



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

Webb County Detention Center
Laredo, Texas

September 21-24, 2020

COMPLIANCE INSPECTION
of the
WEBB COUNTY DETENTION CENTER
Laredo, Texas

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COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Team Lead	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Contractor	Creative Corrections
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[REDACTED]	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 compliance inspection of the Webb County Detention Center (WCDC) in Laredo, Texas, from September 21 to 24, 2020.¹ 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 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 is supported by ■■■ personnel. Trinity Food Service provides food services, CoreCivic provides medical care, and Keefe Supply Company provides commissary services at the facility. The facility was accredited by the American Correctional Association in 2019 and was certified by the Department of Homeland Security Prison Rape Elimination Act in 2019.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	449
Average ICE Detainee Population ³	1510
Male Detainee Population (as of 09/21/2020)	17
Female Detainee Population (as of 09/21/2020)	24

During its last inspection, in Fiscal Year (FY) 2019, ODO found 17 deficiencies in the following areas: Custody Classification System (3); Funds and Personal Property (3); Special Management Units (2); Staff Detainee Communication (2); Use of Force and Restraints (2); Personal Hygiene (1); Telephone Access (2); and Visitation (2).

¹ This facility holds male and female 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 August 31, 2020.

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 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDs 2011 (Revised 2016) Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	1
Sub-Total	1
Part 2 – Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	1
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	1
Part 4 – Care	
Food Service	0
Medical Care	2
Medical Care (Women)	0
Significant Self-Harm and Suicide Prevention and Intervention	1
Disability Identification, Assessment, and Accommodation	0
Sub-Total	3
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	0
Sub-Total	0
Part 6 – Justice	
Grievance System	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	5

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 the facility were not able to accommodate this request due to technological issues. As such, the detainee interviews were conducted via telephone.

Staff-Detainee Communication: One detainee stated he did not understand English or Spanish very well and the facility does not provide him interpretation services in his native language, Lingala.

- Action Taken: ODO reviewed the detainee's file and spoke with the detainee's case officer and facility leadership. ODO found the detainee regularly communicates with facility staff and his case officer in proficient Spanish. ODO reviewed the detainee's file and found detainee requests written in Spanish.

Telephone Access: Four detainees stated the telephones are constantly cut off during telephone conversations and they have to call back at a later time.

- Action Taken: ODO spoke with facility staff and reviewed the telephone service logs. The facility staff stated the facility recently installed a tablet system and it has caused interference with the telephone system; however, a technician is onsite everyday and continues to address the problem expediently. ODO reviewed the telephone service logs and confirmed that a technician is working to address the issue.

Medical Care: One detainee stated that he has requested fillings and a dental cleaning, but the facility has not fulfilled his request.

- Action Taken: ODO reviewed the detainee's dental records and spoke with the facility medical staff. The detainee has only submitted one dental request and on September 21, 2020, the dentist evaluated the detainee and prescribed him Chlorhexidine mouthwash for his gingivitis.

Medical Care: One detainee stated he is epileptic with three false teeth and has requested his false teeth be replaced, but the facility has not fulfilled his request.

- Action Taken: ODO reviewed the detainee's dental records and spoke with the facility medical staff. ODO was informed the detainee has a history of seizures and is taking medication for it. On July 9, 2020, the dentist conducted a dental exam and the detainee was satisfied with the upper partial dentures. On August 4, 2020, the dentist evaluated the detainee and informed him that repairs were not required at the time. On September 3, 2020, the detainee returned to the dentist and complained that the partial denture was loose and the dentist prescribed him denture adhesive to keep the denture in place.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO found that in four out of [REDACTED] fire drills the [REDACTED] (Deficiency EH&S-1⁶).

ODO interviewed the facility safety authority (FSA) and was informed the annual fire inspection and inspections of the fire control and prevention systems were last conducted in August 2019. Due to COVID-19, the City of Laredo fire chief and all fire safety equipment contractors were unable to schedule inspections at WCDC; however, the FSA stated the fire chief and contractors are scheduled to visit WCDC by the end of October 2020. ODO noted this as an **Area of Concern**.

SECURITY

SPECIAL MANAGEMENT UNITS (SMU)

ODO interviewed facility staff, reviewed daily SMU logs, and found facility staff do not observe and log [REDACTED] of detainees in the SMU (Deficiency SMU-1⁷).

CARE

MEDICAL CARE (MC)

ODO reviewed the medical records of four detainees enrolled in the mental health chronic care clinic who were prescribed psychotropic medications and found all four detainees were not evaluated by an appropriate medical professional, at least once a month, to ensure proper treatment and dosage (Deficiency MC-1⁸).

ODO reviewed the medical records of four detainees enrolled in the mental health chronic care clinic with prescribed psychotropic medications and found all four detainee medical records did not contain informed medical consents, with a description of the medication's side effects (Deficiency MC-2⁹).

⁶ "[REDACTED] shall be included in each fire drill, and [REDACTED]."
[REDACTED]."
See ICE PBNDS 2011, Standard, Environment Health and Safety, Section (V)(C)(4)(c).

⁷ "Detainees in SMU shall be personally observed and logged at least every [REDACTED] on an [REDACTED]."
See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(M). **This is a repeat deficiency.**

⁸ "Any detainee prescribed psychiatric medications must be regularly evaluated by a duly-licensed and appropriate medical professional, at least once a month, to ensure proper treatment and dosage." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(O)(4).

⁹ "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication's side effects, shall be obtained." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(AA)(4).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION INTERVENTION (SSH&SPI)

ODO reviewed training records for [REDACTED] staff and [REDACTED] staff and found no documentation of suicide prevention training for [REDACTED] staff (**Deficiency SSH&SPI-1¹⁰**).

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 15 of those standards. ODO found five deficiencies in the remaining four 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 2019 PBNDS 2011 (Revised 2016)	FY 2020 PBNDS 2011 (Revised 2016)
Standards Reviewed	19	19
Deficient Standards	8	4
Overall Number of Deficiencies	17	5
Repeat Deficiencies	0	1
Corrective Actions	1	0

¹⁰ “All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training, during orientation and at least annually.” *See* ICE PBNDS 2011, Standard, Significant Self-Harm and Suicide Prevention Intervention, Section (V)(A).