



**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**

**Ramada Plaza - Hotel Ava - Casa De  
Tranquilidade  
Laredo, Texas**

**February 8-10, 2022**

**COMPLIANCE INSPECTION**  
**of the**  
**RAMADA PLAZA - HOTEL AVA - CASA DE TRANQUILIDADE**  
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 Ramada Plaza - Hotel Ava - Casa De Tranquilidade (RPHA), in Laredo, Texas, from February 8 to 10, 2022.<sup>1</sup> This Emergency Family Staging Center opened in 2021 and is owned by Wyndham Hotels and Resorts and operated by Endeavors. The ICE Office of Enforcement and Removal Operations (ERO) began housing residents at RPHA in 2021 under the oversight of ERO’s Field Office Director in Harlingen (ERO Harlingen). The facility operates under the Family Residential Standards (FRS) 2020.

ERO has not assigned deportation officers to the facility. An Endeavors shelter manager handles daily facility operations and manages [REDACTED] support personnel. Selrico Services provides food services, and Loyal Source Government Services provides medical care at the facility. The facility does not hold any accreditations from outside entities.

Capacity and Population Statistics	Quantity
ICE Resident Bed Capacity <sup>2</sup>	[REDACTED]
Average ICE Resident Population <sup>3</sup>	[REDACTED]
Male Resident Population (as of February 8, 2022)	[REDACTED]
Female Resident Population (as of February 8, 2022)	[REDACTED]

This was ODO’s first inspection of RPHA.

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<sup>1</sup> The specific project goal is the provision of a single-use, non-congregant residential care center that provides other related services 24 hours per day, 7 days per week, for no longer than 120 hours (with preferred an aimed length of stay to be less than 72 hours) to noncitizen families who have been approved for such services by ICE.

<sup>2</sup> Data Source: ERO Facility List as of February 7, 2022.

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

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) greater than 10, 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.<sup>4</sup>

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.

Beginning fiscal year (FY) 2022, ODO will conduct focused reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1-9 detainees. Additionally, ODO will conduct unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating. ODO will conduct a complete review of several core standards, in accordance with the facility’s new contractually required ICE National Detention Standards, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (FRS only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

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.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY FAMILY RESIDENTIAL STANDARDS 2020 MAJOR CATEGORIES

FRS Standards Inspected <sup>5,6</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Emergency Plans	3
Environmental Health and Safety	3
<b>Sub-Total</b>	<b>6</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Sexual Abuse and Assault Prevention and Intervention	2
<b>Sub-Total</b>	<b>2</b>
<b>Part 3 - Order</b>	
Behavior Management	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	0
Health Care	1
Health Care (Females)	0
Significant Self-harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 7 - Administration and Management</b>	
Resident Files	0
Post Orders	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>9</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 22 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse and all of them reported satisfaction with facility services. ODO conducted resident interviews face-to-face and via telephone.<sup>7</sup>

## COMPLIANCE INSPECTION FINDINGS

### SAFETY

#### EMERGENCY PLANS (EP)

ODO reviewed the facility EP policy and found the center does not have written policy and procedures addressing records and logs and emergency shutoff for utilities (**Deficiency EP-41**<sup>8</sup>).

ODO reviewed the facility EP policy, interviewed the regional and shelter managers, and found no written procedures for: intensified security; security key access; nor evidence seizure and preservation (**Deficiency EP-76**<sup>9</sup>).

ODO reviewed EP policy and found the facility does not have written policy and procedures addressing utilities shutoff (i.e., identifying locations of water and gas shut-off valves and electrical circuit breakers) (**Deficiency EP-81**<sup>10</sup>).

#### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the environmental health and safety manager and shelter manager, inspected the South, East, and West exit doors to the outside, and found the doors were not tight-fitting to prevent entry of vermin from outside. Specifically, the doors' missing weather strips and thresholds created visible gaps and crevices (**Deficiency EHS-13**<sup>11</sup>).

ODO inspected the living areas (8th, 9th, and 10th floors), the administration section (2d floor), and intake and medical sections (1st floor) and found the fire emergency exit diagrams did not

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<sup>7</sup> For family units in which at least one family member tested positive for COVID-19, ODO conducted those interviews via telephone. ODO conducted all other interviews face-to-face.

