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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO San Antonio Field Office

Rio Grande Detention Center
Laredo, Texas

August 3-6, 2020

**COMPLIANCE INSPECTION
of the
RIO GRANDE DETENTION CENTER
Laredo, Texas**

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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 compliance inspection of the Rio Grande Detention Center (RGDC) in Laredo, Texas, from August 3 to 6, 2020.¹ The facility opened in 2008 and is owned and operated by The Geo Group, Inc. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at RGDC in 2014 under the oversight of ERO's Field Office Director (FOD) in San Antonio (ERO San Antonio). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008 and is contractually obligated for the following PBNDS 2011 (Revised 2016) standards: Sexual Abuse and Assault Prevention and Intervention, and Significant Self-harm and Suicide Prevention and Intervention.

ERO has not assigned deportation officers to the facility; however, they have assigned a detention services manager. A facility administrator handles daily facility operations and is supported by █ personnel. The Geo Group, Inc. provides food services, Wellpath provides medical care, and Keefe Commissary Network provides commissary services at the facility. The facility was accredited by the American Correctional Association in June 2019 and the National Commission on Correctional Health Care in June 2019.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	672
Average ICE Detainee Population ³	317
Male Detainee Population (as of 8/3/2020)	262
Female Detainee Population (as of 8/3/2020)	N/A

During its last inspection, in Fiscal Year (FY) 2019, ODO found 12 deficiencies in the following areas: Environmental Health and Safety (1); Funds and Personal Property (1); Use of Force and Restraints (1); Food Service (3); Personal Hygiene (1); Religious Practices (1); Telephone Access (1); Visitation (1); Sexual Abuse and Assault Prevention and Intervention (1); and Disability Identification Assessment and Accommodation (1).

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

² Data Source: ERO Facility List Report as of August 3, 2020.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, 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.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which 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.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES

PBNDs 2008 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	2
Classification System	5
Funds and Personal Property	7
Special Management Units	3
Staff-Detainee Communication	1
Use of Force and Restraints	2
Sub-Total	20
Part 4 – Care	
Food Service	0
Medical Care	1
Sub-Total	1
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	0
Sub-Total	0
PBNDs 2011 (Revised 2016) Standards Inspected	
Sexual Abuse and Assault Prevention and Intervention	2
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	2
Total Deficiencies	23

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

DETAINEE RELATIONS

ODO interviewed 12 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. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

Medical Care: One detainee stated his bones and body were hurting, he had difficulty breathing, and all medical did was give him a pill, which has not helped.

- Action Taken: ODO reviewed the detainee's medical record and spoke with the facility medical staff. ODO found the detainee submitted a sick call request with the following complaints: he had a headache, bone pain, and right nose pain, which made it hard for him to breath. The next day, a nurse evaluated the detainee, determined he had a cold, and prescribed Chlorpheniramine and ibuprofen to help with his symptoms. Facility medical staff counseled the detainee to complete the current treatment plan and to submit another sick call request if his symptoms did not improve. By the end of the inspection, the detainee had not submitted another sick call request.

Medical Care: One detainee stated he thought he had a hernia, which facility medical staff had seen him twice, but was told nothing could be done unless he was in serious pain.

- Action Taken: ODO reviewed the detainee's medical record and spoke with the facility medical staff. ODO found the detainee did not report having a hernia, nor a history of having hernias, during his initial medical examination. He submitted a sick call request for pain in his pelvis, which a nurse evaluated him within 48-hours of his sick call request. During the evaluation, the detainee indicated he had discomfort in his right lower quadrant but denied having pressure, nausea, vomiting, or diarrhea. The nurse found his range of motion intact and noted no acute distress. The detainee stated to the nurse he was exercising more frequently. The nurse prescribed him ibuprofen for five days, refrain from exercising for a few days, and advised him to submit another sick call request if his symptoms did not improve. The nurse re-evaluated him four days later and found the detainee had no swelling, no redness, no bruising, nor tenderness in his lower right quadrant. The detainee denied having nausea and vomiting, and the nurse advised the detainee to continue taking his current medication as it was a pain reliever and anti-inflammatory medication. ODO found nothing to indicate facility medical staff told the detainee there was nothing they could do unless he was in serious pain.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (A&R)

ODO requested to review the facility's admissions staff training records and found the facility did not document training on the admission process at the facility (**Deficiency A&R-1⁶**).

