



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

**Office of Detention Oversight
Follow-Up Compliance Inspection**

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

**Webb County Detention Center (CCA)
Laredo, Texas**


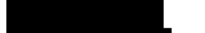
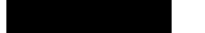
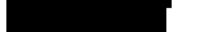
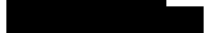



August 16-18, 2022

FOLLOW-UP COMPLIANCE INSPECTION
of the
WEBB COUNTY DETENTION CENTER (CCA)
Laredo, Texas

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Inspections and Compliance Specialist	ODO
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	Section Chief	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 compliance inspection of the Webb County Detention Center (CCA) (WCDC) in Laredo, Texas, from August 16 to 18, 2022.¹ This inspection focused on the standards found deficient during ODO’s last inspection of WCDC from February 14 to 17, 2022. 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 ERO’s Field Office Director (FOD) in Harlingen (ERO Harlingen). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has no staff assigned to the facility. A warden handles daily facility operations and manages [REDACTED] support personnel. Trinity Services provides food services, and CoreCivic provides medical care and commissary services at the facility. The facility was accredited by the American Correctional Association in January 2020 and the National Commission on Correctional Health Care in October 2021. In November 2019, WCDC 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 Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of August 16, 2022)	[REDACTED]
Adult Female Population (as of August 16, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2022, ODO found one deficiency in the following area: Detention Files (1).

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

² Data Source: ERO Facility List as of August 15, 2022.

³ *Ibid.*

FOLLOW-UP 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.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, 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. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

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

PBNDs 2011 (Revised 2016) Standards Inspected ^{4,5}	Deficiencies
Part 1 – Safety	
Emergency Plans	0
Environmental Health and Safety	3
Sub-Total	3
Part 2 – Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	3
Funds and Personal Property	2
Special Management Units	1
Staff-Detainee Communication	2
Use of Force and Restraints	0
Sub-Total	8
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Personal Hygiene ⁶	1
Significant Self-harm and Suicide Prevention and Intervention	1
Sub-Total	2
Part 5 – Activities	
Recreation	3
Telephone Access	6
Sub-Total	9
Part 6 – Justice	
Grievance System	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	1
Sub-Total	1
Total Deficiencies	23

⁴ For greater detail on ODO's findings, see the *Follow-up Inspection Findings* section of this report.

⁵ 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.

⁶ The deficiency cited under Personal Hygiene standard was identified during the inspection, the Personal Hygiene standard was not reviewed in its entirety.

DETAINEE RELATIONS

ODO interviewed 24 detainees, who each voluntarily agreed to participate. One detainee made an allegation of mistreatment. Most detainees reported satisfaction with facility services except for the concerns listed below.

Correspondence and Other Mail: Three detainees stated the facility picks up the mail twice per week but not consistently.

- Action Taken: On August 18, 2022, ODO interviewed the WCDC mail clerk, and the mail clerk confirmed mail pickup in the mornings but could not give a specific time. The mail clerk also stated that staff enter the date of pickup in the logbook at each post, covering several housing units. ODO reviewed three housing unit logbooks, including the interviewed detainees' housing unit logbook, and found only one entry for mail pickup, specifically, at 6:40 a.m., August 18, 2022. ODO noted this as an **Area of Concern** in the *Correspondence and Other Mail* section of this report.

Medical Care: One detainee stated he received an incorrect diagnosis for kidney stones.

- Action Taken: ODO interviewed the WCDC health services administrator (HSA) and confirmed medical staff submitted a referral to ERO Harlingen for a renal ultrasound after a WCDC physician examined the detainee for pain in his groin on July 28, 2022. On August 1, 2022, ERO Harlingen approved the request, and the detainee completed his ultrasound appointment on August 4, 2022. A WCDC physician met with the detainee on August 9, 2022, and again on August 15, 2022, to review the ultrasound results and confirm the detainee's kidney stones. The physician prescribed pain medication and a more specific medication designed to help pass kidney stones. On August 17, 2022, the medical staff re-evaluated the detainee's treatment plan.

