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Office of Detention Oversight
Unannounced Follow-Up Compliance
Inspection
2024-005-310

Enforcement and Removal Operations
ERO Dallas Field Office

Prairieland Detention Facility
Alvarado, Texas

June 11-13, 2024

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

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



Team Lead	ODO
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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 an unannounced follow-up compliance inspection of the Prairieland Detention Facility (PDF) in Alvarado, Texas, from June 11 to 13, 2024.¹ This inspection focused on the standards found deficient during ODO's last inspection of PDF from December 19 to 21, 2023. 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] They are on-site daily, Monday through Friday, from 6 a.m. to 5 p.m. A PDF 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. The facility does not hold any accreditations from any outside entities. 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 ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of June 11, 2024)	[REDACTED]
Adult Female Population (as of June 11, 2024)	[REDACTED]

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

¹ This facility holds male and female detainees with security classification levels of 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 June 10, 2024.

³ *Ibid.*

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts 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. 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. 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.⁴

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which may 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 inspections are annotated as "Repeat Deficiencies" in this report.

In FY 2022, ODO began conducting unannounced inspections of ICE detention facilities, ensuring each facility subject to biannual inspections receives an unannounced inspection at least once every 3 years. Upon completion of each special review or unannounced 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 UCAPs; 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.

⁴ODO reviews the facility's compliance with selected standards in their entirety.

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

PBNDs 2011 (2013 Errata) Standards Inspected ^{5,6,7}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	5
Sub-Total	5
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Searches of Detainees	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	0
Part 4 - Care	
Food Service	1
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	1
Part 5 - Activities	
Recreation	0
Telephone Access	0
Sub-Total	0
Part 6 - Justice	
Grievance System	1
Sub-Total	1
Total Deficiencies	7

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

⁷ During an unannounced inspection, ODO will review a facility's compliance with at least 10 individual standards; however, unannounced full inspections will include a review of the same standards as announced full inspections.

DETAINEE RELATIONS

ODO interviewed 27 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.

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO observed the facility's eyewash stations and found the facility's laundry chemical storage area and health services dental lab were not equipped with eyewash stations capable of supplying 15 minutes of continuous and unassisted eye-flushing (**Deficiency EHS-38⁸**).

ODO reviewed the facility's EHS policy and their fire drill documentation since its last inspection and, interviewed the PDF safety officer, and found the following deficiencies:

- PDF documented fire drills for only the first quarter in 2024 on: January 26, 2024, (PDF's program office), February 7, 2024, (PDF's housing unit B-2), and April 3, 2024 (PDF's laundry area) (**Deficiency EHS-107⁹**);
- The fire drills PDF conducted on January 26, 2024, (PDF's program office), February 7, 2024, (PDF's housing unit B-2), and April 3, 2024, (PDF's laundry area), did not include drills for all shifts (**Deficiency EHS-108¹⁰**);
- PDF staff retrieved emergency keys for only 1 out of 3 fire drills on February 7, 2024, but did not record the time for retrieving nor returning the emergency keys (**Deficiency EHS-111¹¹**); and
- No recording of appropriate PDF staff retrieving the emergency keys nor the use of those keys to unlock a set of emergency doors not in daily use in three out of three fire drills conducted during the inspection timeframe (**Deficiency EHS-112¹²**).

⁸ "Eyewash stations that meet OSHA standards shall be installed in designated areas throughout the facility." See ICE PBNDS 2011 (2013 Errata), Standard, Environmental Health and Safety, Section (V)(B)(2)(b).

⁹ "Fire drills shall be conducted and documented at least quarterly in all facility locations including administrative areas." See ICE PBNDS 2011(2013 Errata), Standard, Environmental Health and Safety, Section (V)(C)(4).

¹⁰ "Fire drills in housing units, medical clinics and other areas occupied or staffed during nonworking hours shall be timed so that employees on each shift participate in an annual drill." See ICE PBNDS 2011(2013 Errata), Standard, Environmental Health and Safety, Section (V)(C)(4)(a).

¹¹ "Emergency-key drills shall be included in each fire drill, and timed." See ICE PBNDS 2011 (2013 Errata), Standard, Environmental Health and Safety, Section (V)(C)(4)(c).

¹² "Emergency keys shall be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use." See ICE PBNDS 2011 (2013 Errata), Standard, Environmental Health and Safety, Section (V)(C)(4)(c).

CARE

FOOD SERVICE (FS)

ODO observed the facility's FS department and found an unsecured 5-gallon container of "Auto-Chlor Sanitizing Solution" running into a dishwasher in the rear kitchen area (**Deficiency FS-386**¹³).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility's grievance log and found 2 grievances exceeded the 5-day requirement with responses recorded at 7 and 9 days after the initial grievance date (**Deficiency GS-56**¹⁴).

ODO interviewed the facility's grievance officer (GO), reviewed the facility's policies and procedures, and found PDF inadvertently handled grievances filed by detainees in segregation as an appeal, bypassing the GO review and routed directly to the grievance appeals board (GAB). Specifically, PDF staff offered detainees the GAB decision and provided the opportunity to appeal a decision. While no GAB reviews were appealed, ODO discussed the PBNDS 2011 (2013 Errata) and the facility-specific procedures with the GO for clarification. ODO noted this discrepancy as an **Area of Concern**.

CONCLUSION

During this unannounced follow-up compliance inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 (2013 Errata) and found the facility in compliance with 15 of those standards. ODO found seven deficiencies in the remaining three standards. Although ODO received a completed UCAP for PDF's last inspection in December 2023, the facility's performance has trended downward. PDF went from 1 deficient standard and 1 deficiency during the December 2023 compliance inspection, to 3 deficient standards and 7 deficiencies during this most recent follow-up inspection. ODO recommends ERO Dallas continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with its contractual obligations.

¹³ "All toxic, flammable and caustic materials shall be segregated from food products and stored in a locked and labeled cabinet or room." See ICE PBNDS 2011 (2013 Errata), Standard, Food Service, Section (V)(J)(11)(d).

¹⁴ "Detainee shall be provided with a written or oral response within five days of receipt of the grievance." See ICE PBNDS 2011 (2013 Errata), Standard, Grievance System, Section (V)(C)(3)(b)(1)(b).

Compliance Inspection Results Compared	FY 2024 Full Inspection (PBNDS 2011) (2013 Errata)	FY 2024 Follow-Up Inspection (PBNDS 2011) (2013 Errata)
Standards Reviewed	29	18
Deficient Standards	1	3
Overall Number of Deficiencies	1	7
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	0	1
Corrective Actions	0	0
Facility Rating	Superior	N/A