



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

**Office of Detention Oversight
Compliance Inspection
2024-001-224**

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

**Rio Grande Detention Center
Laredo, Texas**

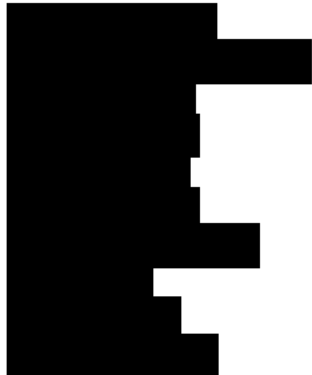
December 19-21, 2023

COMPLIANCE INSPECTION
of the
RIO GRANDE DETENTION CENTER
Laredo, Texas

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COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
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	Inspections and Compliance Specialist	ODO
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	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 19 to 21, 2023.¹ 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). ICE is an authorized user of this facility under a United States Marshals Service intergovernmental agreement contract, which does not specify an ICE National Detention Standard (NDS), and ODO inspected to the NDS listed on the ERO Custody Management Division Authorized Facility List as of December 18, 2023. RGDC was inspected against the NDS 2019, and ODO's assigned rating is for ERO's informational purposes only.²

[REDACTED] A warden handles daily facility operations and manages [REDACTED] support personnel. GEO provides food services and medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in June 2019 and National Commission on Correctional Health Care in November 2020.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ³	[REDACTED]
Average ICE Population ⁴	[REDACTED]
Adult Male Population (as of December 19, 2023)	[REDACTED]
Adult Female Population (as of December 19, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 2 deficiencies in the following areas: Classification System (1) and Key and Lock Control (1).

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

² On April 11, 2023, RGDC modified their contract with the USMS, which removed PBNDS 2008 from the contract. ERO Custody Management updated their facility list, now known as the ERO Custody Management Division Authorized Facility List, to reflect NDS 2019 as the standard for inspection purposes.

³ Data Source: ERO Custody Management Division Authorized Facility List as of December 18, 2023.

⁴ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 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.⁵

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 their decision-making to better allocate resources across the agency’s entire detention inventory.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{6,7}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Post Orders	0
Searches of Detainees	0
Use of Force and Restraints	0
Special Management Unit	0
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	1
Sub-Total	1
Part 5 - Activities	
Correspondence and Other Mail	0
Religious Practices	0
Telephone Access	0
Voluntary Work Program	1
Sub-Total	1
Part 6 - Justice	
Grievance System	0
Law Libraries and Legal Materials	0
Sub-Total	0
Part 7 - Administration and Management	

⁶ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

⁷ 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.

Detention Files	0
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	2

DETAINEE RELATIONS

ODO interviewed 49 detainees, who each voluntarily agreed to participate. None of detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

COMPLIANCE INSPECTION FINDINGS

CARE

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

ODO reviewed the suicide watch logs of 5 detainees placed on continuous monitoring during the inspection period and found in 1 out of 5 logs, facility staff completed 1 monitoring check 16 minutes after the previous check (**Deficiency SSHSPI-21⁸**). **This is a repeat deficiency and a priority component.⁹**

ACTIVITIES

VOLUNTARY WORK PROGRAM (VWP)

ODO reviewed the facility VWP policy, interviewed the facility case management coordinator, and found although the facility allows detainees to work in their VWP, they did not have procedures in place for immediate notification to ERO for detainee on-the-job injuries (**Deficiency VWP-23¹⁰**).

⁸ “The monitoring must be documented every 15 minutes or more frequently if necessary.” See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(F).

⁹ ODO conducted RGDC’s FY 2023 follow-up inspection in June 2023 as an interim follow-up inspection due to the change in NDS from PBNDS 2008 to NDS 2019 following the facility’s FY 2023 full inspection. ODO cited SSHSPI-21 as deficient during the facility’s interim follow-up inspection, which is why ODO cited this deficiency as a repeat deficiency during the FY 2024 full inspection.

¹⁰ “The facility shall implement procedures for immediately and appropriately responding to on-the-job injuries, including immediate notification of ICE/ERO.” See ICE NDS 2019, Standard, Voluntary Work Program, Section (II)(L).

CONCLUSION

During this compliance inspection, ODO assessed the facility's compliance with 24 standards under NDS 2019 and found the facility in compliance with 22 of those standards. ODO found two deficiencies in the remaining two standards. This was ODO's first full inspection of RGDC against the NDS 2019; however, the facility had the same number of deficiencies during this inspection as they did against their last full inspection under PBNDS 2008, 2 deficient standards and 2 deficiencies. ODO received the completed uniform corrective action plan (UCAP) for the facility's last full inspection in December 2022, and their interim follow-up inspection in June 2023, but the corrective action in SSHSPI listed on the UCAP from the June 2023 inspection appears to be insufficient to prevent continued occurrence of deficiency SSHSPI-21. ODO recommends ERO Harlingen continue to work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection PBNDS 2008 / PBNDS 2011 (2013 Errata)	FY 2024 Full Inspection (NDS 2019)
Standards Reviewed	21/2	24
Deficient Standards	2	2
Overall Number of Deficiencies	2	2
Priority Component Deficiencies	0	1
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Good ¹¹

¹¹ ODO revised its rating system at the end of FY 2023, and beginning of FY 2024, facilities rated as 'Superior' will have no or very minimal deficiencies and will have no repeat or priority component deficiencies.