



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**

**Rio Grande Detention Center
Laredo, Texas**

January 25-28, 2021

COMPLIANCE INSPECTION
of the
RIO GRANDE DETENTION CENTER
Laredo, Texas

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	8
SECURITY	8
Funds and Personal Property	8
Use of Force and Restraints	8
CARE	8
Medical Care.....	8
CONCLUSION	9

COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead

Inspections and Compliance Specialist

Inspections and Compliance Specialist

Contractor

Contractor

Contractor

Contractor

ODO

ODO

ODO

Creative Corrections

Creative Corrections

Creative Corrections

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 Rio Grande Detention Center (RGDC) in Laredo, Texas, from January 25 to 28, 2021.¹ The facility opened in 2008 and is owned and operated by The Geo Group Inc. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at RGDC in 2014 under the oversight of ERO’s Field Office Director (FOD) in San Antonio (ERO San Antonio). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008.

ERO has assigned deportation officers and a detention services manager to the facility. An RGDC warden handles daily facility operations and is supported by ██████ personnel. The facility provides food services, Wellpath provides medical care, and Keefe provides commissary services at the facility. The facility was accredited by the American Correctional Association in June 2019 and the National Commission on Correctional Health Care in November 2020. In August 2020, RGDC 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 Detainee Bed Capacity ²	672
Average ICE Detainee Population ³	████
Male Detainee Population (as of 1/25/2021)	████
Female Detainee Population (as of 1/25/2021)	N/A

During its last inspection, in Fiscal Year (FY) 2020, ODO found 23 deficiencies in the following areas: Admission and Release (2); Classification System (5); Funds and Personal Property (7); Special Management Units (3); Staff-Detainee Communication (1); Use of Force and Restraints (2); Medical Care (1); and Sexual Abuse and Assault Prevention and Intervention (2).

¹ This facility holds male 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 January 25, 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 PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES

PBNDs 2008 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	0
Classification System	0
Facility Security and Control	0
Funds and Personal Property	1
Population Counts	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	2
Sub-Total	3
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	1
Suicide Prevention and Intervention	0
Sub-Total	1
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance System	0
Law Libraries and Legal Material	0
Sub-Total	0
Other Standards Reviewed	
Federal Performance-Based Detention Standards (FPBDS), Section A.7	0
Sub-Total	0
Total Deficiencies	4

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

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

Admission and Release: One detainee stated he was issued a Portuguese handbook; however, he requested a Spanish handbook and the facility had not provided him with a Spanish handbook.

- Action Taken: ODO informed a facility staff member of the detainee's request for a Spanish handbook. The detainee acknowledged receipt of the Spanish handbook on January 27, 2021.

Medical Care: One detainee stated he arrived at the facility with a fractured finger. The facility's medical staff took x-rays of his finger and recommended surgery; however, two-months have passed, and the facility's medical staff have not provided him with an update regarding his surgery.

- Action Taken: ODO reviewed the detainee's medical record and spoke with the facility's medical staff. ODO found the facility's medical staff evaluated the detainee's right fifth finger for pain on December 1, 2020, provided him with pain medication, and instructed him to return to sick call if needed. The detainee had requested another sick call appointment on December 7, 2020; however, he refused the appointment when it was scheduled. The facility's medical staff completed his health assessment on December 8, 2020, and referred the detainee for an x-ray of his right fifth finger due to deformity and pain. An x-ray taken on December 14, 2020, found a chronic dislocation of the tip of the right fifth finger and the facility's medical staff referred the detainee to an orthopedic surgeon. The orthopedic surgeon evaluated the detainee on December 28, 2020, confirmed the diagnosis of a chronic dislocation, and referred the detainee to a hand surgeon. The facility had not received authorization to schedule the appointment prior to the conclusion of the inspection.

Telephone Access: Multiple detainees stated the telephones have been malfunctioning the past few weeks.

- Action Taken: ODO spoke with the facility's chief of security, reviewed the telephone service provider's diagnostic reports for the detainee telephone system, the facility's weekly telephone maintenance log, and the facility's grievance log. Telephone serviceability records for the last three-months showed no serviceability issues with any of the telephones tested. ODO found 3 out of 80 detainee telephones listed in the weekly maintenance log required minor maintenance. The telephone service provider's diagnostic reports did not show any issues with the telephone system. Additionally, no detainees had submitted grievances regarding the telephones since ODO's last inspection of RGDC. Since this was a remote inspection, ODO was unable to physically test telephones during the inspection.

COMPLIANCE INSPECTION FINDINGS

SECURITY

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed photographs of the detainee housing units, interviewed the facility's property supervisor, and found metal storage compartments mounted under each detainees bunk; however, the storage compartments were not securable (**Deficiency F&PP-26⁶**).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed the audio-visual recording for the facility's only calculated UOF incident, which occurred since ODO's last inspection, and found UOF team members did not wear [REDACTED] (**Deficiency UOF&R-66⁷**).

ODO reviewed the facility's UOF&R policy and found the facility required after-action reports be completed within seven-days of the detainee's removal from restraints instead of two-working days, as required by the standard (**Deficiency UOF&R-145⁸**).

CARE

MEDICAL CARE (MC)

ODO reviewed 12 detainee medical files and found the clinical medical authority did not review the health screening forms in 9 out of 12 medical files (**Deficiency MC-84⁹**).

ODO reviewed the medical file for one detainee from Honduras, who was skin tested for Tuberculosis (TB) upon arrival to the facility and the TST (tuberculin skin test) was positive at 15mm. The facility's medical staff immediately conducted a chest x-ray, which was negative for active TB. The facility's medical staff did not offer the detainee any further treatment nor did they document the diagnosis of a positive TST or Latent TB in the detainee's medical file. The Centers for Disease Control has recommended people with a TST reaction of 10 or more millimeters, and who are from countries where TB is common, including Mexico, Philippines, Vietnam, India, China, Haiti, and Guatemala, or other countries with high rates of TB, receive treatment. The rate of TB infection in Honduras is 37/100,000, which is greater than the rate in any of the countries

⁶ "Every housing area shall have lockers or other securable space for storing detainees' authorized personal property. The amount of storage space shall correspond to the number of detainees assigned to that housing area." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(E).

⁷ "The technique usually involves [REDACTED]"

[REDACTED] Team members enter the detainee's area together and have coordinated responsibility for achieving immediate control of the detainee." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(I)(3).

⁸ "The After-Action Report is due within two working days of the detainee's removal from restraints." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(P)(2).

⁹ "The clinical medical authority shall be responsible for review of all health screening forms within 24 hours or next business day to assess the priority for treatment (for example, Urgent, Today, or Routine)." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(I)(1).

listed above. ODO cited this as an **Area of Concern**.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under PBNDS 2008, one standard under FPBDS, and found the facility in compliance with 16 of those standards. ODO found 4 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 (PBNDS 2008)	FY 2021 (PBNDS 2008)/ (FPBDS)
Standards Reviewed	17	19/1
Deficient Standards	8	3
Overall Number of Deficiencies	23	4
Repeat Deficiencies	2	0
Areas of Concern	0	1
Corrective Actions	0	0