



U.S. Immigration
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Enforcement

March 9, 2011

MEMORANDUM FOR: Gary Mead
Executive Associate Director
Enforcement and Removal Operations

FROM: *for* Timothy M. Moynihan
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SUBJECT: Compliance Inspection
Laredo Processing Center

The Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO), conducted a Compliance Inspection of the Laredo Processing Center on January 24-26, 2012. The attached report contains ODO's findings.

This report documents inspection results and serves as an official record. It is intended to provide senior management with an evaluation of the facility's compliance with the ICE National Detention Standards, the field office's compliance with detention review procedures, and the effectiveness and efficiency of the Detention Standards Compliance Program.

ODO will forward a PDF file to your office for dissemination to your designated field managers. If you wish to discuss the report findings, please contact ODO Deputy Division Director, [REDACTED] b6, b7c at 202-732-[REDACTED] b6, b7c

Attachment



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

Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations
San Antonio Field Office
Laredo Processing Center
Laredo, Texas

January 24 - 26, 2012

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**COMPLIANCE INSPECTION
LAREDO PROCESSING CENTER
SAN ANTONIO FIELD OFFICE**

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EXECUTIVE SUMMARY

The Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducted a Compliance Inspection (CI) of the Laredo Processing Center (LPC) in Laredo, Texas from January 24-26, 2012. LPC was opened in February 1985. LPC is a 59,000 square foot facility owned and operated by Corrections Corporation of America (CCA). CCA assumed ownership of the facility in February 2005. U.S. Immigration and Customs Enforcement (ICE) began housing detainees at LPC in February 1985 under an Intergovernmental Service Agreement (IGSA) between Webb County, Texas, and the United States Marshals Service (USMS). Currently, LPC is operated as a dedicated IGSA facility, exclusively housing ICE male and female detainees of all classification levels for periods in excess of 72 hours. The total number of non-ICE staff employed at LPC is 6. b7c ICE staff consists of 6. b7c employees. LPC has a total of 400 beds, and has an average daily population of 268 with an average length of stay of 8 days. At the time of inspection, LPC housed 310 detainees (259 males and 51 females). CCA provides medical care and Canteen Correctional Services provides food service. The facility holds no accreditations.

The ICE Office of Enforcement and Removal Operations (ERO), Field Office Director, San Antonio, Texas (FOD/San Antonio) is responsible for ensuring facility compliance with ICE policies and the National Detention Standards (NDS). An Assistant Field Office Director (AFOD) is physically located at LPC and has oversight responsibility of the facility. ICE staff occupies offices owned by CCA that are located adjacent to LPC. There is currently no Detention Service Manager (DSM) located at LPC. The previous DSM was promoted and re-assigned. A vacancy announcement for this position has been issued. On the first day of inspection, an interim DSM was present at LPC. (b)(7)e DSMs will service the LPC on an alternating basis until the vacancy is filled. The interim DSMs are normally assigned to detention facilities in South Texas within the FOD/San Antonio area of responsibility. The DSMs conduct bi-weekly visits to LPC. Immigration Enforcement Agents (IEA) and Deportation Officers (DO) visit the facility housing units on a daily basis. The Warden is the highest ranking official at LPC, and is responsible for oversight of daily operations at the facility. In addition to the Warden, CCA supervisory staff at LPC includes (b)(7)e

(b)(7)e

In February 2009, ODO conducted a Quality Assurance Review (QAR) of LPC. ODO cited 31 deficiencies in 16 of the 25 NDS inspected. In July 2010, ODO conducted a Follow-up Inspection at LPC and identified five (16%) repeat deficiencies in five NDS.

In June 2011, ERO Detention Standards Compliance Unit contractor MGT of America, Inc. conducted an annual review of the ICE NDS at LPC. MGT rated the facility overall as "Good" and found LPC to be in compliance with all detention standards reviewed. During this CI, ODO reviewed 16 NDS. A total of two deficiencies were identified within the Environmental Health and Safety standard.

