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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**

June 11 – 13, 2019

**COMPLIANCE INSPECTION
of the
RIO GRANDE DETENTION CENTER
Laredo, Texas**

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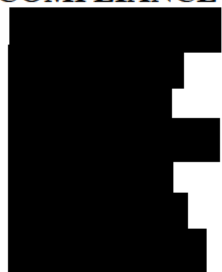
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COMPLIANCE INSPECTION TEAM MEMBERS



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| Inspections and Compliance Specialist | ODO |
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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 Rio Grande Detention Center (RGDC) in Laredo, Texas (TX), from June 11 to 13, 2019.¹ RGDC opened in August 2008 and is owned and operated by the GEO Group. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at RGDC in December 2014, under oversight of the ERO Field Office Director (FOD) in San Antonio, TX. The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008 and, through a contract modification, are signed onto the following PBNDS 2011 standards: Sexual Abuse and Assault Prevention and Intervention, Disability Identification, Assessment and Accommodation, and Significant Self-harm and Suicide Prevention and Intervention.

ERO has not assigned Deportation Officers (DOs) or a Detention Services Manager (DSM) to the facility. A Senior Warden is responsible for oversight of daily facility operations and is supported by █ personnel. The GEO Group provides food services and Wellpath provides medical care. The facility is accredited by the American Correctional Association (ACA) and the National Commission on Correctional Health Care.

| Capacity and Population Statistics | Quantity |
|--|----------|
| ICE Detainee Bed Capacity ² | 672 |
| Average ICE Detainee Population ³ | 609 |
| Male Detainee Population (as of 6/11/2019) | 625 |
| Female Detainee Population (as of 6/11/2019) | N/A |

ODO conducted its last inspection of the facility in 2015. During the last inspection, ODO reviewed 15 standards under PBNDS 2008 and found RGDC compliant with 11 standards. ODO found a total of four deficiencies in the remaining four standards: Food Service (1); Grievance System (1); Law Libraries and Legal Materials (1); and Special Management Units (1).

¹ This facility holds male detainees with low and medium low security classification levels for periods longer than 72 hours.

² Data Source: ERO Facility List Report as of June 26, 2019

³ *Ibid.*

FINDINGS BY PBNDS 2008 AND 2011 MAJOR CATEGORIES

| PBNDS 2008 STANDARDS INSPECTED ⁴ | DEFICIENCIES |
|---|--------------|
| Part 1 – Safety | |
| Environmental Health and Safety | 1 |
| Sub-Total | 1 |
| Part 2 – Security | |
| Admission and Release | 0 |
| Classification System | 0 |
| Funds and Personal Property | 1 |
| Special Management Units | 0 |
| Staff-Detainee Communication | 0 |
| Use of Force and Restraints | 1 |
| Sub-Total | 2 |
| Part 4 – Care | |
| Food Service | 3 |
| Medical Care | 0 |
| Medical Care (Women) | N/A |
| Personal Hygiene ⁵ | 1 |
| Sub-Total | 5 |
| Part 5 – Activities | |
| Recreation | 0 |
| Religious Practices | 1 |
| Telephone Access | 1 |
| Visitation | 1 |
| Sub-Total | 3 |
| Part 6 – Justice | |
| Detainee Handbook | 0 |
| Grievance System | 0 |
| Law Libraries and Legal Material | 0 |
| Sub-Total | 0 |
| PBNDS 2011 STANDARDS INSPECTED | |
| Disability Identification, Assessment and Accommodation | 1 |
| Sexual Abuse and Assault Prevention and Intervention | 1 |
| Significant Self-harm and Suicide Prevention and Intervention | 0 |
| Sub-Total | 2 |
| Total Deficiencies | 12 |

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

⁵ ICE PBNDS 2008, Standard, Personal Hygiene, Section (V) was not reviewed in its entirety.

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 more 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.⁶ ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies”.

For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components,” which are considered critical to facility security and the legal and civil rights of detainees. 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 order to aid in the decision-making processes to better allocate resources across the agency’s entire detention inventory.

⁶ ODO reviews the facility’s compliance with selected standards in their entirety.

DETAINEE RELATIONS

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

Medical Care: One detainee stated he hurt his wrist while doing pushups, that the pain persisted two months later, and that he had not received proper medical attention.