Medical Care: One detainee stated she required surgery to correct her blurred vision but had not been scheduled for a follow-up appointment.

- Action Taken: ODO met with the HSA and the infection control nurse and confirmed an off-site optometrist's diagnosis of retinal detachment, scarring, and trauma to both eyes during a scheduled examination on August 10, 2022. On August 15, 2022, medical staff took a blood sample from the detainee to determine the amount of protein and to test for syphilis. On August 22, 2022, the facility received the test results, confirming a normal protein level and no syphilis. The facility medical staff scheduled the detainee for another off-site optometrist appointment, but ERO Harlingen released her from ICE custody and the facility released her from the facility prior to the facility's medical staff submitting the medical referral request to ICE Health Services Corps for approval.

Medical Care: One detainee stated no improvement with his current treatment by a WCDC dentist for bleeding gums.

- Action Taken: ODO interviewed the HSA and confirmed the dentist prescribed a 10-day chlorhexidine mouthwash treatment after diagnosing the detainee with a moderate amount of plaque and inflamed gum tissue on July 5, 2022. The staff also informed the detainee to return to sick call if his gums continued to bleed after the completion of the mouthwash treatment. On August 16, 2022, the dentist examined the detainee and still found a moderate amount of plaque with inflamed gum tissue. The dentist prescribed another 10-day chlorhexidine mouthwash treatment and told the detainee to return to sick call if the symptoms persisted.

Medical Care: One detainee stated she did not read well and needed another detainee to read parts of the WCDC detainee handbook to her.

- Action Taken: ODO interviewed the intake officer and a facility nurse and confirmed a detainee must first verbally state a need for reading services before receiving assistance. The nurse stated the staff would contact a case manager to assist with such requests. On August 18, 2022, ODO requested the facility to assign a case worker to the detainee. ODO confirmed the case worker met with the detainee and assisted in reading to her the ICE National Detainee Handbook and the WCDC detainee handbook.

Medical Care: One detainee stated he had not received a scheduled appointment from the medical staff for a tooth extraction.

- Action Taken: ODO interviewed the HSA and confirmed a facility dentist prescribed the detainee pain medication after examining him on July 19, 2022. The dentist recommended removal of the tooth, but the detainee refused. On August 1, 2022, the dentist examined the detainee again after the pain worsened and recommended extraction by an off-site dentist because the facility dental chair was unserviceable. Medical staff submitted a dental request to ICE Health Service Corps and scheduled an appointment for September 26, 2022. On August 17, 2022, the dentist re-evaluated the tooth and informed the detainee of his upcoming appointment.

Recreation: Three detainees stated they have had no outdoor recreation since mid-August.

- Action Taken: ODO met with the WCDC recreation specialist and reviewed the recreation logbook. WCDC conducts recreation for 1 hour, 7 days a week, as per ERO's Pandemic Response Requirements. The facility posted the recreation schedule online, which the detainees could access from the tablets in their housing units. The detainees participated in recreation time on August 12 and 13, 2022. The facility canceled recreation from August 14 to 17, 2022 due to severe weather and its effects. ODO observed the detainees recreating outside on August 18, 2022.

Staff-Detainee Communication: One detainee stated a WCDC lieutenant threatened to write him up if the detainee filed a grievance on the lieutenant.

- Action Taken: ODO interviewed the WCDC assistant warden, reviewed the detainee’s detention file and facility investigation report, and confirmed the detainee spoke to an ERO Harlingen deportation officer (DO) on July 22, 2022, about the WCDC lieutenant’s alleged threat. The Harlingen DO reported the alleged incident to WCDC leadership who in turn initiated an investigation. The WCDC assistant warden spoke with the lieutenant, and the lieutenant stated he advised detainees to follow WCDC rules and to maintain cleanliness of the housing unit. On July 22, 2022, the assistant warden counseled the lieutenant to speak to the detainees in a positive and respectful tone. On the same day, WCDC staff concluded the investigation as an unfounded allegation and submitted all documents to ERO Harlingen. ODO was unable to determine if ERO Harlingen staff reported the alleged incident to the Joint Intake Center (JIC) and following the inspection, notified the JIC about the allegation of staff misconduct.