This report details all deficiencies and refers to the specific, relevant sections of the ICE NDS. OPR will provide ERO a copy of the report to assist in developing corrective actions to resolve the two identified deficiencies. Deficiencies were discussed with LPC and ICE staff on-site during the inspection, as well as during the closeout briefing conducted on January 26, 2012

Overall, ODO found LPC to be well managed and in compliance with the standards inspected. The AFOD at LPC has established an NDS Compliance Team. ODO notes the establishment of this team as a best practice and a contributing factor to the minimal deficiencies and overall exceptional level of compliance observed by ODO during this CI. The NDS compliance team consists of (b)(7)e full-time employees (b)(7)e (b)(7)e. The assignments are not permanent. The duties are rotated among assigned ICE personnel. The NDS Compliance Team provides oversight of the facility's adherence to the ICE NDS, and works closely with the DSM and the LPC Compliance Officer. The team conducts facility visits, attends to all detainee correspondence, maintains records and logs, and addresses issues affecting the health and welfare of detainees. The NDS Compliance Team is supervised by the AFOD. The two deficiencies within the Environmental Health and Safety standard during this CI were corrected prior to completion of the inspection. LPC and ERO management were receptive to ODO observations and demonstrated cooperation for the duration of the inspection.

ICE detainees at LPC are afforded access to a law library for up to five hours a week with additional time available upon request. The ratio of telephones is one for every 15 detainees in the larger dormitories, and one for every 12 detainees in the smaller dormitories. This exceeds the NDS requirement for telephone access. ICE detainees have access to television, outdoor recreation, reading material, mail, and commissary. LPC offers religious programs and activities. Public visitation schedules are conspicuously posted in prominent areas throughout the facility. Schedules are also present in the detainee handbook. The ICE National Handbook and the facility-specific handbook are provided and distributed in both English and Spanish.

ODO reviewed the Medical Care NDS at LPC and found no deficiencies. Healthcare is delivered in a clean and secure environment by qualified staff and the clinic is well managed. ODO reviewed policies, staff credentials, and training records; and observed intake screening, sick call, and medication disbursement procedures. ODO examined 40 detainee medical records. Eleven records of detainees with chronic conditions were found to have appropriate monitoring, care, and intervention with regular follow-up visits to medical providers. Records pertaining to a detainee housed in a negative pressure room due to active tuberculosis (TB) documented immediate isolation upon receipt of the X-ray report identifying the potential for active TB. Texas Department of Health authorities were notified, and the evaluation and treatment of the detainee showed close collaboration between the LPC medical provider and the Texas Health Department medical staff. ODO determined that staffing and services are adequate for the size of the population and the level of acuity exhibited by detainees. Although no deficiencies were identified, ODO offered two recommendations:

- 1) The Health Services Administrator (HSA) should obtain and maintain a record of current licenses and/or certifications for all three radiology technicians employed by the

mobile X-ray company servicing LPC. A deficiency was not cited because the HSA had a copy of a current certification for the technician who does the majority of the X-rays. The HSA indicated copies of the certifications for the other two technicians will be obtained from the mobile x-ray company within the week.

2) The June 2011 preventive maintenance record for medical equipment does not include the newly acquired automated external defibrillator (AED). Pursuant to the recommendation by ODO, the HSA contacted the preventive maintenance contractor and added the AED to the list of equipment scheduled for a maintenance check.

A review of the grievance log confirmed that two informal grievances were filed in 2011, and to date, one informal grievance has been filed in 2012. There is an established, documented appeal process in place at LPC; however, none of the identified grievances were appealed. Emergency grievance procedures are detailed in the detainee handbook.

The food service program at LPC is operated by Canteen Correctional Services. ODO verified all menus were certified by a registered dietician. Religious and medically prescribed meals are provided and properly documented. Review of required inspections and temperature logs confirmed full compliance with the Food Service NDS.

A review of the Environmental Health and Safety NDS confirmed the facility maintains a high standard of sanitation, engages in safe work practices, and controls the handling of hazardous materials. ODO verified documentation of inspections, appropriate management of inventories of hazardous chemicals, and the regular occurrence of fire drills.

Direct observation and staff interviews demonstrate that LPC staff has a clear understanding of the proper handling, storage and issuance of hazardous materials, and of the need for inventories. Weekly and monthly fire inspections are completed. Fire protection equipment is located throughout the facility, and emergency exit diagrams signed by the local fire marshal and exit signs are conspicuously posted throughout the facility.

ODO observed an instance where the permanent, manufacturer-affixed label on one spray bottle was crossed off and a marker was used to identify another product. ODO advised LPC that bottles containing hazardous substances must be accurately labeled to ensure the substance is properly used, and to facilitate appropriate medical response in the event of accidental or intentional misuse. The Safety Officer immediately removed the bottle from circulation, which corrected the deficiency on the spot. Inspection of the lavatory located in the room designated for barbering revealed both hot and cold water was available; however, the hot water was not capable of maintaining a constant flow between 105 degrees and 120 degrees. This deficiency was corrected by LPC management on the second day of the inspection. ODO re-tested the temperature and confirmed compliance with the standard.

