



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

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**Office of Detention Oversight**  
**Unannounced Compliance Inspection**  
**Enforcement and Removal Operations**  
**ERO Harlingen Field Office**

**Laredo Processing Center**  
**Laredo, Texas**

**September 20-22, 2022**

**UNANNOUNCED COMPLIANCE INSPECTION  
of the  
LAREDO PROCESSING CENTER  
Laredo, Texas**

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## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead  
Inspections and Compliance Specialist  
Inspections and Compliance Specialist  
Contractor  
Contractor  
Contractor  
Contractor

ODO  
ODO  
ODO  
Creative Corrections  
Creative Corrections  
Creative Corrections  
Creative Corrections

## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted an unannounced compliance inspection of the Laredo Processing Center (LPC) in Laredo, Texas, from September 20 to 22, 2022.<sup>1</sup> The facility opened in 1985 and is owned and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at LPC in 1985 under the oversight of ERO’s Field Office Director in San Antonio (ERO San Antonio). As of August 2021, LPC houses detainees under the oversight of ERO’s Field Office Director in Harlingen (ERO Harlingen). The facility operates under the National Detention Standards (NDS) 2019.

ERO has assigned deportation officers to the facility. An LPC warden handles daily facility operations and manages █ support personnel. Shaver Foods provides food services, Clinical Solutions provides medical care, and Keefe Supply Company provides commissary services at the facility. In February 2022, LPC 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 Detainee Bed Capacity <sup>2</sup>	█
Average ICE Detainee Population <sup>3</sup>	█
Adult Male Population (as of September 20, 2022)	█
Adult Female Population (as of September 20, 2022)	█

During its last inspection, in Fiscal Year (FY) 2022, ODO found three deficiencies in the following areas: Admission and Release (1); Correspondence and Other Mail (1); and Significant Self-Harm; and Suicide Prevention and Intervention (1).

<sup>1</sup> This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods longer than 72 hours. Additionally, this inspection was a follow-up inspection to ODO’s inspection of LPC from March 21-24, 2022.

<sup>2</sup> Data Source: ERO Facility List Report as of September 19, 2022.

<sup>3</sup> *Ibid.*

## UNANNOUNCED COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) greater than 10, 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.<sup>4</sup>

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.

Beginning fiscal year (FY) 2022, ODO will conduct focused reviews of under 72-hour ICE detention facilities with an ADP of one or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees. Additionally, ODO will conduct unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating. ODO will conduct a complete review of several core standards, in accordance with the facility’s new contractually required ICE National Detention Standards, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (FRS only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

Upon completion of each unannounced compliance 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 its decision-making to better allocate resources across the agency’s entire detention inventory.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>5,6,7</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 – Security</b>	
Admission and Release	1
Custody Classification System	2
Facility Security and Control	0
Funds and Personal Property	0
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	0
<b>Sub-Total</b>	<b>3</b>
<b>Part 4 – Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	0
Significant Self-Harm and Suicide Prevention and Intervention	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 5 – Activities</b>	
Correspondence and Other Mail	0
Recreation	0
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Grievance System	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>4</b>

<sup>5</sup> For greater detail on ODO’s findings, see the *Unannounced Compliance Inspection Findings* section of this report.

<sup>6</sup> Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

<sup>7</sup> Special reviews and unannounced inspections are both focused reviews, and ODO will review a facility’s compliance with at least 10 individual standards during each special review or unannounced inspection.

## DETAINEE RELATIONS

ODO interviewed 13 detainees, who each voluntarily agreed to participate. ODO was unable to interview additional detainees due to time constraints. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Medical Care:* One detainee stated the medication prescribed by the facility did not help with her depression and anxiety.

- Action Taken: ODO interviewed the facility's medical care manager, reviewed the detainee's medical records, and found the detainee submitted a sick call request on November 1, 2021, for anxiety, difficulty sleeping, and depression. On November 19, 2021, a doctor evaluated the detainee and prescribed Mirtazapine. A review of the detainee's file shows multiple instances where the detainee refused her medication, which facility medical staff appropriately documented. On September 16, 2022, a psychiatrist conducted a follow-up evaluation of the detainee, continued the detainee's medication, and informed the detainee of the importance of consistently taking her medication. The detainee verbalized her understanding of the psychiatrist's instructions.

*Medical Care:* One detainee stated the medication prescribed by the facility did not treat a chronic rash on her face and neck.

- Action Taken: ODO interviewed the facility's medical care manager, reviewed the detainee's medical records, and found the detainee submitted a sick call request on July 6, 2022, for a neck and upper chest rash. On July 13, 2022, a nurse practitioner evaluated the detainee and prescribed Pimecrolimus cream. On August 19, 2022, a doctor conducted a follow-up examination of the detainee, changed her prescription to Hydroxyzine, and scheduled her a dermatology appointment on October 11, 2022. ODO confirmed medical staff advised the detainee of her scheduled appointment.

## UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### ADMISSION AND RELEASE (AR)

ODO reviewed [REDACTED] detainee detention files containing confiscated identity documents and found in [REDACTED] out of [REDACTED] files, no receipts for confiscated identity documents (**Deficiency AR-13<sup>8</sup>**). **This is a repeat deficiency.**

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<sup>8</sup> "Detainees will receive a receipt for confiscated identity documents." See ICE NDS 2019, Standard, Admission & Release, Section (II)(C).

## CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed █ detainee detention files, interviewed the shift supervisor, and found in █ out of █ files, no supervisor review of each detainee's classification (**Deficiency CCS-6<sup>9</sup>**).

ODO reviewed █ detainee detention files, interviewed the shift supervisor, and found in █ out of █ files, no supervisor review of the intake/processing officer's classification file for each detainee to ensure accuracy and completeness (**Deficiency CCS-10<sup>10</sup>**).

## CARE

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

ODO reviewed medical records of two detainees placed on constant monitoring and corresponding security suicide watch logs and found facility staff did not document detainee monitoring every 15 minutes or more. Specifically, ODO found five instances between the two files where staff documented monitoring between 16 and 26 minutes (**Deficiency SSHSPI-21<sup>11</sup>**). **This is a repeat deficiency.**

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 16 standards under NDS 2019 and found the facility in compliance with 13 of those standards. ODO found four deficiencies in the remaining three standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO Harlingen work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ERO provided ODO with the uniform corrective action plan for ODO's last inspection of LPC on March 21, 2022.

Compliance Inspection Results Compared	FY 2022 (NDS 2019)	FY 2022 (NDS 2019)
Standards Reviewed	19	16
Deficient Standards	3	3
Overall Number of Deficiencies	3	4
Repeat Deficiencies	0	2
Areas of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Superior

<sup>9</sup> "The classification system shall ensure: A supervisor will review each detainee's classification." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(4).

<sup>10</sup> "A supervisor will review the intake/processing officer's classification file for each detainee for accuracy and completeness" See ICE NDS 2019, Standard, Custody Classification System, Section (II)(B).

<sup>11</sup> "The monitoring must be documented every 15 minutes or more frequently if necessary." See ICE NDS 2019, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(F).