Telephone Access: One detainee stated the speed dial number for the Office of Civil Rights and Civil Liberties (CRCL) did not work.

- Action Taken: ODO interviewed the WCDC case manager in charge of telephone access and confirmed the CRCL requested to be removed from the direct call list. WCDC provided documentation from the telephone service contractor, Talton Communications, to confirm CRCL’s deletion from the direct call list. On August 18, 2022, WCDC provided the detainee with a direct call number for CRCL.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO toured all areas of the facility to include 14 housing units, and found unclean furniture and fixtures. Specifically, ODO found five bunk bedframes and one common-area table with dark stains and discarded newspapers and magazines. Additionally, ODO found an expended ketchup packet on one bedframe and a discarded face mask on the adjacent bedframe (**Deficiency EHS-15⁷**).

ODO toured and inspected all hazardous storage areas at WCDC and did not find a current hazardous substances inventory at all storage areas. Specifically, ODO found no inventory of substances on hand in the barbershop storage area for clipper oil, Clippercide spray, and

⁷ “Furniture and fixtures shall be cleaned daily.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(A)(3)(c).

Barbicide disinfectant (**Deficiency EHS-39⁸**).

ODO toured and inspected all storage areas for toxic and caustic substances and found staff did not return unused substances to their original containers or to another labeled container within the storage area. Specifically, ODO found five unlabeled spray bottles in the janitorial closet that staff confirmed as containing neutral sanitizer, a toxic and caustic substance (**Deficiency EHS-71⁹**).

SECURITY

FACILITY SECURITY AND CONTROL (FSC)

ODO interviewed WCDC staff, observed the visitor's logbook, and found the staff did not record the noncitizen number of the detainee visited nor the address and relationship of the visitor (**Deficiency FSC-25¹⁰**).

ODO interviewed the WCDC staff and found WCDC did maintain a visitor's logbook; however, WCDC did not require a visitor to print nor sign the logbook. The facility required the visitor to sign only the WCDC rules form (**Deficiency FSC-26¹¹**).

ODO interviewed WCDC staff members and found they did check driver's licenses and identification of the driver prior to entering the WCDC secure perimeter; however, facility staff did not hold the driver's license nor identification while the driver was on facility grounds (**Deficiency FSC-58¹²**).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO interviewed the WCDC intake supervisor, observed detainee luggage and property bags in the property room, and found the facility did not secure all detainee luggage and WCDC containers for storage of personal property in a tamper-resistant manner. Specifically, ODO observed 32 out of 214 unsecured detainee bags (backpacks, duffle bags, cloth totes, and plastic bags) in the property room (**Deficiency FPP-84¹³**).

⁸ "Every area shall maintain a current inventory of the hazardous substances (e.g., flammable, toxic or caustic) used and stored there." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(B)(3).

⁹ "Staff shall either return unused amounts to the original container(s) or, under certain circumstances, to another suitable, clearly labeled container within the storage area." See ICE PBNDS 2011(Revised 2016), Standard, Environmental Health and Safety, Section (V)(B)(8)(c).

¹⁰ "The entry for a person visiting a detainee shall also include the name and A-number of the detainee being visited, and the address and relationship to the detainee." See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(C)(1)(b)(3).

¹¹ "The post officer shall require the visitor to print and sign his/her name in the visitor logbook." See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(C)(1)(b)(3).

¹² "While the driver is within the facility's secure perimeter, the officer shall hold the driver's license or identification of every person entering the facility, as specified under the "Visitor Passes" section in this standard." See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(C)(2)(a).

