



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
Unannounced Follow-Up
Compliance Inspection
2023-002-161**

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

**Laredo Processing Center
Laredo, Texas**

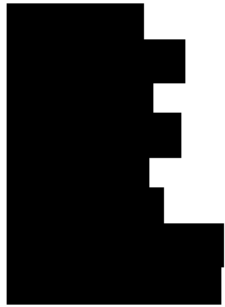
September 19-21, 2023

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION
of the
LAREDO PROCESSING CENTER
Laredo, Texas

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UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Senior Inspections and Compliance Specialist	ODO
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Inspections and Compliance Specialist	ODO
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 an unannounced follow-up compliance inspection of the Laredo Processing Center (LPC) in Laredo, Texas, from September 19 to 21, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of LPC from March 21 to 23, 2023. 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 1983 under the oversight of ERO’s Field Office Director in Harlingen (ERO Harlingen). The facility operates under the National Detention Standards (NDS) 2019.

[REDACTED] A warden handles daily facility operations and manages [REDACTED] support personnel. Trinity Services Group provides food services, and CoreCivic provides medical care and commissary services at the facility. The facility does not hold any accreditations from any outside entities. 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 ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of September 19, 2023)	[REDACTED]
Adult Female Population (as of September 19, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found two deficiencies in the following area: Hold Rooms in Detention Facilities (2).

¹ This facility holds male and female detainees with a low security classification level for periods greater than 72 hours.

² Data Source: ERO Facility List as of September 18, 2023.

³ *Ibid.*

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.⁴

While unannounced follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which may include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniform corrective action plan (UCAP), and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

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	1
Sub-Total	1
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Use of Force	0
Special Management Units	0
Staff Detainee Communication	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	0
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	1
Terminal Illness and Death	0
Sub-Total	1
Part 5 - Activities	
Recreation	0
Telephone Access	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	2

⁵ For greater detail on ODO's findings, see the *Unannounced Follow-Up 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.

DETAINEE RELATIONS

ODO interviewed 33 detainees who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services except for the concern listed below.

Medical Care: One detainee stated her need to speak to a mental health professional because she was sexually abused in her country of origin and during her migration to the United States.

- Action Taken: ODO immediately referred the detainee to facility medical staff for a mental health evaluation. On September 19, 2023, a licensed professional counselor (LPC) evaluated the detainee and completed a mental health wellness plan. The LPC noted the detainee's stated history included sexual abuse multiple times, history of anxiety, self-harm, and other forms of domestic violence. The LPC also noted the detainee showed signs of anxiety but no self-harm or suicidal tendencies. The LPC provided the detainee with local community resources related to sexual abuse care. The detainee agreed to continue counseling services with the LPC on an as-needed basis.

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO toured 7 housing units and observed in housing unit 6, evidence of mildew and soap scum build up in 2 out of 12 shower stalls. ODO also observed in the same housing unit, a slip hazard due to water and soap residue leaking from a shower stall into the handicap accessible toilet stall. Additionally, in housing unit 2, ODO observed damage and a significant buildup of debris and dirt in the communal shower area (**Deficiency EHS-64⁷**).

CARE

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

ODO reviewed the [REDACTED] medical records and suicide watch logs of [REDACTED] detainees placed on one-on-one monitoring during the inspection period and found in [REDACTED] out of [REDACTED] watch logs, no documented monitoring at least every 15 minutes. Specifically, ODO found 2 instances in the log in which staff documented monitoring at intervals between 16 and 20 minutes (**Deficiency**

⁷ "Facility cleanliness and sanitation shall be maintained. All surfaces, fixtures, and equipment shall be kept clean and in good repair." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(2).

SSHSPI-21⁸). This is a priority component.

CONCLUSION

During this unannounced follow-up inspection, ODO assessed the facility's compliance with 17 standards under NDS 2019 and found the facility in compliance with 15 of those standards. ODO found two deficiencies in the remaining two standards. Since LPC's last full inspection in March 2023, the facility has maintained a high level of compliance with the standards. LPC went from one deficient standard with two deficiencies in March 2023 to two deficient standards and two deficiencies during this most recent inspection. ODO received the completed UCAP for ODO's last inspection in March 2023, which likely contributed to the continued high-level compliance and no repeat deficiencies. 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 2023 Full Inspection (NDS 2019)	FY 2023 Follow-up Inspection (NDS 2019)
Standards Reviewed	19	17
Deficient Standards	1	2
Overall Number of Deficiencies	2	2
Priority Component Deficiencies	1	1
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	N/A

⁸ "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).