



**U.S. Department of Homeland Security**  
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 Harlingen Field Office**

**Laredo Processing Center  
Laredo, Texas**

**March 21-24, 2022**

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

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## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Assistant Team Lead	ODO
Inspections and Compliance Specialist	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 Laredo Processing Center (LPC) in Laredo, Texas, from March 21 to 24, 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 Bed Capacity <sup>2</sup>	█
Average ICE Population <sup>3</sup>	█
Adult Male Population (as of March 21, 2022)	█
Adult Female Population (as of March 21, 2022)	█

During its last inspection, in Fiscal Year (FY) 2021, ODO found one deficiency in Medical Care.

<sup>1</sup> This facility holds both male and female detainees with low security classification levels for periods greater than 72 hours.

<sup>2</sup> Data Source: ERO Facility List as of March 21, 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.

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>5,6</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	0
Funds and Personal Property	0
Post Orders	0
Searches of Detainees	0
Use of Force and Restraints	0
Special Management Units	0
Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	0
Personal Hygiene	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	1
Voluntary Work Program	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 6 - Justice</b>	
Legal Rights Group Presentations	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 7 - Administration and Management</b>	
Detention Files	0
Detainee Transfers	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>3</b>

<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.

## DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. One detainee stated thoughts of self-harm to ODO and ODO immediately informed facility leadership and ERO Harlingen staff so facility medical staff could evaluate the detainee. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO attempted to conduct detainee interviews via video teleconference; however, ERO Harlingen and LPC were not able to accommodate this request due to technology issues. As such, ODO conducted the detainee interviews via telephone.

*Detainee Handbook:* Two detainees stated they did not receive the facility site-specific handbook nor the ICE National Detainee Handbook in a language they understood.

- Action Taken: ODO reviewed the detainees' detention files and found acknowledgement forms confirming receipt of both the ICE National Detainee Handbook and the facility site-specific handbook in Spanish and their completed language preference forms indicating English as their preferred language. On March 23, 2022, facility staff reissued both handbooks in English.

*Significant Self-Harm and Suicide Prevention and Intervention:* One detainee stated her concern over ongoing thoughts of harming herself and her depression due to her time at the facility.

- Action Taken: Following ODO's interview with the detainee, ODO immediately notified facility leadership and ERO Harlingen of the detainee's suicidal ideations, and facility staff escorted the detainee to medical. The facility medical staff evaluated the detainee and consulted with the facility mental health coordinator (MHC). The MHC placed the detainee on constant suicide watch with one-to-one observations. On March 22, 2022, the MHC evaluated the detainee and found improvement in her mental state, based on her denial of self-harm, suicidal and homicidal ideations, and hallucinations. On March 24, 2022, a tele-psychiatrist evaluated the detainee and cleared her to return to general population with a treatment plan of Sertraline, 50 mg, and Trazodone, 50 mg, and a follow-up visit in 3 months. The detainee verbalized understanding and returned to her housing unit.

## COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### ADMISSION AND RELEASE (AR)

ODO interviewed a facility intake sergeant, reviewed [REDACTED] detainee detention files for detainees from whom the staff confiscated identity documents, and found in all [REDACTED] files, the detainees did not receive a receipt for their confiscated identity documents (**Deficiency AR-13**<sup>7</sup>).

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<sup>7</sup> "Detainees will receive a receipt for confiscated identity documents." See ICE NDS 2019, Standard, Admission and Release, Section (II)(C).

## CARE

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

ODO reviewed two security suicide watch logs for a detainee placed in a suicide-resistant cell with constant monitoring and found the facility staff did not document constant monitoring at least every 15 minutes. Specifically, on March 22, 2022, facility staff logged seven observations between 16 and 23 minutes from the previous observation (**Deficiency SSHSPI-21<sup>8</sup>**).

## ACTIVITIES

### **CORRESPONDENCE AND OTHER MAIL (COM)**

ODO reviewed the facility site-specific detainee handbook and found the handbook does not notify detainees of the facility's process for inspecting general correspondence (**Deficiency COM-5<sup>9</sup>**).

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 19 standards under NDS 2019 and found the facility in compliance with 16 of those standards. ODO found three deficiencies in the remaining three standards. ODO commends facility 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 LPC which occurred on September 13, 2021.

<b>Compliance Inspection Results Compared</b>	<b>FY 2021 (NDS 2019)</b>	<b>FY 2022 (NDS 2019)</b>
Standards Reviewed	10	19
Deficient Standards	1	3
Overall Number of Deficiencies	1	3
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	N/A	Superior

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<sup>8</sup> "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).

<sup>9</sup> "The facility shall notify detainees in a language or manner that they understand of its policy on correspondence and other mail and shall include information on sending and receiving correspondence in the facility handbook. At a minimum, the notification shall specify: ...

3. The process for inspecting general correspondence."

See ICE NDS 2019, Standard, Correspondence and Other Mail, Section (II)(B)(3).