



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

---

# Office of Detention Oversight National Detention Standards

Enforcement and Removal Operations  
ERO San Antonio Field Office  
Laredo Processing Center  
Laredo, Texas

September 11 –13, 2018

**COMPLIANCE INSPECTION  
for the  
Laredo Processing Center  
Laredo, Texas**

**TABLE OF CONTENTS**

**OVERVIEW**

Facility Overview.....1  
Findings by National Detention Standard (NDS) 2000 Major Categories .....2

**COMPLIANCE INSPECTION PROCESS .....3**

**DETAINEE RELATIONS .....4**

**COMPLIANCE INSPECTION FINDINGS**

**DETAINEE SERVICES**

Admission and Release.....5  
Detainee Classification System.....5  
Food Service .....5  
Staff-Detainee Classification .....6  
Telephone Access .....6

**SECURITY AND CONTROL**

Environmental Health and Safety .....6  
Use of Force .....7

**HEALTH SERVICES**

Medical Care.....8

**PBNDS 2011 SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION**

SAAPI.....8

**CONCLUSION .....8**

**COMPLIANCE INSPECTION TEAM MEMBERS**

	Team Lead	ODO
	Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

## FACILITY OVERVIEW

The Office of Detention Oversight (ODO) conducted a compliance and oversight inspection of the Laredo Processing Center (LPC) in Laredo, Texas, from September 11-13, 2018.<sup>1</sup> LPC opened in 1985 and is owned and operated by Core Civic (previously Corrections Corporation of America). The Office of Enforcement and Removal Operations (ERO) began housing detainees at LPC in 1985 pursuant to an Inter-Governmental Services Agreement (IGSA), under the oversight of ERO's Field Office Director (FOD) in San Antonio, Texas. The facility is an ICE dedicated IGSA and holds no non-ICE detainees or inmates. The facility exclusively houses female detainees, but for limited periods of time, male detainees can be housed at the facility in separate male housing units.

There are no ICE personnel assigned to this facility. A warden is responsible for oversight of daily facility operations and is supported by [REDACTED] personnel. Trinity Services provides food services and Mend Correctional Care provides detainee medical services. The facility operates under the National Detention Standards (NDS) 2000 and is not contractually obligated to comply with the ICE Performance-Based National Detention Standards (PBNDS) 2011 Sexual Abuse and Assault Prevention and Intervention Standard; however, LPC is contractually obligated to comply with Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA).

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	404
Average Daily ICE Detainee Population <sup>3</sup>	[REDACTED]
Male Detainee Population (as of 9/11/2018)	1
Female Detainee Population (as of 9/11/2018)	[REDACTED]

In July 2015, ODO conducted an inspection of the LPC reviewing a total of 15 standards and found the facility compliant with 13 of those standards. ODO found two deficiencies in the remaining two standards: Detainee Grievance Procedures (1) and Staff-Detainee Communication (1).

---

<sup>1</sup> This facility holds female detainees for periods greater than 72 hours; however, an empty housing unit may be used to house male detainees for short periods of time.

<sup>2</sup> Data Source: ERO Facility Questionnaire as of August 20, 2018.

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

## FY 2018 FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED <sup>4</sup>	DEFICIENCIES
<b>Part 1 – Detainee Services</b>	
Access to Legal Material	0
Admission and Release	2
Detainee Classification System	1
Detainee Grievance Procedures	0
Detainee Handbook	0
Food Service	1
Funds and Personal Property	0
Staff-Detainee Communication	1
Telephone Access	1
<b>Sub-Total</b>	<b>6</b>
<b>Part 2 – Security and Control</b>	
Environmental Health and Safety	1
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	2
<b>Sub-Total</b>	<b>3</b>
<b>Part 3 – Health Services</b>	
Medical Care	0
Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>PBNDS 2011 Standard Inspected</b>	
Sexual Abuse and Assault Prevention and Intervention (SAAPI) <sup>5</sup>	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>9</b>

<sup>4</sup> For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

<sup>5</sup> LPC is not contractually obligated to comply with PBNDS 2011 Standard 2.11 Sexual Abuse and Assault Prevention and Intervention (SAAPI). ODO reviewed SAAPI to assess what measures LPC has taken to prevent sexual abuse and assault. Two areas of concern were identified and are detailed in the Compliance Inspections Findings section of the report.

