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Office of Professional Responsibility

PrairieLand Detention Facility

Compliance Inspection 2025-001-032

December 17-19, 2024



U.S. Immigration
and Customs
Enforcement

Unclassified



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

**Office of Detention Oversight
Compliance Inspection
2025-001-032**

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

**Prairieland Detention Facility
Alvarado, Texas**


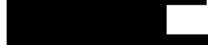
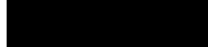
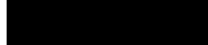
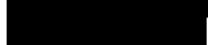
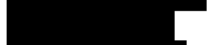
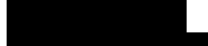
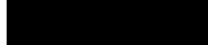


December 17-19, 2024

COMPLIANCE INSPECTION
of the
PRAIRIELAND DETENTION FACILITY
Alvarado, Texas

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COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Assistant Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Section Chief	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 17 to 19, 2024.¹ 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 (Revised 2016).²

[REDACTED] A facility 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 any outside entities. In November 2023, 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: ³	[REDACTED]
Average ICE Population ⁴	[REDACTED]
Adult Male Population (as of December 17, 2024)	[REDACTED]
Adult Female Population (as of December 17, 2024)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 1 deficiency in the Searches of Detainees standard.

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.

² On September 30, 2024, PDF executed a contract modification, changing standards from PBNDS 2011 (2013 Errata) to PBNDS 2011 (Revised 2016).

³ Data Source: ERO Custody Management Division Authorized Facility List as of December 16, 2024.

⁴ *Ibid.*

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.⁵

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.

⁵ 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 ^{6,7}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Transportation (by Land)	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Contraband	1
Funds and Personal Property	2
Hold Rooms in Detention Facilities	0
Key and Lock Control	1
Sexual Abuse and Assault Prevention and Intervention	1
Special Management Units	0
Staff-Detainee Communication	0
Tool Control	14
Use of Force and Restraints	2
Sub-Total	21
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	0
Part 5 - Activities	
Recreation	0
Visitation	3
Sub-Total	3

⁶ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

⁷ 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.

Part 6 - Justice	
Detainee Handbook	0
Grievance System	0
Legal Rights Group Presentations	0
Sub-Total	0
Part 7 - Administration and Management	
Interview and Tours	0
Staff Training	0
Sub-Total	0
Total Deficiencies	24

DETAINEE RELATIONS

ODO interviewed 43 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.

Significant Self-harm and Suicide Prevention and Intervention: One detainee stated he had thoughts of self-harm.

- Action Taken: ODO immediately terminated the interview and asked the detainee if he would like to speak to a mental health provider, but he refused referral. ODO then notified the facility administrator of the detainee’s disclosure of his thoughts of self-harm, and the facility medical staff immediately placed the detainee on suicide watch. On December 18, 2024, the detainee met with the nurse practitioner, refused any medication, and admitted to having suicidal thoughts but did not want to be housed in an observation cell. The facility medical staff released the detainee to his housing unit and scheduled a follow-up appointment with a licensed professional counselor for December 20, 2024. ODO followed up with facility staff and confirmed the detainee attended that appointment. The detainee denied having any suicidal ideations, homicidal ideations, and auditory or visual hallucinations. The detainee had no mental health concerns and was encouraged to contact the mental health department if needed.

COMPLIANCE INSPECTION FINDINGS

SECURITY

CONTRABAND (CON)

ODO reviewed 12 property destruction records and found in 5 out of 12 records, the records did not identify who observed the property’s destruction (**Deficiency CON-51**).⁸

⁸ “The officer who physically destroys the property and at least one official observer shall attest, in writing, to having witnessed the property’s destruction.” See ICE PBNDS 2011 (Revised 2016), Standard, Contraband, Section (V)(C)(4).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO interviewed the facility compliance manager (CM), observed 14 housing units, and found in 1 out of 14 units, the facility did not designate a storage area for detainees' personal property (**Deficiency FPP-30**⁹).

ODO interviewed the facility CM, observed 14 housing units, and found in 1 out of 14 units, no lockers nor other securable space for storing the detainees' authorized personal property (**Deficiency FPP-40**¹⁰).

KEY AND LOCK CONTROL (KLC)

ODO interviewed the facility security key control officer, reviewed facility officer's training records, and found no completed and approved locksmith training program (**Deficiency KLC-26**¹¹).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO observed 14 detainee housing units and found in 14 out of 14 units, facility staff did not post the most current ICE/ERO provided sexual assault awareness notice (**Deficiency SAAPI-68**¹²).