ODO reviewed the facility's orientation video and found the video did not have an introduction by the facility administrator, did not address the detainee standards of conduct, did not provide the detainees with an overview of the facility's rules and requirements, nor describe the disciplinary procedures, which include criminal prosecution, grievance procedures, and the facility's appeals process (**Deficiency A&R-2⁷**).

CLASSIFICATION SYSTEM (CS)

ODO requested to review the facility's classification staff training records and found the facility did not document training on the facility's classification process (**Deficiency CS-1⁸**).

ODO reviewed 12 detainee detention files and found a classification supervisor did not review the classification forms for accuracy and completeness, nor did the classification supervisor ensure the detainees were assigned to the appropriate housing in 12 out of 12 detainee detention files reviewed (**Deficiency CS-2⁹**).

The facility reclassified five detainees, which ODO found a supervisor did not review the reclassification documentation for all five detainees (**Deficiency CS-3¹⁰**).

ODO reviewed the reclassification documentation for five detainees the facility released from disciplinary segregation and determined two out of five detainees released from disciplinary

⁶ "... Staff members shall be provided with adequate training on the admissions process at the facility." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(B)(1).

⁷ "... As part of the admissions process in SPCs and CDFs, the facility administrator shall screen the facility's orientation video for every detainee.

The video shall:

4. At a minimum, each video must provide the following material...
 - Facility administrator's introduction; ...
 - Standards of conduct, including acceptable and unacceptable detainee behavior, with an overview of other rules and requirements;
 - Disciplinary procedures, including criminal prosecution; grievance procedures; appeals process."

See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(F)(4).

⁸ "... All facility staff assigned to classification duties shall be trained to the facility's classification process." See ICE PBNDS 2008, Standard, Classification System, Section (V)(A).

⁹ "The designated classification supervisor (if the facility has one) or a first-line supervisor shall review the intake processing officer's classification file for each detainee for accuracy and completeness. Among other things, the reviewing officer shall ensure each detainee has been assigned to the appropriate housing unit." See ICE PBNDS 2008, Standard, Classification System, Section (V)(D).

¹⁰ "... *Reclassifications shall be conducted in accordance with Section V,D.*" See ICE PBNDS 2008, Standard, Classification System, Section (V)(H).

segregation were not reclassified (**Deficiency CS-4¹¹**).

ODO reviewed the English and Spanish versions of the facility detainee handbook. ODO found the Spanish version did not contain a description of the facility's classification levels, nor the conditions and restrictions applicable to each classification level (**Deficiency CS-5¹²**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the facility's detainee handbook and found it did not notify detainees the facility permitted them to retain their dentures, prescription glasses, an address book, nor their legal documents. Additionally, the facility's detainee handbook did not include the procedures detainees should follow, to claim their property upon their release, transfer, or removal, which was a repeat deficiency (**Deficiency F&PP-1¹³**).

ODO reviewed 12 detainee files and found the facility did not document a forwarding address in 12 out of 12 detainee files (**Deficiency F&PP-2¹⁴**).

ODO reviewed 12 valuable property receipts and found one valuable property receipt described a piece of jewelry as a gold necklace instead of yellow metal as required by the standard (**Deficiency F&PP-3¹⁵**).

ODO reviewed 12 detainee files and found one property inventory form indicated the detainee had a backpack in his possession during his intake; however, his detainee detention file did not contain a large valuable property receipt (**Deficiency F&PP-4¹⁶**).

ODO reviewed the facility's drop safe and valuables accountability log and found a supervisor did not review and account for the cash amount and valuables each shift (**Deficiency F&PP-5¹⁷**).

