

Office of Professional Responsibility

Pine Prairie ICE Processing Center Inspection (2024-002-388)

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U.S. Immigration
and Customs
Enforcement



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**Office of Detention Oversight
Follow-Up Compliance Inspection
2024-002-388**

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

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

July 30-August 1, 2024

FOLLOW-UP COMPLIANCE INSPECTION
of the
PINE PRAIRIE ICE PROCESSING CENTER
Pine Prairie, Louisiana

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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 Pine Prairie ICE Processing Center (PPIPC) in Pine Prairie, Louisiana, from July 30 to August 1, 2024.¹ This inspection focused on the standards found deficient during ODO’s last inspection of PPIPC from April 9 to 11, 2024. The facility opened in 2000 and is owned and operated by The Geo Group, Inc. (GEO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at PPIPC in 2016 under the oversight of ERO’s Field Office Director in New Orleans (ERO New Orleans). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

[REDACTED] A facility administrator handles daily operations and manages [REDACTED] support personnel. GEO provides food services and medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in November 2023, and the National Commission on Correctional Health Care in June 2020. In January 2022 PPIPC 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 July 30, 2024)	[REDACTED]
Adult Female Population (as of July 30, 2024)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2024, ODO found 8 deficiencies in the following areas: Admission and Release (1); Funds and Personal Property (1); Medical Care (2); Personal Hygiene (1); and Significant Self-harm and Suicide Prevention and Intervention (3).

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

² Data Source: ERO Custody Management Division Authorized Facility List as of July 29, 2024.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts biannual oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for longer than 72-hours, to assess compliance with ICE National Detention Standards. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all over-72-hour ICE detention facilities with an ADP of 10 or more detainees that ODO conducted a full inspection of earlier in the FY. Follow-up inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, and other standards ODO found deficient during the previous rated inspection to assess the facility's corrective actions taken to address those previously cited deficiencies.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.

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 (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 the full and follow-up inspection are annotated as "Repeat Deficiencies" in this report.

⁴ 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 ^{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
Facility Security Control	0
Funds and Personal Property	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	5
Personal Hygiene	7
Significant Self-harm and Suicide Prevention and Intervention	4
Sub-Total	16
Part 5 - Activities	
Recreation	0
Telephone Access	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	16

⁵ For greater detail on ODO's findings, see the *Follow-up Compliance Inspection Findings* section of this report.

⁶ 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.

DETAINEE RELATIONS

ODO interviewed 25 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services except for the concern listed below.

Personal Hygiene: One detainee stated facility staff did not provide him enough underwear and uniforms during intake.

- Action Taken: ODO reviewed the detainee’s detention file and found the detainee signed for one uniform and one pair of boxers. On July 31, 2024, facility staff issued 2 additional pairs of boxers, 2 shirts, and 2 pairs of pants. ODO interviewed facility staff who confirmed a uniform shortage. ODO cited this issue as deficiency under the *Personal Hygiene* section of the report.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

CARE

MEDICAL CARE (MC)

ODO reviewed [REDACTED] medical records of newly arrived detainees who reported medical conditions during their initial health screenings and found in [REDACTED] out of [REDACTED] records a licensed health care provider evaluated [REDACTED] detainees between 3 and 5 working days after referral and did not evaluate [REDACTED] detainee who was transferred out of the facility 3 working days after referral (**Deficiency MC-104⁷**). **This is a priority component.**

ODO reviewed [REDACTED] medical records of detainees with clinically significant findings from their initial screenings and found in [REDACTED] records medical staff conducted [REDACTED] health assessments between 3 to 5 working days after referral and did not conduct [REDACTED] health assessment prior to the detainee’s transfer from the facility 3 working days after referral (**Deficiency MC-116⁸**).

ODO reviewed [REDACTED] medical records for detainees with mental health referrals and found the following deficiencies in [REDACTED] out of [REDACTED] records:

- The facility did not ensure a newly arrived detainee with a mental health referral was evaluated by a mental health provider within 1 business day. Specifically, the facility did not obtain a signed refusal until 6 calendar days after the referral (**Deficiency MC-**

⁷ “Any detainee responding in the affirmative shall be sent for evaluation to a qualified, licensed health care provider as quickly as possible, but in no later than two working days.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(J).

⁸ “Where there is a clinically significant finding as a result of the initial screening, an immediate referral shall be initiated and the detainee shall receive a health assessment no later than two working days from the initial screening.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(J).

- **120⁹**;
- The facility did not ensure two detainees with mental health referrals from a qualified health care provider were evaluated by a mental health provider within 1 business day. Specifically, one detainee with a referral on a Thursday was not evaluated until 2 calendar days later on Saturday. The facility did not obtain a signed refusal until 6 calendar days after the referral of the second detainee (**Deficiency MC-151¹⁰**); and
- The facility did not ensure a detainee with a mental health referral received an evaluation by a mental health provider within 1 business day. Specifically, the facility did not obtain a signed refusal until 6 calendar days after the referral (**Deficiency MC-157¹¹**).

PERSONAL HYGIENE (PH)

ODO reviewed the facility’s clothing supply and laundry operations and found the facility did not have enough clothing required for the minimum number of detainees to prevent delay in replacing the items (**Deficiency PH-2¹²**).

ODO reviewed the facility’s clothing supply and laundry operations and found the facility did not have more clothing available than needed to supply the maximum funded detainee capacity (**Deficiency PH-4¹³**).