ODO reviewed the Special Management Unit standard for Administrative and Disciplinary Segregation. During the review, there was one ICE detainee in disciplinary segregation. A review of the case confirmed the incident report, investigation, and disciplinary hearing were

completed in accordance with the NDS. Detainees in the SMU are provided one hour of outdoor recreation and a shower each day, seven days a week, which exceeds the NDS requirement. ODO reviewed the Use of Force standard at LPC and determined this area was well managed. LPC has not had a calculated use of force within the past twelve months. The most recent documented use of force was an immediate use of force that occurred in June 2009. LPC staff receives annual training in the Use of Force Team Technique. Protective gear is readily available and medical staff is involved in all non-routine applications of restraint equipment. ODO review of the form used to document after action reviews, the Use of Force Summary & Review Form, confirmed it covers all aspects of the review process, including the justification for the use of force and notations of all discrepancies.

INSPECTION PROCESS

ODO inspections evaluate the welfare, safety, and living conditions of detainees. ODO primarily focuses on areas of noncompliance with the ICE National Detention Standards (NDS) or the ICE Performance Based National Detention Standards (PBNDS), as applicable. The NDS apply to LPC. In addition, ODO may focus its inspection based on detention management information provided by ERO Headquarters (HQ) and ERO field offices, and on issues of high priority or interest to ICE executive management.

ODO reviewed the processes employed at LPC to determine compliance with current policies and detention standards. Prior to the inspection, ODO collected and analyzed relevant allegations and detainee information from multiple ICE databases including the Joint Integrity Case Management System (JICMS), the ENFORCE Alien Booking Module (EABM), and ENFORCE Alien Removal Module (EARM). ODO also gathered facility facts and inspection-related information from ERO HQ staff to prepare for the site visit at LPC.

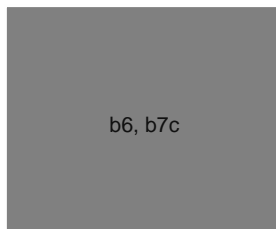
REPORT ORGANIZATION

This report documents inspection results, serves as an official record, and is intended to provide ICE and detention facility management with a comprehensive evaluation of compliance with policies and detention standards. It summarizes the NDS that ODO found deficient in at least one aspect of the standard. ODO reports convey information to best enable prompt corrective actions and to assist in the on-going process of incorporating best practices in nationwide detention facility operations.

OPR classifies program issues into one of two categories: deficiencies and areas of concern. OPR defines a deficiency as a violation of written policy that can be specifically linked to the NDS, ICE policy, or operational procedure. OPR defines an area of concern as something that may lead to or risk a violation of the NDS, ICE policy, or operational procedure. When possible, the report includes contextual and quantitative information relevant to the cited standard. Deficiencies are highlighted in bold throughout the report and are encoded sequentially according to a detention standard designator.

Comments and questions regarding the report findings should be forwarded to the Deputy Division Director, OPR Office of Detention Oversight.

INSPECTION TEAM MEMBERS



Special Agent (Team Lead)	ODO, Houston
Special Agent	ODO, Houston
Special Agent	ODO, Houston
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed ICE and LPC supervisory staff, including the LPC Warden and the AFOD who oversees ERO operations at LPC. Overall, ODO found there is good communication between LPC and ICE staff. Morale of both LPC and ICE staff is good. All ICE staff and LPC personnel are bilingual. The AFOD stated that one year ago, he created an NDS Compliance Unit to focus on NDS compliance issues. According to the AFOD, the most significant challenges faced by ICE are the lack of a transportation contract, and the shortage of available office space. ODO observed a Mission Support Specialist utilizing a supply storage area as an office, and two Deportation Officers using an employee break room as an office.

The Warden, who has occupied the position since 2006, stated that the morale of LPC staff is high and employee turnover is low. He further stated that some LPC personnel tend to remain employed with CCA/LPC for several years and subsequently find employment with ICE ERO or other local law enforcement agencies. The Warden stated emergency exercises are conducted on a monthly basis. Each year, LPC coordinates a large-scale emergency training exercise that involves the Laredo Fire Department, local hospitals, local law enforcement agencies, and ICE. The Warden stated this annual training exercise is a model for large-scale coordination and cooperation of emergency personnel in the Laredo area.

