



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
2023-001-055**

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

**Webb County Detention Center
Laredo, Texas**

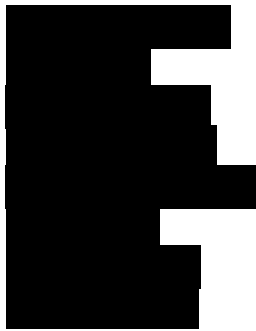
January 31-February 2, 2023

COMPLIANCE INSPECTION
of the
WEBB COUNTY DETENTION CENTER
Laredo, Texas

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	7
SAFETY	7
ENVIRONMENTAL HEALTH AND SAFETY	7
CARE	8
MEDICAL CARE.....	8
SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION	8
CONCLUSION	8

COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead	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 Webb County Detention Center (WCDC) in Laredo, Texas, from January 31 to February 2, 2023.¹ The facility opened in 1998 and is owned and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at WCDC in 2018 under the oversight of ERO’s Field Office Director in Harlingen (ERO Harlingen). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO does not have deportation officers (DO) assigned permanently to the facility, the DOs conduct scheduled and unscheduled visits during the week. A warden handles daily facility operations and manages [REDACTED] support personnel. Trinity Services provides food services, and CoreCivic provides medical care and commissary services at the facility. The facility was accredited by the American Correctional Association in January 2020 and the National Commission on Correctional Health Care in October 2021. In November 2019, WCDC 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 Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of January 31, 2023)	[REDACTED]
Adult Female Population (as of January 31, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2022, ODO found one deficiency in the following area: Detention Files (1).

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

² Data Source: ERO Facility List as of January 30, 2023.

³ *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.⁴

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.

ODO completed this inspection as a hybrid-contingency due to inclement weather, which resulted in flight cancellations and prevented half of the inspection team from getting to the inspection site. Half of the ODO inspection team completed the inspection on-site, while the other half completed the inspection remotely. ODO did not cover the standards for Hold Rooms in Detention Facilities, Staff Training, and Transportation (by Land) but will include them in the follow-up inspection of this facility later this year.

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

**FINDINGS BY PERFORMANCE-BASED NATIONAL
DETENTION STANDARDS 2011 (REVISED 2016)
MAJOR CATEGORIES**

PBNS 2011 (Revised 2016) Standards Inspected^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	1
Sub-Total	1
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Contraband	0
Funds and Personal Property	0
Key and Lock Control	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Tool Control	0
Use of Force and Restraints	0
Sub-Total	0
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	3
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	1
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	4
Part 5 - Activities	
Correspondence and Other Mail	0
Recreation	0
Visitation	0
Sub-Total	0

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

⁶ 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.

Part 6 - Justice	
Detainee Handbook	0
Sub-Total	0
Total Deficiencies	5

DETAINEE RELATIONS

ODO interviewed 14 detainees, who each voluntarily agreed to participate. ODO was unable to interview more detainees because weather prevented half of the inspection team from being on-site for the inspection. One detainee made allegations of sexual abuse, which ERO Harlingen staff previously reported to the Joint Intake Center (JIC). Most detainees reported satisfaction with facility services except for the concern listed below.

Sexual Abuse and Assault Prevention and Intervention (SAAPI): One detainee stated another detainee kissed him sometime in October 2022, and he reported the issue to a facility staff member.

- Action Taken: ODO interviewed two ERO Harlingen deportation officers, reviewed the detainee’s investigation files, and confirmed the detainee’s involvement with two SAAPI incidents: one as the victim on October 20, 2022, and the other as the alleged perpetrator on December 9, 2022. The facility investigated and deemed both incidents unsubstantiated, based on available evidence and witness testimonies. The facility informed the detainee the status of their findings on December 19, 2022. ERO Harlingen reported both incidents to the JIC, and the Joint Integrity Case Management System case numbers are 2023SIR0000870 and 2023SIR0003018.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed a facility captain, toured the facility, and found the facility administrator had not ensured staff and detainees maintained a high standard of sanitation/cleanliness, due to the stains and molded grout observed in the showers in 4 out of 11 occupied housing units (**Deficiency EHS-11**⁷).

⁷ “The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness. When possible, the use of non-toxic cleaning supplies is recommended.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(A)(3).

CARE

MEDICAL CARE (MC)

ODO reviewed the credential files of █ health care staff and found in █ out of █ files, the facility medical staff did not verify a dental assistant's license. Prior to the conclusion of the inspection, medical staff verified the dental assistant's license (**Deficiency MC-101⁸**).

ODO reviewed █ detainee comprehensive health assessments and found in █ out of █ assessments, the nurse practitioner reviewed the assessments' priority for treatment instead of the clinical medical authority (**Deficiency MC-140⁹**).

ODO reviewed █ detainee medical files and found in █ out of █ files, the facility medical staff performed an initial dental screening 17 days after the detainee's arrival to the facility, instead of within 14 days (**Deficiency MC-176¹⁰**).

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

ODO reviewed one medical file of a detainee placed on suicide watch and found 31 instances of documented continuous monitoring between 16 and 38 minutes, instead of no less than 15 minutes (**Deficiency SSHSPI-34¹¹**). **This is a priority component.**

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 22 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 19 of those standards. ODO found five deficiencies in the remaining three standards. Since WCDC's last full inspection in February 2022, the facility's overall compliance with the ICE PBNDS 2011 (Revised 2016) has trended down. WCDC went from one deficient standard and one deficiency in February 2022 to three deficient standards and five deficiencies during this most recent full inspection. One deficiency in the Significant Self-harm and Suicide Prevention and Intervention standard is a priority component deficiency for exceeding 15-minute continuous monitoring checks. The Detention Files standard was the only deficiency in FY 2022, but ODO did not review this standard during FY 2023 as it

⁸ "All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(I).

⁹ "The CMA shall be responsible for review of all comprehensive health assessments to assess the priority for treatment." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(M).

¹⁰ "An initial dental screening shall be performed within 14 days of the detainee's arrival." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(R).

¹¹ "The qualified mental health professional may place the detainee in a special isolation room designed for evaluation and treatment with continuous monitoring that must be documented every 15 minutes or more frequently if necessary." See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

was not a FY 2023 core standard, and uniform corrective action plan for the follow-up inspection on August 16, 2022, demonstrated the facility took corrective action to resolve the deficiency. ODO did not receive a completed UCAP for the full inspection in February 2022 but received a UCAP for the follow-up inspection on August 16, 2022. ODO recommends ERO Harlingen continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2022 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	24	22
Deficient Standards	1	3
Overall Number of Deficiencies	1	5
Priority Component Deficiencies	0	1
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Superior