- **Action Taken:** ODO reviewed the detainee's medical file and discussed the detainee's concern with medical staff. ODO determined that on May 8, 2019, the detainee was seen by medical staff for left wrist pain. During the examination, no serious injuries or prior injuries were noted and the detainee was given 400mg of Ibuprofen to take three times per day for five days. On May 13, 2019, the detainee was seen again by medical staff for left wrist pain and was given 400mg of Motrin to take for five days. The detainee was seen a third time for left wrist pain on May 30, 2019 and was given 1000mg of Tylenol to take twice per day for ten days. ODO confirmed that the detainee was again seen by the doctor on June 13, 2019.

Medical Care: One detainee complained that medical staff gave him medication to treat a fungal infection on his right foot but that it did not work.

- **Action Taken:** ODO reviewed the detainee's medical record and determined the detainee was seen by a physician on June 7, 2019, for discomfort in his right foot and was issued an antifungal cream. Following his interview with ODO, the detainee was seen again on June 12, 2019, and was provided miconazole cream to apply to his foot for ten days.

Suicide Prevention and Intervention: One detainee stated he planned to commit suicide and had contemplated suicide while at the facility but decided not to carry out the action due to the facility's many lights and cameras. The detainee stated he would commit suicide upon his deportation to Ecuador.

- **Action Taken:** ODO immediately brought this detainee to the attention of the Warden and the Warden instructed facility staff to bring the detainee to the medical department. That same day, a Licensed Clinical Social Worker (LCSW) completed a thorough mental health history on the detainee and placed him on suicide watch, where he could be under constant watch and assessed by medical staff daily.

Staff-Detainee Communication: Several detainees complained that when officers of the opposite gender enter the housing units, they announce themselves quietly and only in Spanish.

- **Action Taken:** During the inspection, ODO observed officers announce themselves in both English and Spanish; however, the announcements were made over an intercom, which was difficult to hear over noise in the housing unit. ODO addressed this issue with facility staff, but they did not have an immediate solution for the problem.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO observed that although fire evacuation exit diagrams are strategically placed throughout the facility in English and Spanish, “areas of safe refuge” are not identified (**Deficiency EH&S-1⁷**). Areas of safe refuge are necessary on evacuation plans to guide detainees and staff to a safe place in the event of a fire emergency and to assist in the orderly evacuation of the area.

SECURITY

FUNDS AND PERSONEL PROPERTY (F&PP)

ODO found the facility detainee handbook does not inform detainees of the procedures to access detainee personal funds to pay for legal services or how to claim property upon release, transfer, or removal (**Deficiency F&PP-1⁸**).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

RGDC’s Sexual Abuse and Assault Prevention policy and procedures, *Sexual Abuse/Assault Prevention and Intervention Program (PREA) 1300.05*, were last revised by the facility on April 8, 2019 but were not reviewed and approved by the ERO Assistant Field Office Director (**Deficiency SAAPI-1⁹**).

- *Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action. The local ERO field office approved RGDC’s SAAPI policy and procedures (**C-1**).

USE OF FORCE AND RESTRAINTS (UOF&R)

RGDC maintains a log of all UOF incidents and ODO’s review of the log found there were two use of force incidents in the year preceding the inspection, both of which were calculated. ODO confirmed both incidents were video-recorded, cataloged, and maintained by facility staff. After-

⁷ “In addition to a general area diagram, the following information must be provided on signs: Instructions in English, Spanish and the next most prevalent language at the facility; ‘You Are Here’ markers on exit maps; and Emergency equipment locations. ‘Areas of Safe Refuge’ shall be identified and explained on diagrams. Diagram posting will be in accordance with applicable fire safety regulations of the jurisdiction.” See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VII)(E).

⁸ “The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including:…The procedure for claiming property upon release, transfer, or removal;…Access to detainee personal funds to pay for legal services.” See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(C).

⁹ “The facility’s written policy and procedures require the review and approval of the Field Office Director.” See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(A).

action reviews were completed by the after-action review committee in accordance with the standard and forwarded to ERO. ODO's review of the two audiovisual recordings of the use of force incidents found one was not recorded in the order outlined in the standard (**Deficiency UOF&R-1¹⁰**). Specifically, the team leader did not name the audiovisual camera operator during the introduction of the video.

CARE

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)

ODO found RGDC's facility detainee handbook does not notify or inform detainees about the facility's disability accommodation policy, including their right to request reasonable accommodations and how to make such a request. Additionally, during ODO's walk-through of the facility, no postings were observed in the housing or medical units pertaining to disability accommodation (**Deficiency DIA&A-1¹¹**).

