



**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  
Compliance Inspection

Enforcement and Removal Operations  
ERO San Antonio Field Office

Laredo Processing Center  
Laredo, Texas

August 31-September 3, 2020

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

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## COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Team Lead	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Contractor	Creative Corrections
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## 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 Laredo Processing Center (LPC) in Laredo, Texas, from August 31 to September 3, 2020.<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 (FOD) in San Antonio (ERO San Antonio). The facility operates under the National Detention Standards (NDS) 2019.

ERO has assigned deportation officers and a detention services manager to the facility. An LPC warden handles daily facility operations and is supported by █ personnel. Trinity Food Service provides food services, CoreCivic provides medical care, and Keefe Supply Company provides commissary services at the facility. The facility did not hold national accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	400
Average ICE Detainee Population <sup>3</sup>	198
Male Detainee Population (as of 8/31/2020)	N/A
Female Detainee Population (as of 8/31/2020)	94

ODO last inspected LPC in September of 2018. ODO found nine deficiencies in the following areas: Admission and Release (2); Custody Classification System (1); Food Service (1); Environmental Health and Safety (1); Use of Force (2); Staff-Detainee Communication (1); and Telephone Access (1).

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

<sup>2</sup> Data Source: ERO Facility List Report as of August 31, 2020.

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

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, 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 also highlights instances in which 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 was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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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</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 2 – Security</b>	
Admission and Release	1
Custody Classification System	2
Funds and Personal Property	1
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	1
Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>5</b>
<b>Part 4 – Care</b>	
Food Service	0
Medical Care	1
Significant Self-Harm and Suicide Prevention and Intervention	1
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 5 – Activities</b>	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Grievance System	0
Law Libraries and Legal Materials	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>8</b>

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

## DETAINEE RELATIONS

ODO conducted 12 detainee interviews via video teleconference, 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 she requested medical attention for her swollen legs and medical staff have not evaluated her.

- Action Taken: ODO spoke with facility medical staff and reviewed the detainee's medical record. On July 21, 2020, a nurse practitioner (NP) evaluated the detainee for edema in her lower extremities and ordered laboratory tests. On July 29, 2020, the NP re-evaluated the detainee and informed her of the test results. Her test results were all within normal limits and her edema had lessened in both lower extremities. The NP instructed the detainee to frequently elevate her feet and avoid prolonged standing and scheduled the detainee for a follow-up on September 2, 2020.

*Medical Care:* One detainee stated medical staff are not responsive to her stomach pain complaints. The detainee stated the doctor informed her to refrain from eating bread, but she is not on a medical diet.

- Action Taken: ODO spoke with facility medical staff and reviewed the detainee's medical record. On March 31, 2020, the detainee reported to sick call with complaints of stomach and leg pains. On March 31, 2020, an NP evaluated her and ordered an abdominal/pelvic computed tomography (CT) scan. Her CT scan results revealed a small ovarian cyst and constipation. The NP placed her in the medical housing unit for observation due to an unsteady gait from her leg pain. On April 21, 2020, medical staff discharged her from medical observation. On August 10, 2020, the detainee reported to sick call complaining of abdominal pain after eating greasy food. The NP sent the detainee to the Laredo Medical Center and hospital staff diagnosed her with a urinary tract infection. Hospital staff prescribed her medication and she returned to the facility. Upon her return to the facility, medical staff placed her in the medical housing unit for observation. On August 14, 2020, medical staff discharged her from medical observation. The health services administrator stated she would follow-up with the detainee regarding her diet and any unresolved issues.

*Law Libraries and Legal Materials:* One detainee stated staff do not replace the printer ink cartridge in the law library when it runs out of ink and detainees are unable to print their work.

- Action Taken: ODO spoke with the library coordinator (LC). The LC stated ERO is responsible for replacing printer cartridges for the law library printer. When she notifies ERO she receives a cartridge in approximately two business days. The LC also stated the facility provides detainees a thumb drive so detainees can access their work and print later. ODO confirmed with ERO the facility does request printer cartridges as needed.

# COMPLIANCE INSPECTION FINDINGS

## SAFETY

### ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO requested documentation of the facility's temperatures, air quality, ventilation, lighting and noise levels and the environmental health and safety manager stated the facility did not conduct temperature, air quality, ventilation, lighting or noise level checks (**Deficiency EH&S-1<sup>6</sup>**).

## SECURITY

### ADMISSION AND RELEASE (A&R)

ODO found two out of 12 detainee files contained the wrong date of admission and identified a different detention facility on the Order to Detain (Form I-203) (**Deficiency A&R-1<sup>7</sup>**).

### CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO found one out of 12 detainee files indicated the detainee was not classified within 12-hours after admission (**Deficiency CCS-1<sup>8</sup>**).

ODO found two out of 12 detainee files did not contain a reassessment or reclassification following a relevant event. In both instances, the detainees were involved in separate physical altercations and subsequently placed in disciplinary segregation for [REDACTED] and returned to general population without a reassessment or reclassification (**Deficiency CCS-2<sup>9</sup>**).

### FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed one lost/damaged property claim and found the facility did not notify ERO of the claim and outcome (**Deficiency F&PP-1<sup>10</sup>**).

### STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the facility's written policies and found the facility does not have written

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<sup>6</sup> "The facility shall ensure appropriate temperatures, air and water quality, ventilation, lighting, noise levels, and detainee living space, in accordance with any applicable state and local jail/prison standards." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(1).

<sup>7</sup> "Official documentation from ICE/ERO (e.g. Form I-203, I-203a, or I-216) shall accompany each newly arriving detainee." See ICE NDS 2019, Standard, Admission and Release, Section (II)(F).

<sup>8</sup> "The initial classification process and initial housing assignment should be completed within 12 hours of admission to the facility." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(2).

<sup>9</sup> "All facility classification systems shall ensure that a detainee is reassessed and/or reclassified at regular intervals and upon the occurrence of relevant events. Reclassification assessments shall consider, among other factors, the detainee's risk of victimization or abusiveness. Subsequent reclassification assessments shall be completed any other time when warranted based upon the receipt of additional, relevant information, or following an incident of abuse or victimization." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(F).

<sup>10</sup> "The facility will immediately notify ICE/ERO of all claims and outcomes." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(F)(4).



procedures to route detainee requests to the appropriate ERO official(s) (**Deficiency SDC-1<sup>11</sup>**).

## **CARE**

### **MEDICAL CARE (MC)**

ODO found one out of 12 medical records did not contain a signed consent form for medical care (**Deficiency MC-1<sup>12</sup>**).

### **SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSH&SP&I)**

ODO found ■■■ out of ■■ medical staff did not receive annual refresher training for suicide prevention (**Deficiency SSH&SP&I<sup>13</sup>**).

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2019 and found the facility in compliance with 11 of those standards. ODO found eight deficiencies in the remaining seven standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2018 (NDS 2000)</b>	<b>FY 2020 (NDS 2019)</b>
Standards Reviewed	15	18
Deficient Standards	7	7
Overall Number of Deficiencies	9	8
Repeat Deficiencies	0	0
Corrective Actions	4	0

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<sup>11</sup> "The facility shall have written procedures to route detainee request to the appropriate ICE/ERO officials(s)." *See* ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C).

<sup>12</sup> "The facility health care practitioner will obtain specific signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(O).

<sup>13</sup> "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during orientation and refresher training at least annually thereafter." *See* ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(B).