<sup>8</sup> "Each Center will establish written policy and procedures addressing, at a minimum: ...

- Records and logs;
- Utility shutoff."

See ICE FRS, Standard, Emergency Plans, Section (D).

<sup>9</sup> "The Center Administrator will provide written procedures for:

- Intensified security;
- Security key access (including issuance and accountability, drop chute, etc.); and
- Evidence seizure and preservation."

See ICE FRS, Standard, Emergency Plans, Section (D)(10).

<sup>10</sup> "The plan will provide for emergency utility control, including plot plans identifying locations of water and gas shut-off valves and electrical circuit breakers." See ICE FRS, Standard, Emergency Plans, Section (D)(13).

<sup>11</sup> "Doors to the outside should be tight-fitting and door sweeps should be installed to prevent the entry of vermin from outside." See ICE FRS, Standard, Environmental Health and Safety, Section (A)(3).

identify an outdoor emergency assembly area (**Deficiency EHS-102**<sup>12</sup>).

*Corrective Action:* On February 8, 2022, the center revised the posted diagrams to include outdoor emergency assembly areas in English, Spanish, and Portuguese (**C-1**).

ODO inspected the living areas (8th, 9th, and 10<sup>th</sup> floors), the administration section (2nd floor), and intake and medical section (1st floor) and found the fire emergency exit diagrams did not identify "Areas of Safe Refuge" instructions (**Deficiency EHS-103**<sup>13</sup>).

*Corrective Action:* On February 8, 2022, the facility staff revised the posted diagrams to include "Areas of Safe Refuge" in English, Spanish, and Portuguese (**C-2**).

## **SECURITY**

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

ODO reviewed the center's SAAPI policy and found no requirement to cooperate with all audits and monitoring of center compliance with sexual abuse and assault policies and standards (**Deficiency SAAPI-9**<sup>14</sup>).

ODO reviewed the center's SAAPI policy and procedures and found the center did not fully comply with all SAAPI standard requirements within 90 days of the center's adoption of the SAAPI standard (**Deficiency SAAPI-11**<sup>15</sup>).

## **CARE**

### **HEALTH CARE (HC)**

ODO interviewed the health services administrator (HSA), reviewed [REDACTED] residents' medical records and sick call request records, and found [REDACTED] out of [REDACTED] medical records documented medical encounters for sick call requests; however, medical staff did not file the corresponding date- and time-stamped sick call requests in the medical records (**Deficiency HC-170**<sup>16</sup>).

*Corrective Action:* The HSA contacted the program manager of the medical record system Vision Link to make the adjustment. The center now has procedures to address sick call

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<sup>12</sup> "In addition to a general area diagram, the following information must be posted on emergency exit diagrams: ...  
• Outdoor emergency assembly area."

See ICE FRS, Standard, Environmental Health and Safety, Section (C)(5).

<sup>13</sup> "Areas of Safe Refuge" will be identified and explained on diagrams." See ICE FRS, Standard, Environmental Health and Safety, Section (C)(5).

<sup>14</sup> "A requirement to cooperate with all audits and monitoring of Center compliance with SAA policies and standards." See ICE FRS, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (A).

<sup>15</sup> "The Center Administrator will ensure that, within 90 days of the adoption of this standard, written policies and procedures are in place, and that the Center is in full compliance with its requirements and guidelines." See ICE FRS, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (A).

<sup>16</sup> "All written sick call requests will be date- and time-stamped and filed in the resident's medical record." See ICE FRS, Standard, Health Care, Section (T).



requests, dated and time-stamped, and filed in the resident’s medical record (C-3).

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 12 standards under FRS and found the facility in compliance with 8 of those standards. ODO found 9 deficiencies in the remaining 4 standards. ODO also found the center’s staff to be both knowledgeable and professional. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. A uniform corrective action plan was not required for RPHA as this was ODO’s first inspection of RPHA.

<b>Compliance Inspection Results Compared</b>	<b>Prior Inspection FY 2021</b>	<b>Current Inspection FY 2022 (FRS 2020)</b>
Standards Reviewed	N/A	12
Deficient Standards	N/A	4
Overall Number of Deficiencies	N/A	9
Repeat Deficiencies	N/A	N/A
Areas Of Concern	N/A	0
Corrective Actions	N/A	3
Facility Rating	N/A	Superior