DETAINEE RELATIONS

ODO interviewed 20 male and 11 female detainees randomly selected from all classification levels. No detainees reported sexual or physical abuse at LPC. Six of 30 detainees (20%) stated they had not received the local detainee handbook and two (7%) stated they had not received the National Handbook. ODO verified that all detainees had received handbooks during admission, and the handbooks are available in both English and Spanish. Detainees acknowledge receipt of the handbook by signing a facility form that is placed within their detention files. Four of 30 detainees (13%) reported not knowing the identity of their Deportation Officer, or how to make contact with a DO. ODO verified that schedules for DO visits (with names) are conspicuously posted within all of the housing units. ODO confirmed ERO staff conducts daily visits to the housing units. No detainees complained about food service or lack of recreational opportunities. All detainees were aware of the grievance procedures and knew how to obtain grievance forms.

ICE NATIONAL DETENTION STANDARDS

ODO reviewed a total of 16 NDS and found LPC fully compliant with the following 15 standards:

- Access to Legal Material
- Admission and Release
- Detainee Classification System
- Detainee Grievance Procedures
- Detainee Handbook
- Detainee Transfers
- Food Service
- Hold Rooms in Detention Facilities
- Medical Care
- Special Management Unit - Administrative Segregation
- Special Management Unit - Disciplinary Segregation
- Staff-Detainee Communication
- Telephone Access
- Use of Force
- Visitation

As these standards were compliant at the time of the review, a synopsis for these standards was not prepared for this report.

ODO found deficiencies in the following standard:
Environmental Health and Safety

Findings for this standard are presented in the remainder of this report.

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the Environmental Health and Safety NDS at LPC to determine if the facility maintains high standards of cleanliness and sanitation, safe work practices, and control of hazardous materials and substances. ODO toured the facility, interviewed staff, and reviewed policies and procedures, documentation of inspections, hazardous chemical management and inventories, and fire drills.

ODO observation and interviews of LPC staff indicated that LPC staff had a clear understanding of the proper handling, storage, and issuance of hazardous materials, and of the need for inventories. A master file for Material Safety Data Sheets (MSDS) is maintained in the Safety Office, and ODO found MSDS posted throughout the facility. Employees receive training in handling flammable, toxic, and caustic materials during basic orientation and in-service refresher training. The facility follows Occupational Safety and Health Administration (OSHA) Standards, as well as National Fire Protection Association's 101 Life Safety Code to maintain compliance with all current applicable codes.

Weekly and monthly fire inspections are completed. Fire protection equipment, emergency exit diagrams (signed by the local fire marshal), and exit signs were observed conspicuously posted throughout the facility. ODO verified the emergency generator is checked weekly and maintained by a licensed contractor. Documentation of annual inspections by the local fire marshal was available. Reports for water testing and pest control were current. Facility sanitation is maintained at a high level.

ODO observed the permanent, manufacturer-affixed label on one spray bottle was crossed off and a marker was used to identify another product (**Deficiency EH&S-1**). Spray bottles containing hazardous substances must be accurately labeled to ensure the substance is properly used, and to facilitate appropriate medical response in the event of accidental or intentional misuse. This bottle was immediately removed from circulation by the Safety Officer and disposed of, correcting this deficiency during the review.

Inspection of the lavatory located in the room designated for barbering operations confirmed both hot and cold water were available; however, the hot water temperature was determined to be 93 degrees when initially tested, 12 degrees below the minimum temperature threshold of 105 degrees (**Deficiency EH&S-2**). A constant flow of hot water is necessary to ensure proper sanitation requirements are met. When advised of the deficiency, the Maintenance Supervisor reported a boiler was undergoing repair. The boiler was repaired on the second day of the review. Prior to completion of the CI, the water temperature was re-checked and found to be within the standard.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY EH&S-1

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(J), the FOD must ensure the OIC will individually assign the following responsibilities associated with the labeling procedure:

1. Identifying the hazardous nature of materials adopted for use;
2. Requiring use of properly labeled containers for hazardous materials, including any and all miscellaneous containers into which employees might transfer the material;
3. Teaching staff the meaning of the classification code and the MSDS, including the safe handling procedures for each material,; [sic] and impressing on staff the need to ensure containers are properly labeled; and
4. Placing correct labels on all smaller containers when only the larger shipping container bears the manufacturer-affixed label;

DEFICIENCY EH&S-2

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(P)(1), the FOD must ensure the sanitation of barber operations is of the utmost concern because of the possible transfer of diseases through direct contact or by towels, combs and clippers. The following standard, among others, will be adhered to: Both hot and cold water will be available, and the hot water will be capable of maintaining a constant flow of water between 105 degrees and 120 degrees.