TOOL CONTROL (TC)

ODO interviewed the facility chief of security (COS), reviewed facility TC policies and procedures, reviewed the facility master tool inventory sheet records, and found the following deficiencies:

- No certified master tool inventory sheet in the COS's office (**Deficiency TC-99**¹³);
- A facility tool inventory-taker did not certify with name, title, nor identification number, or the accuracy of the annual inventory (**Deficiency TC-101**¹⁴);
- No approved annual inventory certification by the facility maintenance supervisor nor COS (**Deficiency TC-102**¹⁵);

⁹ "For each housing area, the facility administrator shall designate a storage area for storing detainee personal property." *See* ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(E)(4).

¹⁰ "Every housing area shall have lockers or other securable space for storing detainees' authorized personal property." *See* ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(E).

¹¹ "The security key control officer shall complete an approved locksmith training program." *See* ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(B)(2).

¹² "... ICE/ERO has provided a sexual assault awareness notice to be posted on all housing-unit bulletin boards, as well as a "Sexual Assault Awareness Information" pamphlet to be distributed..." *See* ICE PBNDS 2011 (Revised 2016), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(F)(3).

¹³ "While all posted inventories must be accurate, only the master tool inventory sheet in the office of the Chief of Security requires the certifiers' signatures." *See* ICE PBNDS 2011 (Revised 2016), Standard, Tool Control, Section (V)(J)(4).

¹⁴ "Each inventory-taker shall certify with name, title and identification number the accuracy of that inventory." *See* ICE PBNDS 2011 (Revised 2016), Standard, Tool Control, Section (V)(J)(5)(a)(1).

¹⁵ "Certification must be approved by the facility maintenance supervisor and Chief of Security." *See* ICE PBNDS 2011 (Revised 2016), Standard, Tool Control, Section (V)(J)(5)(a)(1).

- Facility staff did not conduct quarterly verification inventories (**Deficiency TC-104¹⁶**);
- A facility designee did not initial the bottom of each quarterly inventory form (**Deficiency TC-106¹⁷**);
- A facility designee did not maintain a separate file folder for each shop in which tools were stored (**Deficiency TC-107¹⁸**);
- The facility did not maintain the master tool inventory sheet on the left side of the folder (**Deficiency TC-108¹⁹**);
- The facility did not maintain original inventory pages after tool additions or deletions were made (**Deficiency TC-110²⁰**);
- No documentation for:
 - Lost or missing tool reports (**Deficiency TC-111²¹**);
 - Survey requests and reports (**Deficiency TC-113²²**);
 - Storeroom requisition forms (**Deficiency TC-114²³**); and
 - Documents directly related to site-specific tool control procedures (**Deficiency TC-115²⁴**);
- The facility did not maintain the previous year's completed annual inventories (**Deficiency TC-116²⁵**); nor
- A folder containing materials for the current year plus the preceding 2 years, with a divider to separate the annual records (**Deficiency TC-117²⁶**).

¹⁶ “Tools in current use shall be inventoried in accordance with the following schedule: ...

b. Quarterly To ensure the accuracy and completeness of current inventory listings and check the condition of shadows and markings, every three months the employees responsible for tools shall conduct verification inventories and initial the appropriate column on the master tool inventory sheet in the Office of the Chief of Security.”

See ICE PBNDS 2011 (Revised 2016), Standard, Tool Control, Section (V)(J)(5)(b).

¹⁷ “The Chief of Security shall assign an officer to monitor the quarterly inventories. This officer shall clearly initial the bottom of each form certifying that the records have been checked and all inventories completed.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Tool Control, Section (V)(J)(5)(b).

¹⁸ “The facility administrator’s designee shall maintain a separate file folder for each shop or area in which tools are stored.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Tool Control, Section (V)(J)(6).

¹⁹ “The left side of the folder shall contain the master tool inventory sheet(s).” *See* ICE PBNDS 2011 (Revised 2016), Standard, Tool Control, Section (V)(J)(6)(a).

²⁰ “Staff shall not destroy any of the original pages but shall move them to the right side of the folder for future reference.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Tool Control, Section (V)(J)(6)(a).

²¹ “The right side of the folder shall also contain documentation including, but not limited to: ...