¹¹ "... A special assessment is to be completed within 24 hours before a detainee leaves disciplinary segregation and at any other time when additional relevant information becomes known." See ICE PBNDS 2008, Standard, Classification System, Section (V)(H).

¹² "The Detainee Handbook Standard section on classification shall include:

- An explanation of the classification levels, with the conditions and restrictions applicable to each."

See ICE PBNDS 2008, Standard, Classification System, Section (V)(J).

¹³ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including:

- Which items (and cash) they may retain in their possession; ...
- The procedure for claiming property upon release, transfer, or removal." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(C). **This is a Repeat Deficiency.**

¹⁴ "... Standard operating procedures will include obtaining a forwarding address from every detainee for use in the event that personal property is lost or forgotten in the facility after the detainee's release, transfer, or removal." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(D).

¹⁵ "The G-589 shall describe each item of value. Jewelry shall be described in general terms (for example, ring – yellow/white metal with red/white stone, with no mention of brand name of monetary value." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(G)(2).

¹⁶ "... The G-589, including a description of each item, shall be prepared and distributed as above... The officers shall attach a copy of the G-589 and the center portion of the I-77 to the detainee's booking card or detention file." See ICE PBNDS 2008, Standard, Funds & Personal Property, Section (V)(G)(3).

¹⁷ "The supervisory security officer or equivalent shall remove the contents of the drop safe during his or her shift and initial the G-589 accountability log. The supervisor shall:

ODO reviewed 12 detainee detention files and found the officer conducting the inventory, nor the detainee, signed the personal property inventory form in 11 out of 12 detainee detention files reviewed (**Deficiency F&PP-6¹⁸**).

ODO reviewed the facility's F&PP audit procedures and found the [REDACTED] supervisors did not conduct a [REDACTED] of detainee funds, property envelopes, nor large valuables, during each shift change (**Deficiency F&PP-7¹⁹**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed six daily cell check forms and found there were three instances where the facility logged [REDACTED], which exceeded 30-minutes (**Deficiency SMU-1²⁰**).

ODO reviewed the detainee detention files for six detainees the facility assigned to administrative segregation and found the facility did not document 72-hour supervisory reviews for all six detainees (**Deficiency SMU-2²¹**).

ODO reviewed the detainee detention files for five detainees the facility assigned to disciplinary segregation and found the disciplinary segregation orders for all five detainees were not signed by the disciplinary hearing officer nor any other authorized facility staff (**Deficiency SMU-3²²**).

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1. Verify the correctness of all G-589s;
 2. Record the amount of cash and describe each item in the supervisors' property log; and
 3. Verify the proper disposition of funds and valuables by checking the sealed envelopes in the cash box, the property envelopes in the safe, and the safekeeping of all large valuables in the designated secured locked area." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(H)(1) thru (3).

¹⁸ "... The personal property inventory form must contain the following information at a minimum:

- Signatures of the officer completing the inventory and the detainee." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(I).

¹⁹ "Where physical custody of, or access to, detainee funds, property envelopes, and large valuables changes with facility shift changes, both [REDACTED] supervisors shall [REDACTED] of these items. The property and valuables logbook shall record the date, time, and the name of the officer(s) conducting the inventory. Any discrepancies shall be immediately reported to the chief of security, who shall follow facility procedure to ensure that all detainee funds and valuables are accounted for." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(J).

²⁰ "Detainees in SMUs shall be personally observed at least every 30 minutes on an irregular schedule." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(B)(7).

²¹ "A security supervisor shall conduct a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review shall include an interview with the detainee. A written record shall be made of the decision and the justification. The Administrative Segregation Review (Form I-885) shall be used for the review." See ICE NDS 2008, Standard, Special Management Units, Section (V)(C)(3)(a).

