



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
Follow-Up/Interim Compliance Inspection
2023-002-143**

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

**Rio Grande Detention Center
Laredo, Texas**


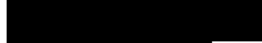
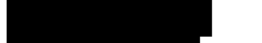
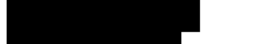
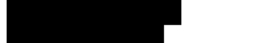
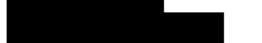
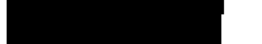

June 13-15, 2023

FOLLOW-UP/INTERIM COMPLIANCE INSPECTION
of the
RIO GRANDE DETENTION CENTER
Laredo, Texas

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FOLLOW-UP/INTERIM COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	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 follow-up/interim compliance inspection of the Rio Grande Detention Center (RGDC) in Laredo, Texas, from June 13 to 15, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of RGDC from December 13 to 15, 2022. The facility opened in 2008 and is owned and operated by The Geo Group Inc. (GEO). 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 in Harlingen (ERO Harlingen). ICE is an authorized user of this facility under a United States Marshals Service (USMS) intergovernmental agreement contract, which does not specify an ICE National Detention Standard (NDS), and ODO inspected to the NDS listed on the ERO Facility List as of June 12, 2023. RGDC was inspected against NDS 2019.²

[REDACTED] A warden handles daily facility operations and manages [REDACTED] support personnel. GEO provides food services and medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in June 2019 and National Commission on Correctional Health Care in November 2020.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ³	[REDACTED]
Average ICE Population ⁴	[REDACTED]
Adult Male Population (as of June 13, 2023)	[REDACTED]
Adult Female Population (as of June 13, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 2 deficiencies in the following areas: Classification System (1) and Key and Lock Control (1).

¹ This facility holds male detainees with low, medium-low, medium-high, and high security classification levels for periods greater than 72 hours.

² On April 11, 2023, RGDC modified their contract with the USMS, which removed PBNDS 2008 from the contract. ERO Custody Management updated the ERO Facility List to reflect NDS 2019 as the standard for inspection purposes.

³ Data Source: ERO Facility List as of June 12, 2023.

⁴ *Ibid.*

FOLLOW-UP/INTERIM 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.

Follow-Up/Interim Compliance Inspections focus on facilities that changed their contractually required ICE National Detention Standards (i.e., from NDS 2000 to NDS 2019) following their first ODO inspection of the FY. ODO will conduct a complete review of several core standards, in accordance with the facility's new contractually required ICE National Detention Standards, which may 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. 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.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Use Of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	1
Sub-Total	1
Part 4 - Care	
Food Service	0
Medical Care	0
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	2
Terminal Illness and Death	0
Sub-Total	2
Part 5 - Activities	
Recreation	0
Telephone Access	1
Visitation	0
Sub-Total	1
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	4

⁵ For greater detail on ODO's findings, see the *Follow-up/Interim 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 22 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.

Admission and Release: One detainee stated he signed for receipt of four shirts; however, the facility did not provide him with the shirts.

- Action Taken: On June 14, 2023, the facility's compliance coordinator reviewed the detainee's property, found the detainee signed for all property issued at intake, including four shirts. The compliance coordinator contacted laundry services and re-issued four shirts to the detainee.

Funds and Personal Property: One detainee stated the facility lost his burgundy and black backpack that contained his passport.

- Action Taken: On June 13, 2023, ODO spoke to facility staff who provided a copy of the detainee's property receipt, which did not include a burgundy and black backpack nor the detainee's passport. ODO contacted ERO Harlingen who confirmed they did not have the detainee's backpack nor passport but would check with the U.S. Border Patrol to see if they have it. On June 15, 2023, ODO followed up with ERO Harlingen who confirmed the U.S. Border Patrol did not have the detainee's backpack nor passport. ODO also followed up with the facility and found the intake staff located the backpack in the property room, but the backpack was not burgundy and black as described by the detainee. ODO found the intake staff removed the passport from the backpack and stored the passport in the facility's property vault instead making a copy for the detainee's detention file and turning the original passport over to ERO Harlingen, which ODO cited as deficiencies in the *Admission and Release* and *Funds and Personal Property* sections of this report. ODO requested the facility provide the detainee with an updated property form. ODO confirmed with the detainee the facility corrected the property form and ODO witnessed the detainee sign and receive a copy of the property form.

Medical Care: One detainee stated a mental health provider never followed-up with him after his only mental health visit.

- Action Taken: ODO interviewed the facility's health services administrator (HSA) who conducted a medical records review and found the detainee arrived at the facility on March 8, 2023. On March 9, 2023, the licensed practical nurse (LPN) completed his initial examination noting no mental health issues. On March 15, 2023, the registered nurse (RN) completed the detainee's 14-day examination noting the detainee denied any history of mental health issues, hospitalizations, or psychiatric medication. On June 1, 2023, the mental health professional examined the detainee for depression, noting the detainee had adjustment disorder with depressed mood, which did not require a psychiatrist referral. On June 14, 2023, and at ODO's request, a facility

mental health professional examined the detainee, noted the detainee was depressed and referred the detainee to a psychiatrist. In August 2023, ERO Harlingen released this detainee from custody and ODO was unable to confirm if the detainee met with a psychiatrist prior to his release.