## 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 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>6</sup> ODO identifies violations linked to 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; these corrective actions are annotated with “C” under the Inspection Findings section of this report.

At the conclusion of each inspection, ODO holds a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also 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. Additionally, ODO findings inform ICE executive management decision making in better allocating resources across the agency’s entire detention inventory.

---

<sup>6</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## DETAINEE RELATIONS

ODO interviewed fourteen (14) detainees, each of whom volunteered to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services, except for the concerns listed below.

*Medical Care:* One detainee claimed she requested medical care on September 8, 2018, for a week-long cough and was not seen until September 10, 2018.

- Action Taken: ODO reviewed the detainee's medical record and spoke with medical staff who informed ODO their ideal response time for a non-emergency is 12 to 24 hours. However, staff did not consider 48-hour response time for non-emergencies to be excessive. ODO confirmed the detainee made no mention of her condition being urgent in her medical request.

*Detainee Handbook:* Two Spanish-speaking detainees claimed they were unable to read the Spanish version of the detainee handbooks issued to them upon their arrival to the facility.

- Action Taken: ODO informed the Quality Assurance (QA) Manager of the detainees' claims, and he arranged for staff to read and explain the handbooks to the detainees.

# COMPLIANCE INSPECTION FINDINGS

## DETAINEE SERVICES

### ADMISSION AND RELEASE (AR)

ODO's observation of intake and review of 30 detainee files, confirmed detainees receive and sign for a copy of the LPC handbook and the ICE National Detainee Handbook upon admission. Both handbooks are available in English and Spanish. In addition to the handbook, a site-specific orientation video is shown to all new arrivals in both English and Spanish. ODO reviewed the orientation video and found it meets the requirements of the standard; however, LPC's orientation procedures were not approved by ERO (**Deficiency AR-1**<sup>7</sup>).

*Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action and presented documentation from the Assistant Field Office Director (AFOD) approving the orientation procedures (**C-1**).

Although ODO found LPC policy outlines the release process, and intake and release staff could verbalize the steps necessary for release, ODO found these procedures were not approved by ERO (**Deficiency AR-2**<sup>8</sup>).

*Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action and presented documentation from the AFOD approving the release procedures (**C-2**).

### DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO's review of 30 detention files found two files with incomplete data provided by ERO which prohibited the facility from properly completing the classification process. Specifically, one risk classification assessment (RCA) did not have a custody classification assigned by ERO staff. The second RCA showed ERO assigned a high classification level to a detainee without explanation (**Deficiency DCS-1**<sup>9</sup>).

### FOOD SERVICE (FS)

ODO's review of documentation found there was no annual inspection of the food service department conducted by a qualified, independent source in the year preceding ODO's inspection (**Deficiency FS-1**<sup>10</sup>). The most recent inspection of the food service department was conducted by the City of Laredo Health Department, dated June 7, 2017, with no deficiencies noted.

---

<sup>7</sup> "All facilities shall have a medium to provide INS detainees an orientation to the facility. In IGSA's the INS office of jurisdiction shall approve all orientation procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

<sup>8</sup> "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding, etc. INS will approve (sic) the IGSA release procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J). Note: NDS outline is in error. The cited section should be (III)(L).

<sup>9</sup> "All detainees are classified upon arrival, before being admitted into the general population. INS will provide CDFs and IGSA facilities with the data they need from each detainee's file to complete the classification process." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A)(1).

<sup>10</sup> "An independent, external source shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(13)(a).

*Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action and ODO observed that the City of Laredo Health Department completed the annual inspection of the food service department. The food service department received a score of 100 (C-3).

### **STAFF-DETAINEE COMMUNICATION (SDC)**

ODO reviewed the facility liaison visit checklists for the nine months preceding the inspection and found checklists were missing for February 26, 2018 through March 27, 2018 (**Deficiency SDC-1<sup>11</sup>**). Note: the AFOD provided ODO with a memorandum addressing the reasons for the missing checklists and the corrective actions taken to ensure future compliance.

### **TELEPHONE ACCESS (TA)**

ODO reviewed the telephone serviceability worksheets for the nine months preceding the inspection and found worksheets were missing from February 26, 2018 through March 27, 2018 (**Deficiency TA-1<sup>12</sup>**). Note: the AFOD provided ODO with a memorandum addressing the reasons for the missing worksheets and the corrective actions taken to ensure future compliance.

