



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

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**Office of Detention Oversight  
Compliance Inspection**

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

**Rio Grande Detention Center  
Laredo, Texas**

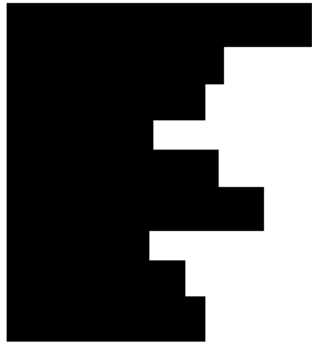
**December 13-15, 2022**

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

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## COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
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 Rio Grande Detention Center (RGDC) in Laredo, Texas, from December 13 to 15, 2022.<sup>1</sup> The facility opened in 2008 and is owned and operated by the GEO Group, Inc. (GEO). 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 in Harlingen (ERO Harlingen). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008.

ERO does not have any staff assigned to the facility. A facility administrator handles daily facility operations and manages [REDACTED] support personnel. GEO provides food services and medical care, and Keefe 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 November 2020.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of December 13, 2022)	[REDACTED]
Adult Female Population (as of December 13, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2022, ODO found one deficiency in the following areas: Medical Care (1).

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<sup>1</sup> This facility holds male detainees with low, medium-low, and high security classification levels for periods greater than 72 hours.

<sup>2</sup> Data Source: ERO Facility List as of December 5, 2022.

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

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 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.

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 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 PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES

PBNDs 2008 Standards Inspected <sup>5,6</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Emergency Plans	0
Environmental Health and Safety	0
Transportation (by Land)	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Classification System	1
Contraband	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Key and Lock Control	1
Special Management Units	0
Tool Control	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 3 - Order</b>	
Disciplinary System	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
Food Service	0
Medical Care	0
Terminal Illness, Advance Directives and Death	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Recreation	0
Visitation	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Detainee Handbook	0

<sup>5</sup> For greater detail on ODO's findings, see the *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.

<b>Sub-Total</b>	<b>0</b>
<b>Part 7 - Administration and Management</b>	
Staff Training	0
<b>Sub-Total</b>	<b>0</b>
<b>Other Standards Reviewed</b>	
PBNDS 2011 (2013 Errata) Sexual Abuse and Assault Prevention and Intervention	0
PBNDS 2011 (2013 Errata) Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>2</b>

## DETAINEE RELATIONS

ODO interviewed 25 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.

*Medical Care:* One detainee stated medical staff had yet to schedule his follow-up dental appointment for more work on his lower right molar after his initial dental evaluation on September 19, 2022.

- **Action Taken:** ODO interviewed the RGDC Health Service Administrator (HSA) and confirmed the detainee’s scheduled follow-up appointment for December 14, 2022. On December 15, 2022, the HSA informed ODO the RGDC dentist examined the detainee, took X-rays of his mouth, and diagnosed a broken lower right molar with decay extending to the innermost layer of the tooth. The detainee agreed to have his molar extracted, but the tooth’s location prevented the dentist from properly anesthetizing the lower right side of the detainee’s mouth. As a result, the RGDC dentist prescribed antibiotics (amoxicillin), twice a day for 8 days, and informed the detainee the staff would reschedule his tooth extraction upon completion of the antibiotic. Medical staff advised the detainee to submit a sick call request if any other symptoms developed. Prior to completing the tooth extraction, on December 20, 2022, ERO Harlingen released the detainee from ICE custody and RGDC released the detainee to the community.

*Medical Care:* One detainee stated he needed assistance with submitting a sick call request for his lower back pain.

- **Action Taken:** On December 13, 2022, ODO interviewed an RGDC case manager and the HSA. The HSA reviewed the detainee’s sick call request history and did not find any submitted sick call requests. On the same day, the case manager met with and confirmed the detainee never submitted a sick call request for lower back pain. The case manager subsequently assisted the detainee with submitting a sick call request and delivered it to the medical unit on December 13, 2022. On December 14, 2022, ODO

interviewed the HSA and confirmed medical staff triaged the detainee, provided pain medication, and continued to monitor the detainee's lower back.

*Personal Hygiene:* One detainee stated he identified as lesbian, gay, bisexual, transgender and queer+ and did not want to use the shower because he feared other detainees would find out his gender preference. The detainee also stated he feared moving to another housing unit.

- Action Taken: ODO informed an RGDC shift supervisor and the housing unit case manager of the detainee's concerns. On December 13, 2022, the shift supervisor and the housing unit case manager interviewed the detainee, and RGDC mental health services also examined him. The detainee stated he had no fear of living in the housing unit. On the same day, the detainee signed an RGDC removal waiver, acknowledging he did not want to be removed from general population. On December 15, 2022, ERO Harlingen released the detainee from custody and RGDC released the detainee to an address in New York.

*Sexual Abuse and Assault Prevention and Intervention:* One detainee stated RGDC female staff members did not announce their presence prior to entering a male housing unit.

- Action Taken: ODO reviewed RGDC Sexual Abuse and Assault Prevention and Intervention (SAAPI) policy (1300.05), interviewed the SAAPI Coordinator, and found the RGDC SAAPI policy requires all staff members to announce their presence prior to entering a housing unit of the opposite gender. On December 14, 2022, ODO observed a female RGDC staff member enter a male housing unit without giving a verbal warning. On December 14, 2022, the assistant facility administrator informed ODO and provided photos of signs the facility has posted at the entrances of all detainee housing units, reminding all staff of the opposite gender to announce their presence prior to entering. On the same day, the RGDC compliance administrator emailed all RGDC staff a reminder on the facility's SAAPI policy regarding entering a housing unit of the opposite gender.

## COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### CLASSIFICATION SYSTEM (CCS)

ODO reviewed █ detainee files and found in █ out of █ files, the supervisor did not list housing dorm assignments on the form nor sign the form to indicate a proper review of all housing assignments (**Deficiency CCS-22<sup>7</sup>**).

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<sup>7</sup> "The supervisor shall ensure that each detainee has been assigned to the appropriate housing unit." See ICE PBNDS 2008, Standard, Classification System, Section (V)(D).



## KEY AND LOCK CONTROL (KLC)

ODO reviewed facility staff training certifications, interviewed the RGDC armory KLC officer, and found he had not completed an approved locksmith training program (**Deficiency KLC-15<sup>8</sup>**).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 21 standards under PBNDS 2008 and 2 standards under PBNDS 2011 (2013 Errata) and found the facility in compliance with 21 of those standards. ODO found two deficiencies in the remaining two standards. ODO commends RGDC staff members 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 RGDC on July 21, 2021.

<b>Compliance Inspection Results Compared</b>	<b>FY 2022 PBNDS 2008 / PBNDS 2011 (2013 Errata)</b>	<b>FY 2023 PBNDS 2008 / PBNDS 2011 (2013 Errata)</b>
Standards Reviewed	16/1	21/2
Deficient Standards	1	2
Overall Number of Deficiencies	1	2
Priority Component Deficiencies	N/A	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Superior

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<sup>8</sup> "All security officers shall successfully complete an approved locksmith training program." See ICE PBNDS 2008, Standard, Key and Lock Control, Section (V)(B)(2).