



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

Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO San Antonio Field Office

Laredo Processing Center
Laredo, Texas

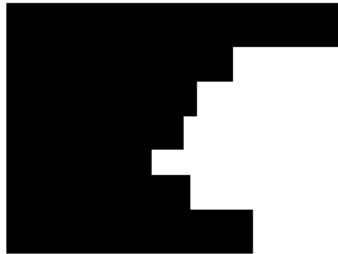
March 8-11, 2021

COMPLIANCE INSPECTION
of the
LAREDO PROCESSING CENTER
Laredo, Texas

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COMPLIANCE INSPECTION TEAM MEMBERS



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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 March 8 to 11, 2021.¹ 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). The facility operates under the National Detention Standards (NDS) 2019.

ERO has assigned deportation officers and a detention services manager (DSM) to the facility. An LPC warden handles daily facility operations and manages ■ support personnel. Trinity Food Service provides food services, CoreCivic provides medical care, and Keefe provides commissary services at the facility. LPC does not hold any national accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	404
Average ICE Detainee Population ³	■
Male Detainee Population (as of March 8, 2021)	0
Female Detainee Population (as of March 8, 2021)	■

During its last inspection, in Fiscal Year (FY) 2020, ODO found eight deficiencies in the following areas: Admission and Release (1); Custody Classification System (2); Environmental Health and Safety (1); Funds and Personal Property (1); Staff-Detainee Communication (1); Medical Care (1); and Significant Self-Harm and Suicide Prevention and Intervention (1).

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

² Data Source: ERO Facility List Report as of March 5, 2021.

³ *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.⁴

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.

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

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5&6}	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
Use of Force and Restraints	0
Special Management Units	2
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	2
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	1
Significant Self-Harm and Suicide Prevention and Intervention	1
Disability Identification, Assessment, and Accommodation	0
Sub-Total	2
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	4

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

⁶ Beginning in FY 2021, ODO added Emergency Plans, Facility Security and Control, Population Counts, Hunger Strikes, and Staff Training as core standards. NDS 2019 does not include Emergency Plans, Population Counts, nor Staff Training as individual standards; however, those specific requirements are resident in other core standards.

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. One of the detainees made allegations of sexual harassment by another detainee. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

Sexual Abuse and Assault Prevention and Intervention: One detainee (complainant) stated another detainee has been harassing her since her arrival to the facility in February 2021. The complainant stated she is housed in the same dorm/housing unit as the detainee who has been harassing her and the harassment has consisted of sexually inappropriate comments about her body, and explicit questions about her breasts and vaginal area. The complainant added, the detainee would follow her to the showers, persistently asking for a sexual relationship. On March 1, 2021, the complainant stated she reported the incidents to the facility staff and since reporting the incidents, other detainees from her dorm have retaliated against her.

- Action Taken: Upon receiving the detainee's allegation of sexual harassment, the ODO team lead ended the detainee interview and notified the warden who initiated the facility's PREA protocols. The facility's staff escorted her to medical for an evaluation and the facility's PREA investigator interviewed her. The facility initiated an internal investigation regarding all the detainee's allegations and reported the criminal allegations to local law enforcement. A supervisory detention and deportation officer notified ERO leadership, the Laredo Police Department, ICE Health Service Corps, and the Joint Intake Center. The facility to initiated their PREA protocols and advised ODO the alleged perpetrator was segregated according to facility policy.

COMPLIANCE INSPECTION FINDINGS

SECURITY

SEGREGATION MANAGEMENT UNITS (SMU)

ODO reviewed the facility's SMU Confinement Watch logs and found the facility staff were not consistently logging the observations of the detainees every [REDACTED] schedule (**Deficiency SMU-84**⁷).

ODO reviewed the facility's SMU Mental Health Services, Segregation/Restrictive Housing Unit Management policy and found the facility's policy does not require a qualified mental health provider to conduct a weekly face-to-face clinical contact with detainees with serious mental illnesses housed in SMU (**Deficiency SMU-100**⁸).

⁷ "SMU staff shall observe and log observations at least every [REDACTED] schedule." See ICE NDS 2019, Standard, Segregation Management Units, Section (II)(K).

⁸ "For any detainee with an SMI placed in restrictive housing:

- a. Mental health staff shall conduct a mental health consultation within 72 hours of the detainee's placement in restrictive housing:
- b. A multi-disciplinary committee of facility staff, including facility leadership, medical and mental health

CARE

MEDICAL CARE (MC)

ODO reviewed two medical records and found two out of two detainees enrolled in the mental health chronic care clinic with prescribed psychotropic medications did not have a consent form for psychotropic medications, which included the description of the medications' side effects (**Deficiency MC-93⁹**).

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

ODO reviewed the facility's Suicide Watch log and found one detainee was moved by a qualified mental health provider from one-on-one constant suicide observation to close observation and staggered monitoring checks; however, the observations were not documented every [REDACTED] (**Deficiency SSH&SP&I-21¹⁰**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2019 and found the facility in compliance with 15 of those standards. ODO found four deficiencies in the remaining three 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.

Compliance Inspection Results Compared	FY 2020 (NDS 2019)	FY 2021 (NDS 2019)
Standards Reviewed	18	18
Deficient Standards	7	3
Overall Number of Deficiencies	8	4
Repeat Deficiencies	0	0
Areas of Concern	0	0
Corrective Actions	0	0

professionals, and security staff, shall meet weekly to review all detainees with SMI who are in restrictive housing;

- c. At least weekly, a qualified mental health provider shall conduct face-to-face clinical contact with the detainee to monitor the detainee's mental health status, identify signs of deterioration, and recommend additional treatment as appropriate." See ICE NDS 2019, Standard, Segregation Management Units, Section (II)(M)(1)(C).

⁹ "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medications' side effects, shall be obtained." See ICE NDS 2019, Standard, Medical Care, Section (II)(O).

¹⁰ "The monitoring must be documented every [REDACTED] or more frequently if necessary."

See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(F).