## **SECURITY AND CONTROL**

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

A review of documentation found LPC conducts fire drills as required by the standard. Documentation reflects emergency keys are drawn during fire drills; however, the facility does not time the drawing of emergency keys (**Deficiency EH&S-1<sup>13</sup>**).

ODO inspected each living unit to determine if the facility maintains effective environmental health conditions including adequate numbers of showers, toilets, and wash basins in accordance with recognized industry standards. Based on the female detainee population at the time of inspection and the number of operational toilets, ODO found the facility falls outside the minimum ratio of one toilet for every 8 female detainees referenced in the standards--ODO cites this as an **Area of Concern**.<sup>14</sup>

---

<sup>11</sup> "For Inter-Governmental Service Agreements (IGSAs) facilities housing ICE detainees the model protocol should be completed weekly for regularly used facilities and each visit for facilities, which are used intermittently." See Change Notice-NDS-Staff-Detainee Communication Model Protocol, dated June 2015, 2007.

<sup>12</sup> "Effective immediately, concurrent with staff/detainee communications visits, ICE staff will verify (sic) serviceability of all telephones in detainee housing units by conducting random calls to pre-programmed numbers posted on the pro bono/consulate list. ICE staff will also interview a sampling of detainees and review written detainee complaints regarding detainee telephone access. The Field Office Director (FOD) shall ensure that all phones in all applicable facilities are tested on a weekly basis. Each serviceability test shall be documented using the attached form. The field office shall maintain forms in a retrievable format, organized by month, for a three-year period." See Change Notice-NDS-Detainee Telephone Service, dated April 4, 2007.

<sup>13</sup> "Emergency-key drills will be included in each fire drill, and [REDACTED]" See ICE NDS 2000, Standard Environmental Health and Safety, Section (III)(L)(4)(c).

<sup>14</sup> "Environmental health conditions will be maintained at a level that meets recognized standards of hygiene. The standards include those from the American Correctional Association, the Occupational Safety and Health Administration, the Environmental Protection Agency, the Food and Drug Administration, the National Fire Protection Association's Life Safety Code, and the National Center for Disease Control and Prevention." See ICE NDS 2000, Standard Environmental Health and Safety, Section (III)(R)(1). Note: American Correctional Association (ACA) Standards (4-ALDF-4B-08, and 4ALDF-4B-09).



## USE OF FORCE (UOF)

ODO's review of documentation and interviews of staff found there were two calculated and two immediate UOF incidents involving detainees during the year preceding the inspection. The UOF video recordings showed UOF team members were not clothed in protective gear in accordance with the UOF team technique in both calculated UOF incidents (**Deficiency UOF-1**<sup>15</sup>).

ODO's review of video documentation also found the UOF video recordings did not include all required elements (**Deficiency UOF-2**<sup>16</sup>). One calculated UOF video did not include the introduction of the camera operator, faces of team members individually identified by name and title, close-up of the detainees' bodies, and a debriefing including the full discussion of the incident. The second calculated UOF video did not include the introduction, there were no close-ups of the detainees' bodies, faces of team members individually identified by name and title, the debriefing, including the full discussion of the incident. The video tape also showed the backs of staff members rather than focusing on the detainee. The video recording should continue through completion to accurately depict the entire event to aid in the legal representation of the facility if necessary.

During the inspection, ODO found LPC's After Action Review procedures allow 21 days for completion of the review. ODO cites this as an **Area of Concern** as the standard references a two-day timeframe as a guideline for IGSA's.<sup>17</sup>

## HEALTH SERVICES

### MEDICAL CARE (MC)

ODO's review of LPC's provision of medical care found no deficiencies. However, the Health Services Administrator indicated to ODO that ophthalmology services are no longer available due

---

<sup>15</sup> "When a detainee must be forcibly moved and/or restrained during a calculated use of force, the use-of-force team technique shall apply.

- a. The [REDACTED] usually involves [REDACTED] team members enter the detainee's area together, with coordinated responsibility for achieving immediate control of the detainee."

See ICE NDS 2000, Standard Use of Force, Section (III)(A)(4)(a).

