**

ODO interviewed the facility's health service administrator, reviewed ■ medical records, and found in ■ out of ■ records, the facility's medical staff completed the initial detainee mental health screenings between 20 and 23 hours after their arrival to the facility (**Deficiency SSHSPI-13<sup>12</sup>**).

ODO reviewed 10 suicide watch logs for detainees placed on suicide precautions during the inspection period and found in 3 out of 10 suicide watch logs 4 instances where facility staff documented monitoring between 20 and 41 minutes after the previous entry (**Deficiency SSHSPI-34<sup>13</sup>**). **This is a priority component.**

ODO reviewed 10 suicide watch logs for detainees placed on suicide precautions during the inspection period and found in 1 out of 10 watch logs 1 instance where clinical staff documented a welfare check 12 hours and 30 minutes after the previous entry (**Deficiency SSHSPI-35<sup>14</sup>**).

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 28 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 23 of those standards. ODO found eight deficiencies in the five remaining standards. Since PPIPC's last rated inspection in February 2023, the facility's compliance with ICE PBNDS 2011 (Revised 2016) has trended down. PPIPC went from no deficient standards and no deficiencies in February 2023 to 5 deficient standards and 8 deficiencies during this most recent full inspection. ODO did not require a uniform corrective action plan for the last rated inspection. ODO recommends ERO New Orleans continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

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<sup>12</sup> "All detainees shall receive an initial mental health screening within 12 hours of admission by a qualified health care professional or health-trained correctional officer who has been specially trained, as required by 'J. Medical and Mental Health Screening of New Arrivals' in Standard 4.3 'Medical Care.'" See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(B)(1).

<sup>13</sup> "The qualified mental health professional may place the detainee in a special isolation room designed for evaluation and treatment with continuous monitoring that must be documented every 15 minutes or more frequently if necessary." See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

<sup>14</sup> "All suicidal detainees placed in an isolated confinement setting will receive continuous one-to-one monitoring, welfare checks at least every 8 hours conducted by clinical staff." See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

<b>Compliance Inspection Results Compared</b>	<b>FY 2023 Full Inspection (PBNS 2011) (Revised 2016)</b>	<b>FY 2024 Full Inspection (PBNS 2011) (Revised 2016)</b>
Standards Reviewed	24	28
Deficient Standards	0	5
Overall Number of Deficiencies	0	8
Priority Component Deficiencies	0	2
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Good <sup>15</sup>

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<sup>15</sup> ODO revised its rating system at the end of FY 2023, and beginning in FY 2024, facilities rated as “Superior” will have no or very minimal deficiencies and will have no repeat or priority component deficiencies.