¹³ "All detainee luggage and facility containers used for storing detainee personal property shall be secured in a tamper-resistant manner." See ICE PBNDS 2011(Revised 2016), Standard, Funds and Personal Property, Section

ODO interviewed the WCDC intake supervisor, observed detainee luggage and property bags in the property room, and found the facility did not secure all detainee luggage and WCDC containers for storage of personal property in a tamper-resistant manner (e.g., by a tamper-proof and numbered tie strap). Specifically, ODO observed 32 out of 214 unsecured detainee bags (backpacks, duffle bags, cloth totes, and plastic bags) in the property room (**Deficiency FPP-97¹⁴**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed eight detainee disciplinary segregation (DS) files and found in eight out of eight files, no completed written orders. Specifically, the chair of the institution's disciplinary panel did not sign the orders before placing them into the DS files (**Deficiency SMU-64¹⁵**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed █ detainee detention files and found in █ out of █ files, the staff did not enter the detainees' request forms into the detainee request log maintained by ERO Harlingen (**Deficiency SDC-19¹⁶**).

ODO reviewed █ detainee detention files and found in █ out of █ files, the staff did not file the detainees' request forms into their files (**Deficiency SDC-21¹⁷**).

CARE

PERSONAL HYGIENE (PH)

During the tour of WCDC, ODO observed female detainee housing units with uncovered windows. Specifically, facility staff did not cover the windows of female detainee housing units to provide privacy from male staff (**Deficiency PH-42¹⁸**).

(V)(I).

¹⁴ "All detainee luggage and facility containers used for storing detainee personal property shall be secured in a tamper-resistant manner (e.g., by a tamperproof numbered tie strap)." See ICE PBNDS 2011(Revised 2016), Standard, Funds and Personal Property, Section (V)(I).

¹⁵ "A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed into disciplinary segregation." See ICE PBNDS 2011 (Revised 2016), Standard, Special management Units, Section (V)(B)(2).

¹⁶ "All requests shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose." See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B)(2).

¹⁷ "A copy of each completed detainee request shall be filed in the detainee's detention file and be retained there for three years at minimum." See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B)(2).

¹⁸ "Detainees shall be able to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement." See ICE PBNDS 2011 (Revised 2016), Standard, Personal Hygiene, Section (V)(E).

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

ODO reviewed the detainee medical record for the only detainee on suicide watch during the inspection period and found a qualified mental health professional placed the detainee in a special isolation room designed for evaluation and treatment; however, the staff did not document continuous monitoring every 15 minutes or more if necessary. Specifically, facility staff placed the detainee on suicide watch for 7 days and ODO found 60 occasions where staff documented continuous monitoring between 16 and 51 minutes instead of the required 15 minutes (**Deficiency SSHSPI-34¹⁹**).

ACTIVITIES

CORRESPONDENCE AND OTHER MAIL (COM)

ODO interviewed the WCDC mail clerk on August 18, 2022, and confirmed facility staff picked up the mail in the morning. The mail clerk also stated staff entered in the housing unit logbook the date of mail pickup. ODO reviewed three housing unit logbooks, to include the logbook of three detainees who made a complaint to ODO that facility staff do not pick up their outgoing mail, and found only one logbook entry. ODO noted this as an **Area of Concern**.

RECREATION (R)

OCO interviewed the WCDC recreation specialist, observed housing unit officers supervising detainees during dayroom activities via closed-circuit television cameras, and found the housing officer left the detainees unsupervised while conducting PREA checks every 30 minutes. Specifically, the main control center did not cover and monitor the housing unit closed-circuit television while the housing unit officer completed his PREA checks of each cell (**Deficiency R-21²⁰**).

ODO interviewed the WCDC recreation specialist, observed the detainee housing units during recreation, and found the housing unit officer left his/her assigned housing unit unmonitored for approximately 15 minutes while making security rounds at four other housing units (**Deficiency R-26²¹**).