²² "A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed into Disciplinary Segregation. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or the orderly operation of the facility or the safety of another detainee." See ICE NDS 2008, Standard, Special Management Units, Section (V)(D)(2).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed telephone serviceability records and found ERO San Antonio staff did not check the facility's teletypewriter phones to ensure they were working and available for hearing-impaired detainees (**Deficiency SDC-1**²³).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed the audiovisual recordings for two calculated UOF incidents and found neither recorded the entire calculated UOF incident from start to finish. Specifically, one recording had a break in recording following the team introduction and the second recording did not include the team entry into the detainee's cell, nor did the facility record the detainee's medical examination (**Deficiency UOF&R-1**²⁴).

ODO found in one calculated UOF incident audiovisual recording, the UOF team did not wear appropriate protective gear. Specifically, the five staff members failed to wear [REDACTED] and one staff member failed to wear [REDACTED] (**Deficiency UOF&R-2**²⁵).

CARE

MEDICAL CARE (MC)

ODO reviewed 15 detainee medical records and found the clinical medical authority did not review the comprehensive health assessment for one detainee, which a nurse practitioner conducted, to assess priority for treatment (**Deficiency MC-1**²⁶).

²³ "Field Office Directors shall ensure that all phones for detainee use are tested at least weekly. To verify the serviceability of all telephones in detainee housing units, ICE/DRO staff shall: ...

- Check that TTY or other reasonable accommodation (e.g., Federal Relay Service) is working and available for hearing-impaired detainees." See ICE PBNDS 2008, Standard, Staff-Detainee Communication,

Section (V)(C).

²⁴ "... for **calculated use of force**, it is required that the **entire incident be audio visually [sic] recorded**. The facility administrator or designee is responsible to insure that use of force incidents are audio visually recorded... Calculated use-of-force incidents shall be audiovisually-recorded in the following order:

4. Record entire use-of-force team operation, unedited, until the detainee is in restraints.
5. Take close-ups of the detainee's body during a medical exam, focusing on the presence/absence of injuries. Staff injuries, if any, are to be described but not shown." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(I)(2)(4) and (5). Note: The PBNDS 2008 outline is in error. The reference should be (VI)(I)(2)(d) and (e).

²⁵ "When a detainee must be forcibly moved and/or restrained during a calculated use of force, staff shall use the [REDACTED] to prevent or diminish injury to staff and detainees and exposure to communicable disease. The technique [REDACTED]

[REDACTED] Team members enter the detainee's area together and have coordinated responsibility for achieving immediate control of the detainee." See ICE NDS 2008, Standard, Use of Force and Restraints, Section (V)(I)(3).

²⁶ "...The Clinical Medical Authority (CMA) shall be responsible for review of all comprehensive health appraisals to assess the priority for treatment." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(J).

PBNDS 2011 (REVISED 2016) STANDARDS INSPECTED

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's SAAPI policy and found it was revised in December 2019. However, ODO found nothing to indicate ERO San Antonio approved the revised SAAPI policy, which was a repeat deficiency (**Deficiency SAAPI-1**²⁷).

ODO reviewed SAAPI training records for [REDACTED] staff members and found no documentation existed for [REDACTED] staff members indicating they completed annual SAAPI refresher training in 2019 (**Deficiency SAAPI-2**²⁸).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 15 standards under PBNDS 2008, two standards under PBNDS 2011 (Revised 2016), and found the facility in compliance with seven of those standards. ODO found 23 deficiencies in the remaining 8 standards. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2019 (PBNDS 2008) / (PBNDS 2011)	FY 2020 (PBNDS 2008) / (PBNDS 2011)
Standards Reviewed	17 / 3	15 / 2
Deficient Standards	10	8
Overall Number of Deficiencies	12	23
Repeat Deficiencies	0	2
Corrective Actions	4	0

²⁷ "... The facility's written policy and procedures require the review and approval of the Field Office Director." *See* ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(A). **This is a Repeat Deficiency.**

²⁸ "Training on the facility's Sexual Abuse or Assault Prevention and Intervention Program shall be included in training for all employees, and shall also be included in annual refresher training thereafter." *See* ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(E).