



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

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**Office of Detention Oversight  
Compliance Inspection  
2024-001-298**

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

**Laredo Processing Center  
Laredo, Texas**

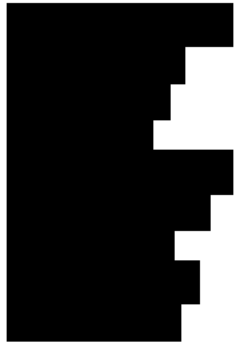
**March 19-21, 2024**

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

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## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Senior Inspections and Compliance Specialist	ODO
Senior Inspections and Compliance Specialist	ODO
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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 19 to 21, 2024.<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 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. Shaver Foods provides food services, Clinical Solutions provides medical care, and Keefe Supply Company provides 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 <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of March 19, 2024)	[REDACTED]
Adult Female Population (as of March 19, 2024)	[REDACTED]

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

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

<sup>2</sup> Data Source: ERO Custody Management Division Authorized Facility List as of March 18, 2024.

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

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.<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 their decision-making to better allocate resources across the agency’s entire detention inventory.

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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	0
Custody Classification Systems	0
Facility Security and Control	1
Funds and Personal Property	0
Post Orders	1
Searches of Detainees	0
Use of Force and Restraints	0
Special Management Unit	0
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>2</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	0
Religious Practices	0
Telephone Access	0
Voluntary Work Program	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Grievance System	0
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 7 - Administration and Management</b>	
Detention Files	0

<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 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

Detainee Transfers	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>3</b>

## DETAINEE RELATIONS

ODO interviewed 32 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.

## COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the facility’s non-facility (outside) service provider tool and equipment inventory logbook from September 2023 through March 2024 and found 1 instance on March 12, 2024, where an outside service provider logged 4 tools upon entry into the facility but did not log out the items after departing from facility on the same day (**Deficiency FSC-25.7**).

#### POST ORDERS (PO)

ODO reviewed the facility’s laundry PO officer signature page and found the page had only 5 out of 13 entries signed and dated by officers assigned to that post. Additionally, ODO observed a vehicle gate officer at his post during the inspection, reviewed the PO officer signature page and found the officer had not signed nor dated the PO (**Deficiency PO-7.8**).

### CARE

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

ODO reviewed the medical records of [REDACTED] detainees who the facility had placed under suicide watch during the inspection period and found in [REDACTED] out of [REDACTED] records, eight documented instances of welfare checks exceeding the 8-hour requirement, ranging between 7 minutes late and 1 hour and 6 minutes late (**Deficiency SSHSPI-22.9**).

<sup>7</sup> “All visitors who are not ICE/ERO officials or facility employees, including repair and maintenance workers, shall submit to an inspection and inventory of all tools, toolboxes, and equipment that could be used as weapons before entering and leaving the facility.” See ICE NDS 2019, Standard, Facility Security and Control, Section (II)(G).

<sup>8</sup> “Prior to assuming a post, officers will sign and date the post order to indicate having read and understood its provisions.” See ICE NDS 2019, Standard, Post Orders, Section (II)(B).

<sup>9</sup> “A mental health provider will perform welfare checks every 8 hours.” See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(F).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 24 standards under NDS 2019 and found the facility in compliance with 21 of those standards. ODO found three deficiencies in the remaining three standards. Since LPC's full inspection in March 2023, the facility's overall compliance with NDS has trended downward. LPC went from 1 deficient standard and 2 deficiencies in March 2023 to 3 deficient standards and 3 deficiencies during this most recent full inspection. ODO did not inspect FSC nor PO during the FY 2023 full inspection as they were not core standards for FY 2023 inspections. ODO received the facility's completed uniform corrective action plan for its last full inspection in March 2023, which resolved the previous deficiencies. ODO recommends ERO Harlingen continue to work with the facility to resolve the remaining deficiencies in accordance with its contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2023 Full Inspection (NDS 2019)</b>	<b>FY 2024 Full Inspection (NDS 2019)</b>
Standards Reviewed	19	24
Deficient Standards	1	3
Overall Number of Deficiencies	2	3
Priority Component Deficiencies	0	0
Repeat Deficiencies	1	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Superior. <sup>10</sup>

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<sup>10</sup> ODO revised their rating system at the end of FY 2023, and beginning in FY 2024, facilities rated as "Superior" will have no or very minimal deficiencies and will have no repeat or priority component deficiencies.