



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

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Office of Detention Oversight  
Compliance Inspection

Enforcement and Removal Operations  
ERO San Antonio Field Office

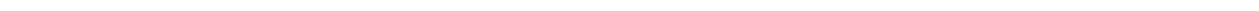
Webb County Detention Center  
Laredo, Texas

April 5-8, 2021

**COMPLIANCE INSPECTION  
of the  
WEBB COUNTY DETENTION CENTER  
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 Webb County Detention Center (WCDC) in Laredo, Texas, from April 5 to 8, 2021.<sup>1</sup> The facility opened in 1998 and is owned and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at WCDC in 2018 under the oversight of the ERO Field Office Director (FOD) in San Antonio (ERO San Antonio). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers to the facility. A WCDC warden handles daily facility operations and manages █████ support personnel. Trinity Food Service provides food services, and CCA provides medical care. The American Correctional Association accredited the facility in January 2020. In August 2019, WCDC underwent an audit for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and received DHS PREA certification.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	499
Average ICE Detainee Population <sup>3</sup>	█████
Male Detainee Population (as of March 29, 2021)	█████
Female Detainee Population (as of March 29, 2021)	█████

During its last inspection, in Fiscal Year (FY) 2020, ODO found 5 deficiencies in the following areas: Environmental Health and Safety (1); Special Management Units (1); Medical Care (2); and Significant Self-harm and Suicide Prevention and Intervention (1).

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

<sup>2</sup> Data Source: ERO Facility List Report as of March 29, 2021.

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

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.

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

**FINDINGS BY PERFORMANCE-BASED NATIONAL  
DETENTION STANDARDS 2011 (REVISED 2016)  
MAJOR CATEGORIES**

<b>PBNDS 2011 (Revised 2016) Standards Inspected<sup>5</sup></b>	<b>Deficiencies</b>
<b>Part 1 – Safety</b>	
Emergency Plans	0
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 – Security</b>	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Population Counts	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 – Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 5 – Activities</b>	
Religious Practices	0
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Grievance Systems	3
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>3</b>
<b>Total Deficiencies</b>	<b>3</b>

<sup>5</sup> 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 the COVID-19 pandemic protocol. As such, the detainee interviews were conducted via telephone.

*Food Service/Medical Care:* Two detainees stated the facility approved them to receive a medical diet, but the facility had not provided them with the approved meal items as required.

- Action Taken: For the first detainee, ODO reviewed the diet roster for April 6, 2021, interviewed the food service director, and found the facility approved a medical diet for the detainee on February 14, 2021. The food service director informed ODO the facility provided the meals and snacks to the detainee since the approval date as per guidelines approved by the registered dietician. On April 8, 2021, the WCDC medical staff met with the detainee to discuss his prescribed diet and the procedure to notify staff if he did not receive the required dietary items.

For the second detainee, ODO interviewed the health services administrator and found the facility medical staff recommended a therapeutic diet for insulin dependence; however, on February 5, 2021, the detainee refused the diet and signed a Refusal to Accept Medical Treatment Form (Form 13-49B). On April 6, 2021, the facility again offered the therapeutic diet to the detainee, and he refused. The detainee also refused to sign the Form 13-49B; two facility witnesses signed the form in lieu of the detainee.

## COMPLIANCE INSPECTION FINDINGS

### JUSTICE

#### GRIEVANCE SYSTEM (GS)

ODO reviewed the facility's grievance policy and found it did not include a procedure to track nor log all ICE detainee grievances separately from other facility populations (**Deficiency GS-2<sup>6</sup>**).

ODO reviewed the facility's handbook and found the grievance section did not inform detainees of the opportunity to file a complaint with Department Homeland Security Office of Inspector General about physical, sexual, or civil rights violations (**Deficiency GS-18<sup>7</sup>**).

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<sup>6</sup> "Each facility shall have written policy and procedures for a detainee grievance system that: ...

2. establishes a procedure to track or log all ICE detainee grievances separately from other facility populations." See ICE PBNDS 2011, Standard, Grievance System, Section (V)(A)(2).

<sup>7</sup> "The facility shall provide each detainee, upon admittance, a copy of the detainee handbook and local supplement (see also standard "6.1 Detainee Handbook"), in which the grievance section provides notice of the following: ...

8. The opportunity at any point to file a complaint directly to the Department of Homeland Security (DHS)

ODO reviewed two detainee medical files and found the facility did not maintain medical grievances in the detainee’s medical file (**Deficiency GS-78<sup>8</sup>**).

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 21 standards under PBND 2011 (Revised 2016) and found the facility in compliance with 20 of those standards. ODO found three deficiencies in the remaining one standard. 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.

<b>Compliance Inspection Results Compared</b>	<b>FY 2020 (PBND 2011) (Revised 2016)</b>	<b>FY 2021 (PBND 2011) (Revised 2016)</b>
Standards Reviewed	19	21
Deficient Standards	4	1
Overall Number of Deficiencies	5	3
Repeat Deficiencies	1	0
Areas of Concern	1	0
Corrective Actions	0	0

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OIG about staff misconduct, physical or sexual abuse or civil rights violations; complaints may be filed by calling the DHS OIG Hotline at 800-323-8603 or by writing to: Department of Homeland Security Attn: Office of the Inspector General Washington, DC 20528.” See ICE PBND 2011, Standard, Grievance System, Section (V)(B)(8).

<sup>8</sup> “Medical grievances shall be maintained in the detainee’s medical file.” See ICE PBND 2011, Standard, Grievance System, Section (V)(D).