- *Corrective Action:* Prior to completion of the inspection, the facility placed postings about the disability accommodation policy in each detainee housing unit and the medical unit (**C-2**).

FOOD SERVICE (FS)

ODO confirmed cooking equipment is properly installed and maintained in accordance with the National Sanitation Foundation (NSF) standards; however, the meat grinder located in the food preparation area of the kitchen was not equipped with an anti-restart device (**Deficiency FS-1¹²**). ODO observed that the grinder stops working when the electrical power is interrupted, but once power is restored, the equipment restarts automatically, which presents a significant safety hazard to staff and detainee workers.

- *Corrective Action:* Prior to completion of the inspection, the facility initiated corrective

¹⁰ "Calculated use-of-force incidents shall be audiovisually-recorded in the following order: 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 audiovisual camera operator and other staff present." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(I)(2)(1).

¹¹ "The facility orientation program required by standard 2.1, 'Admission and Release,' and the detainee handbook required by standard 6.1, 'Detainee Handbook,' shall notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request. The facility will post other documents for detainee awareness in detainee living areas and in the medical unit, as requested by the local ICE/ERO Field Office." See ICE PBNDS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section (V)(J).

¹² "Machines shall be guarded in compliance with OSHA standards: Fans within seven feet of the floor or work surface shall have blade guard openings no larger than two inches; Protective eye and face equipment shall be used, as appropriate, to avert risk of injury. Dangerous areas presenting such risks shall be conspicuously marked with eye-hazard warning signs; Safety shoes shall be worn in FSA-designated foot hazard areas; [REDACTED] shall be equipped with anti-restart devices; The maintenance manager shall provide ground fault protection wherever needed in the food service department and shall document this for the FSA." See ICE PBNDS 2008, Standard, Food Service, Section (V)(J)(12)(c).

action by installing an anti-restart device on the meat grinder (C-3).

ODO reviewed food service inspection reports and verified inspections are documented [REDACTED] by the Cook Supervisors and submitted to the maintenance department for repair of equipment and interior building-structure surfaces; however, ODO found that inspections by the safety manager, FSM, medical staff, and compliance manager are conducted [REDACTED] instead of [REDACTED] (Deficiency FS-2¹³).

ODO's inspection of the kitchen walk-in freezer found the unit is equipped with an interior lock release mechanism, which is fully operational. However, the configuration of the [REDACTED] [REDACTED] used to secure the freezer door impedes egress [REDACTED] (Deficiency FS-3¹⁴). National safety regulations and life safety fire codes stipulate all locks to walk-in coolers/freezers be equipped with emergency release mechanisms to ensure food service workers can exit safely without obstruction.

- *Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action by modifying the [REDACTED] configuration to allow the freezer door to open completely and without impairment (C-4).

MEDICAL CARE (MC)

ODO notes as a **Best Practice** that RGDC makes tablets available for detainee use in every housing unit. Detainees may use the tablet to access both English and Spanish health education materials produced by Correct Care Solutions (CCS) via a direct link to the CCS Patient Educational Network. The tablets may also be used for ordering items from the commissary and submitting non-medical requests to facility staff.

PERSONEL HYGIENE (PH)

At the time of the inspection, RGDC had two dedicated housing units for ICE detainees and each housing unit had four pods. ODO found each pod contained 84 beds plus an additional 13 cots, which were added to accommodate additional detainees. Because of the added cots, RGDC did not meet the recognized standards of hygiene for the minimum shower-, sink-, and toilet-to-detainee ratio at the time of inspection (Deficiency PH-1¹⁵). With the additional cots, each of the

¹³ "The facility shall implement written procedures requiring administrative, medical, and/or dietary personnel to conduct the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas." See ICE PBNDS 2008, Standard, Food Service, Section (V)(J)(13).

¹⁴ "Refrigeration units shall be kept under lock and key when not in use. Walk-in boxes shall be equipped with safety locks that require no more than 15 pounds of pressure to open easily from the inside. If latches and locks are incorporated in the door's design and operation, the interior release mechanism must open the door with the same amount of pressure even when locks or bars are in place. Whether new or used, the inside lever of a hasp-type lock must be able to disengage locking devices and provide egress. The FSA, along with the Safety Manager, shall review the walk-in freezer(s) and refrigerator(s) to ensure that they operate properly." See ICE PBNDS 2008, Standard, Food Service, Section (V)(K)(8).