Medical Care: One detainee stated he was suffering from debilitating headaches and the medicine the facility's medical staff provided was not sufficient to help.

- Action Taken: ODO interviewed the facility's HSA who conducted a medical records review and found the detainee arrived at the facility on May 2, 2023, and the LPN conducted his initial exam and continued a 30-day prescription of Naproxen, 500mg, 1 tablet, twice daily, for head pain. On May 5, 2023, the RN conducted the detainee's 14-day examination, noting a history of migraine headaches resulting from a fall, noting the pain was at zero during the examination. The HSA noted one instance where the detainee refused pill call on May 8, 2023. On June 1, 2023, the detainee placed a sick call request for a prescription refill. On June 3, 2023, the detainee refused sick call and signed a refusal. The HSA noted the detainee never requested sick call again. On June 14, 2023, and at ODO's request, the LPN examined the detainee, noting the detainee did not want to wait in medical and asked to go to the housing unit. The LPN prescribed 30-days of Ibuprofen, 600mg, 1 tablet, twice daily. The LPN educated the detainee to return to sick call if his headaches worsen.

FOLLOW-UP/INTERIM COMPLIANCE INSPECTION FINDINGS

SECURITY

STAFF-DETAINEE COMMUNICATION (SDC)

ODO observed nine housing units and found in nine out of nine housing units, the facility did not provide contact information for ICE/ERO nor the scheduled hours and days that detainees can contact ERO Harlingen staff. Specifically, the facility only provided detainees with the names of the deportation officers who visit the facility weekly (**Deficiency SDC-22⁷**).

CARE

FOOD SERVICE (FS)

ODO interviewed the food service administrator, inspected the food service refrigeration units on June 14, 2023, and observed the sallyport freezer's internal temperature was 19 Fahrenheit (F) degrees. ODO then reviewed the refrigeration temperature logs for the previous 2 days and found

⁷ "The facility shall provide contact information for ICE/ERO and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility." See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (I)(C)(4).

staff recorded the temperatures for the freezer at 8 F degrees. The facility's policies, Safe and Secure Food Storage, and Inspections of the Food Service Department, state freezer temperatures must be maintained at zero degrees or below. Upon ODO's observation of the freezer and review of the logs, facility staff removed all food items from the freezer, placed the food in a different freezer that was maintained at zero degrees and submitted a work order to repair the sallyport freezer. The NDS 2019 Food Service standard only requires food service staff to check freezer equipment temperatures and record the results, they do not specify a maximum temperature for the facility's freezers. ODO noted this observation as an **Area of Concern**.

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

ODO reviewed the medical records and suicide watch logs of 10 detainees placed on continuous monitoring during the inspection period and found on the suicide watch logs for 1 out of 10 detainees, 3 instances where staff documented monitoring between 16 and 17 minutes (**Deficiency SSHSPI-21⁸**). **This is a priority component.**

ODO reviewed the medical records and suicide watch logs of 10 detainees placed on continuous monitoring during the inspection period and found on the suicide watch logs for 1 out of 10 detainees, 3 instances where staff documented checks at intervals between 16 and 17 minutes (**Deficiency SSHSPI-27⁹**).

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO reviewed detainee telephone access at the facility and found the facility imposed an automatic cut-off on legal calls at 15 minutes (**Deficiency TA-24¹⁰**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under NDS 2019 and found the facility in compliance with 14 of those standards. ODO found four deficiencies in the remaining three standards. Since RGDC's last full inspection in December 2022, the facility has shown steady improvement; however, ODO notes this was the first inspection of RGDC under the NDS 2019 standards since the facility modified their contractual requirement, removing reference to the Performance-Based National Detention Standards (PBNDS) 2008. The standards

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).

⁹ "The monitoring shall consist of staggered checks at intervals not to exceed 15 minutes." *See* ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(F).

¹⁰ "The facility shall not restrict the number of calls a detainee place to his or her legal representatives or to obtain representation. Similarly, the facility shall not 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, if desired, at the first available opportunity." *See* ICE NDS 2019, Standard, Telephone Access, Section (II)(F).

ODO found deficient were Staff-Detainee Communication, Significant Self-Harm and Suicide Prevention and Intervention, and Telephone Access, which RGDC did not have deficiencies in during the last full inspection, when ODO inspected those standards against the PBNDS 2008. ERO Harlingen provided ODO with the UCAP for ODO’s last inspection of RGDC on February 14, 2023, which likely resolved the previous deficiencies ODO cited. ODO recommends ERO Harlingen continue to work with the facility to resolve the remaining deficiencies in accordance with the contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNDS 2008)	FY 2023 Follow-Up/Interim Inspection (NDS 2019)
Standards Reviewed	23	17
Deficient Standards	2	3
Overall Number of Deficiencies	2	4
Priority Component Deficiencies	0	1
Repeat Deficiencies	0	0
Areas Of Concern	0	1
Corrective Actions	0	0
Facility Rating	Superior	N/A