ODO interviewed the WCDC recreation specialist and found the staff did not provide detainees with FM wireless headsets for television viewing and with access to channels in a detainee's

¹⁹ "The qualified mental health professional may place the detainee in a special isolation room designed for evaluation and treatment with continuous monitoring that must be documented every 15 minutes or more frequently if necessary." *See* ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

²⁰ "Detention personnel shall supervise dayroom activities, distributing games and other recreation materials daily." *See* ICE PBNDS 2011 (Revised 2016), Standard, Recreation, Section (V)(D)(4).

²¹ "Recreation areas shall be under continuous supervision by staff equipped with radios or other communication devices to maintain contact with the Control Center." *See* ICE PBNDS 2011 (Revised 2016), Standard, Recreation, Section (V)(D)(8).

native language (**Deficiency R-31**²²).

TELEPHONE ACCESS (TA)

ODO interviewed the WCDC staff, reviewed the WCDC daily shift report, and found WCDC staff inspected the phones daily; however, ERO Harlingen did not log and maintain the documentation (**Deficiency TA-9**²³).

ODO observed no current posting of pro bono legal service information in any of the housing units. Specifically, the copy of the pro bono legal service information the facility posted in the housing units was dated April 2022, instead of the most current revision dated August 2022 (**Deficiency TA-12**²⁴).

ODO observed no posting of the current telephone and consulate list in the housing units. Specifically, ODO found the posted list, dated February 2022 instead of the current August 2022 list (**Deficiency TA-26**²⁵).

ODO found telephone access hours posted in all 14 housing units, but the staff posted the access hours in the back of the housing units, instead of near the telephones as required (**Deficiency TA-30**²⁶).

ODO found the required telephone access information posted in each housing unit; however, the FOD did not ensure the most current copies of the direct and free call list and pro bono list. Specifically, ODO found the direct and free call list, dated February 2022, and the pro bono list, dated April 2022. The current date for both lists is August 2022 (**Deficiency TA-36**²⁷).

ODO found telephone access information posted in each housing unit; however, WCDC did not post the most current copies of each list. Specifically, ODO found the direct and free call list, dated February 2022, and the pro bono list, dated April 2022. The current date for both lists is August 2022 (**Deficiency TA-37**²⁸).

²² “Detainees shall be provided FM wireless headsets for television viewing, with access to appropriate language stations or choices.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Recreation, Section (V)(D)(11).

²³ “This information shall be logged and maintained by each Field Office.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(A)(3).

²⁴ “All Field Offices are responsible for ensuring facilities which house ICE detainees under their jurisdiction are provided with current pro bono legal service information.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(A)(3).

²⁵ “Updated telephone and consulate lists shall be posted in detainee housing units.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(C).

²⁶ “Telephone access hours shall be posted near the telephones.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(D).

²⁷ “The Field Office Director shall ensure that all information is kept current and is provided to each facility.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(E).

²⁸ “Updated lists need to be posted in the detainee housing units.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(E).

ADMINISTRATION AND MANAGEMENT

DETENTION FILES (DF)

ODO found in █ out of █ detainee inactive detention files, no date on the close-out receipt for property and valuables, signed by the detainee (**Deficiency DF-18**²⁹).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 9 of those standards. ODO found 23 deficiencies in the remaining 10 standards. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the UCAP for ODO's last inspection of WCDC in February 2022.

Compliance Inspection Results Compared	First FY 2022 (PBNDS 2011) (Revised 2016)	Second FY 2022 (PBNDS 2011) (Revised 2016)
Standards Reviewed	24	19
Deficient Standards	1	10
Overall Number of Deficiencies	1	23
Repeat Deficiencies	0	0
Areas Of Concern	0	1
Corrective Actions	0	0
Facility Rating	Superior	N/A

²⁹ "Upon the detainee's release from the facility, staff shall add final documents to the file before closing and archiving the file and after inserting the following: ...

b. the original closed-out receipts for property and valuables;"

See ICE PBNDS 2011 (Revised 2016), Standard, Detention Files, Section (V)(E)(1)(b).