ODO observed the facility’s clothing issue process and clothing/shoes they had ready to issue to detainees, detainees dressed in their personal footwear instead of facility-issued shoes and found the facility did not maintain enough shoes to provide a pair of facility-issued shoes to each detainee

⁹ “If, at any time during the screening process, there is an indication of need of, or a request for, mental health services, the HSA must be notified within 24 hours. The CMA, HSA or other qualified licensed health care provider shall ensure a full mental health evaluation, if indicated. Mental health evaluations must be conducted within the timeframes prescribed in ‘O. Mental Health Program’ of this standard.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(J).

¹⁰ “3. Mental Health Evaluation

Based on intake screening, the comprehensive health assessment, medical documentation, or subsequent observations by detention staff or medical personnel, any detainee referred for mental health treatment shall receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary. If the practitioner is not a mental health provider and further referral is necessary, the detainee will be evaluated by a mental health provider within the next business day.” See ICE PBNDS 2011 (Revised 2016),

Standard, Medical Care, Section (V)(O)(3).

¹¹ “4. Referrals and Treatment

Any detainee referred for mental health treatment shall receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary. If the practitioner is not a mental health provider and further referral is necessary, the detainee will be evaluated by a mental health provider within the next business day.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(O)(4).

¹² “The supply of these items shall exceed the minimum required for the number of detainees to prevent delay in replacing the items.” See ICE PBNDS 2011 (Revised 2016), Standard, Personal Hygiene, Section (V)(A).

¹³ “Each SPC and CDF shall have available, at all times, more clothing, bedding, linen and towels than needed to supply the maximum funded detainee capacity.” See ICE PBNDS 2011 (Revised 2016), Standard, Personal Hygiene, Section (V)(A).

(Deficiency PH-8¹⁴).

ODO observed the facility's intake process and found the facility did not provide each detainee at least one comb **(Deficiency PH-17¹⁵).**

ODO reviewed the facility's policy, interviewed facility staff, and found one instance where facility staff issued razors to detainees but did not collect the razors until the following day **(Deficiency PH-23¹⁶).**

ODO observed each detainee housing unit and found the Bravo unit did not have enough toilets for detainees, specifically it had one toilet for eight detainees **(Deficiency PH-35¹⁷).** **This is a repeat deficiency.**

ODO observed each detainee housing unit and found facility staff did not prevent detainees from washing their clothing in the sinks and drying their clothing by hanging it from their bunks and concrete dividers in the housing units **(Deficiency PH-62¹⁸).**

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

ODO reviewed [REDACTED] medical records of detainees who were on suicide watch and found the following deficiencies:

- In [REDACTED] out of [REDACTED] records, a mental health provider evaluated detainees who were identified as being at risk for significant self-harm or suicide between 26 and 41 hours after identification and referral **(Deficiency SSHSPI-22¹⁹);**
- In [REDACTED] out of [REDACTED] records, staff did not re-evaluate a detainee daily, nor document the evaluation, in the detainee's medical record **(Deficiency SSHSPI-26²⁰);**
- In [REDACTED] out of [REDACTED] records, 26 instances where medical staff documented their monitoring

¹⁴ "The standard issue of clothing is at least two uniform shirts and two pairs of uniform pants or two jumpsuits; two pairs of socks; two pairs of underwear; two brassieres, as appropriate; and one pair of facility-issued footwear." *See* ICE PBNDS 2011 (Revised 2016), Standard, Personal Hygiene, Section (V)(B).

¹⁵ "Each detainee shall receive, at a minimum, the following items: ...
2. One comb;"

See ICE PBNDS 2011 (Revised 2016), Standard, Personal Hygiene, Section (V)(D)(2).

¹⁶ "Razors shall be issued and collected daily by staff." *See* ICE PBNDS 2011 (Revised 2016), Standard, Personal Hygiene, Section (V)(D).

¹⁷ "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).

¹⁸ "Detainees are not permitted to wash clothing, bedding, linens, tennis shoes, or other items in the living units, unless proper washing and drying equipment is available and the facility has written policy and procedures for their use." *See* ICE PBNDS 2011 (Revised 2016), Standard, Personal Hygiene, Section (V)(H).

¹⁹ "Detainees who are identified as being "at risk" for significant self-harm or suicide shall immediately be referred to the mental health provider for an evaluation, which shall take place within 24 hours of the identification." *See* ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(C).

²⁰ "Detainees placed on suicide watch shall be re-evaluated by appropriately trained and qualified medical staff on a daily basis. The re-evaluation must be documented in the detainee's medical record." *See* ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(D).

intervals of detainees between 16 and 37 minutes (**Deficiency SSHSPI-34.²¹**). **This is a repeat deficiency and a priority component;** and

- In █ out of █ records, clinical staff allowed 10 hours to lapse before conducting 1 detainee’s next welfare check and 2 instances of 11 hours between another detainee’s next welfare checks (**Deficiency SSHSPI-35.²²**). **This is a repeat deficiency.**

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 17 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 14 of those standards. ODO found 16 deficiencies in the remaining 3 standards. Since PPIPC’s last full inspection in April 2024 the facility has trended down. PPIPC went from 5 deficient standards and 8 deficiencies in April 2024 to 3 deficient standards and 16 deficiencies during this most recent inspection, 3 of which were repeat deficiencies. ODO has not received a completed UCAP from the last full inspection in April 2024, which likely contributed to the 3 repeat deficiencies. ODO recommends ERO New Orleans continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2024 Follow-Up Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	29	17
Deficient Standards	5	3
Overall Number of Deficiencies	8	16
Priority Component Deficiencies	2	2
Repeat Deficiencies	0	3
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Good	N/A

²¹ “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).

²² “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, and daily mental health treatment by a qualified clinician.” See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).



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