<sup>16</sup> "Calculated-use-of-force videotape will be edited as follows:

1. Introduction by Team Leader, stating facility name, location, time, date, etc.; describing the incident that led to the calculated use of force; and naming the video-camera operator and other staff present.
2. Faces of all team members briefly appear (helmets removed; heads uncovered), one at a time, identified by name and title.
3. Team Leader offering detainee last chance to cooperate before team action, outlining use-of-force procedures, engaging in confrontation-avoidance, and issuing use-of-force order.
4. Entire tape of Use-of-Force Team operation, unedited, until detainee in restraints.
5. Close-ups of detainee's body during medical exam, focusing on the presence/absence of injuries; staff injuries, if any, described but not shown.
6. Debriefing, including full discussion/analysis/assessment of incident."

See ICE NDS 2000, Standard Use of Force, Section (III)(A)(4)(g).

<sup>17</sup> "The OIC, the Assistant OIC, the CDEO, and the Health Services Administrator shall conduct the after-action review. This four-member After-Action Review Team shall convene on the workday after the incident. The After-Action Review Team shall gather relevant information, determine whether policy was followed, and complete an after-action report, recording the nature of their review and findings. The after-action report is due within two working days of the detainee's removal from restraints." See ICE NDS 2000, Standard Use of Force, Section (III)(K).

to non-payment issues. ODO cites this as an **Area of Concern** and recommends IHSC follow-up with the facility as necessary to resolve any payment discrepancies.

## **PBNDS 2011 Sexual Abuse and Assault Prevention and Intervention**

### **SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)**

ODO noted LPC's policy stipulates they will refer criminal investigations to the Laredo Police Department (LPD) and/or the Webb County Sheriff's Office (WCSO). However, the LPC PREA Compliance Manager indicated both LPD and WCSO have not committed to conduct criminal investigations of PREA allegations at LPC. ODO cites this as an **Area of Concern**<sup>18</sup>.

## **CONCLUSION**

During this inspection, ODO reviewed the facility's compliance with 15 standards under the NDS 2000 and found the facility compliant with eight standards. ODO found nine deficiencies in the remaining seven standards. This is a small increase from the number of deficiencies ODO found in 2015. ODO notes the facility initiated immediate corrective action regarding three findings.

As referenced earlier in this report, ODO interviewed two detainees who were unable to read the facility handbooks they were given. Also, in reviewing the facility's admission practices, ODO identified five non-English/non-Spanish speaking detainees on the LPC daily roster. ODO found staff are not consistently indicating detainees' preferred language on the admissions, general facility orientation, and PREA orientation paperwork. Specifically, the language preference for one Vietnamese national detainee was not listed on her orientation paperwork, and there was no indication interpretation services were provided to the detainee. ODO and the facility QA Manager spoke with the detainee and found she spoke very little English and does not speak Spanish. The QA Manager indicated he would conduct another orientation for the detainee using a language line. While ODO commends facility staff for acting quickly when inspectors brought these issues to their attention, ODO cites the inconsistency in providing language services to detainees as an **Area of Concern**<sup>19</sup>.

Lastly, ODO recommends ERO work with the facility to remedy any deficiencies that remain outstanding, as applicable and in accordance with contractual obligations.

---

<sup>18</sup> "Policies to ensure investigation of allegations and appropriate agency oversight: ...

(e) When a detainee, prisoner, inmate, or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as the appropriate ICE Field Office Director, and, if it is potentially criminal, referred to an appropriate law enforcement agency having jurisdiction for investigation."

See 6 CFR Part § 115.22, Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Facilities (Final Rule dated March 7, 2014).

<sup>19</sup> "Detainee education. ...

(b) Each facility shall provide the detainee notification, orientation, and instruction in formats accessible to all detainees, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to detainees who have limited reading skills.

(c) "The facility shall maintain documentation of detainee participation in the intake process orientation."

See 6 CFR Part § 115.33, Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Facilities (Final Rule dated March 7, 2014).

<b>Compliance Inspection Results</b>	<b>FY 2015 (NDS 2000)</b>	<b>FY 2018 (NDS 2000)</b>
Standards Reviewed	15	15
Deficient Standards	2	7
Overall Number of Deficiencies	2	9
Corrective Action	1	3