1) lost or missing tool reports.”

See ICE PBNDS 2011 (Revised 2016), Standard, Tool Control, Section (V)(J)(6)(b)(1).

²² “The right side of the folder shall also contain documentation including, but not limited to: ...

3) survey requests and reports.”

See ICE PBNDS 2011 (Revised 2016), Standard, Tool Control, Section (V)(J)(6)(b)(3).

²³ “The right side of the folder shall also contain documentation including, but not limited to: ...

4) storeroom requisition forms.”

See ICE PBNDS 2011 (Revised 2016), Standard, Tool Control, Section (V)(J)(6)(b)(4).

²⁴ “The right side of the folder shall also contain documentation including, but not limited to: ...

5) any other document directly related to site-specific tool control procedures.”

See ICE PBNDS 2011 (Revised 2016), Standard, Tool Control, Section (V)(J)(6)(b)(5).

²⁵ “When the annual inventory is completed, staff shall place the form on the left side of the folder and move the previous year’s to the right side.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Tool Control, Section (V)(J)(6)(c).

²⁶ “Each folder shall contain the materials for the current year plus the preceding two years, with a divider to separate the annual records.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Tool Control, Section (V)(J)(6)(c).

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed the after-action reviews (AAR) for 3 calculated use of force (CUOF) incidents and found in 1 out of 3 AARs, incomplete filming and several breaks in the audio-visual recording of the CUOF incident on August 17, 2024, and no explanation of these 2 issues in the AAR (**Deficiency UOFR-69**²⁷).

ODO reviewed the AARs for 3 CUOF incidents and found in 2 out of 3 AARs, the four-member AAR team did not convene until 2 days after the CUOF incident on September 4, 2024, and 2 days after the CUOF on September 23, 2024 (**Deficiency UOFR-155**²⁸).

ACTIVITIES

VISITATION (V)

ODO reviewed the facility's general visitation log and found in 1 out of 32 log entries, no recorded departure time (**Deficiency V-15**²⁹).

ODO interviewed the facility programs manager, reviewed the facility's visitation policy and legal visitation procedures, and found facility staff did not forward completed Form G-28 to ERO Dallas (**Deficiency V-81**³⁰).

ODO reviewed the facility's legal visitation log and found in 7 out of 11 log entries, staff did not consistently record the visitor's address, detainee's A-number, the status of the detainee's G-28 on file, nor the times for the beginning and ending of the visit (**Deficiency V-99**³¹).

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 21 of those standards. ODO found 24 deficiencies in the remaining 7 standards. This was PDF's first inspection against the PBNDS 2011 (Revised 2016); therefore, ODO did not conduct a trend analysis. However, PDF had 1

²⁷ "For calculated use of force, it is required that the entire incident be audio visually recorded." *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(I)(2).

²⁸ "This four-member after-action review team shall convene on the workday after the incident." *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(3).

²⁹ "Staff shall record in the general visitors' log: ...

4. the date, arrival time and departure time."

See ICE PBNDS 2011 (Revised 2016), Standard, Visitation, Section (V)(D)(4).

³⁰ "Staff shall collect completed forms and forward them to ICE/ERO." *See* ICE PBNDS 2011 (Revised 2016), Standard, Visitation, Section (V)(J)(8).

³¹ "Log entries shall include the following information: ...

d. visitor's address;
f. detainee's name and A-number;
g. whether the detainee currently has a G-28 on file;
h. time visit began; and
i. time visit ended."

See ICE PBNDS 2011 (Revised 2016), Standard, Visitation, Section (V)(J)(14)(d)(f)(g)(h)(i).

deficient standard and 1 deficiency in December 2023, and 7 deficient standards and 24 deficiencies during this most recent inspection. The TC, CON, and V standards accounted for 18 out of 24 deficiencies during this most recent inspection, with all 18 deficiencies stemming from the facility’s file maintenance. ODO received completed uniform corrective action plans for the facility’s last full inspection in December 2023 and the follow-up inspection in June 2024, which likely resolved ODO’s previously cited deficiencies. ODO recommends ERO Dallas continue to work with the facility to resolve the remaining deficiencies in accordance with its contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (PBNDS 2011) (2013 Errata)	FY 2025 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	29	28
Deficient Standards	1	7
Overall Number of Deficiencies	1	24
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Acceptable/Adequate



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