¹⁵ "Detainees shall be provided: An adequate number of toilets 24 hours per day that can be used without staff assistance when detainees are confined to their cells or sleeping areas. ACA Expected Practice 4-ALDF-4B-08

eight detainee housing pods requires an additional two toilets, one sink, and one shower.

ACTIVITIES

RELIGIOUS PRACTICES (RP)

ODO interviewed the Associate Warden and learned the Chaplain position at RGDC had been vacant for approximately 18 months at the time of the inspection. In the interim, the Warden designated a recreation specialist to serve as the acting Chaplain in a full-time capacity. ODO found the acting Chaplain does not have the minimum qualifications of clinical pastoral education or specialized training and endorsement by the appropriate religious-certifying body. The acting Chaplain also cannot provide pastoral care and counseling to detainees who request it, through both group programs and individual services (**Deficiency RP-1¹⁶**). ODO interviewed the human resource manager, who stated RGDC was actively seeking to fill the Chaplain position with a qualified candidate.

TELEPHONE ACCESS (TA)

ODO found that RGDC imposes a 15-minute time limit on all telephone calls, including those to a legal representative (**Deficiency TA-1¹⁷**).

ODO notes as an **Area of Concern** that although, in practice, detainees have reasonable and equitable access to telephones at RGDC, RGDC's policy and procedure on telephone access is misleading in that it states detainees are permitted only one 15-minute phone call per day.

VISITATION (V)

ODO found that although RGDC has general visitation hours on Saturday from 3:00 p.m. to 7:00 p.m. and Sunday, Monday, and holidays from 8:00 a.m. to 3:00 p.m., these hours are not addressed in the RGDC detainee handbook (**Deficiency V-1¹⁸**).

requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees. For males, urinals may be substituted for up to one-half of the toilets. All housing units with three or more detainees must have at least two toilets; An adequate number of washbasins with temperature controlled hot and cold running water 24 hours per day. ACA Expected Practice 4-ALDF-4B-08 requires one washbasin for every 12 detainees; Operable showers that are thermostatically controlled to temperatures between 100- and 120-degrees Fahrenheit, to ensure safety and promote hygienic practices. ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees." See ICE PBNDS 2008, Standard, Personal Hygiene, Section (V)(E).

¹⁶ "A chaplain shall have the minimum qualifications of clinical pastoral education or equivalent specialized training, and endorsement by the appropriate religious-certifying body. He or she shall be available to provide pastoral care and counseling to detainees who request it, both through group programs and individual services." See ICE PBNDS 2008, Standard, Religious Practices, Section (V)(C).

¹⁷ "A facility may neither restrict the number of calls a detainee places to his/her legal representatives nor limit the duration of such calls by rule or automatic cut-off, unless necessary for security purposes or to maintain orderly and fair access to telephones. If time limits are necessary for such calls, they shall be no shorter than 20 minutes, and the detainee shall be allowed to continue the call at the first available opportunity if desired." See ICE PBNDS 2008, Standard, Telephone Access, Section, (V)(F)(1).

¹⁸ "Each facility shall: Provide written notification of visitation rules and hours in the Detainee Handbook or local

CONCLUSION

During this inspection, ODO reviewed the facility's compliance with 17 standards under the ICE PBNDS 2008 and three standards under the ICE PBNDS 2011 (SAAPI, DIA&A, and SSH&SPI) and found the facility compliant with 10 standards. ODO found 12 deficiencies in the remaining 10 standards. Although ODO did not inspect the Personal Hygiene standard in its entirety, ODO observed one deficiency in the standard during the course of the inspection, which is cited in this report.

ODO noted one **Area of Concern** pertaining to the verbiage of RGDC's telephone access policy, which states detainees are limited to one 15-minute phone call per day.

ODO noted the facility's use of tablets with which detainees may submit requests, order commissary items, and access education materials as a **Best Practice**.

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

| Compliance Inspection Results Compared | FY 2015 (PBNDS 2008) | FY 2018 (PBNDS 2008/2011) |
|---|---------------------------------|--------------------------------------|
| Standards Reviewed | 15 | 20 |
| Deficient Standards | 4 | 10 |
| Overall Number of Deficiencies | 4 | 12 |
| Deficient Priority Components | 0 | 0 |
| Corrective Actions | 2 | 4 |

supplement given each detainee upon admission, and post those rules and hours where detainees can easily see them. In SPCs and CDFs, that information shall be posted in each housing unit." See ICE PBNDS 2008, Standard, Visitation, Section (V)(C).