



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
Compliance Inspection
2024-001-283**

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

**Webb County Detention Center
Laredo, Texas**


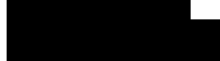
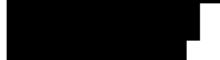
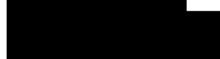
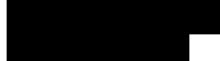




February 6-8, 2024

**COMPLIANCE INSPECTION
of the
WEBB COUNTY DETENTION CENTER
Laredo, Texas**

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COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
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	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 compliance inspection of the Webb County Detention Center (WCDC) in Laredo, Texas, from February 6 to 8, 2024.¹ 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 Harlingen (ERO Harlingen). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO deportation officers are not assigned full-time to the facility but conduct weekly scheduled [REDACTED]. A WCDC 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 2023 and the National Commission on Correctional Health Care in October 2021. In June 2022, 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 February 6, 2024)	[REDACTED]
Adult Female Population (as of February 6, 2024)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 5 deficiencies in the following areas: Environmental Health and Safety (1); Medical Care (3); and Significant Self-harm and Suicide Prevention and Intervention (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 Custody Management Division Authorized Facility List as of January 29, 2024.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as “deficiencies.” ODO highlights instances when 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.

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 ^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
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
Population Counts	0
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	3
Staff-Detainee Communication	2
Use of Force and Restraints	0
Sub-Total	5
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	0
Part 5 - Activities	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Religious Practices	0
Telephone Access	0
Voluntary Work Program	0
Sub-Total	0

⁵ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

⁶ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

Part 6 - Justice	
Grievance System	0
Law Libraries and Legal Materials	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	0
Detainee Transfers	1
Sub-Total	1
Total Deficiencies	6

DETAINEE RELATIONS

ODO interviewed 29 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

COMPLIANCE INSPECTION FINDINGS

SECURITY

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed nine SMU detainee housing records and found in four out of nine records, the following deficiencies:

- Medical officers did not sign the individual records for as few as 5 days and as many as 14 days (**Deficiency SMU-100**⁷). **This is a repeat deficiency;**
- No documented health care personnel face-to-face visits for as few as 5 days and as many as 14 days (**Deficiency SMU-132**⁸). **This is a repeat deficiency and a priority component;** and
- No documented medical visits on the SMU housing record (**Deficiency SMU-134**⁹). **This is a repeat deficiency.**

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the ERO Harlingen electronic detainee request logs and found in 146 out of 1,453 entries, ERO Harlingen responded to requests between 4 and 10 business days of receipt

⁷ “The facility medical officer shall sign each individual’s record when he/she visits a detainee in the SMU.” See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(3)b).

⁸ “Health care personnel shall conduct face-to-face medical assessments at least once daily for detainees in an SMU.” See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(P).

⁹ “Medical visits shall be recorded on the SMU housing record or comparable form, and any action taken shall be documented in a separate logbook.” See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(P).

(Deficiency SDC-17¹⁰). This is a repeat deficiency.

ODO reviewed the facility’s handbook and found the handbook did not include the procedures to submit written questions, requests, or concerns to ERO Harlingen staff **(Deficiency SDC-23¹¹)**.

ADMINISTRATION AND MANAGEMENT

DETAINEE TRANSFERS (DT)

ODO reviewed the detainee transfer policy, interviewed the facility intake sergeant, reviewed 25 detention files, and found the facility did not ensure detainees acknowledged, in writing, that they may place a domestic phone call, at no expense to the detainee, upon admission into the receiving facility **(Deficiency DT-15¹²)**.

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 29 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 26 of those standards. ODO found six deficiencies in the remaining three standards. Since WCDC’s last full inspection in January 2023, the facility’s overall compliance has stayed consistent; however, 4 out of 6 deficiencies ODO found are repeat deficiencies. WCDC went from 3 deficient standards and 5 deficiencies in January 2023 to 3 deficient standards and 6 deficiencies during this most recent inspection. ODO did not receive a completed uniform corrective action plan for the follow-up inspection in July 2023, which likely contributed to 3 repeat deficiencies by the facility in the SMU standard and 1 repeat deficiency by ERO Harlingen in the SDC standard. ODO recommends ERO Harlingen continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

¹⁰ “In Facilities without ICE/ERO Onsite Presence, each detainee request shall be forwarded to the ICE/ERO office of jurisdiction within two business days and answered as soon as practicable, in person or in writing, but no later than within three business days of receipt.” See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B)(1)(b).

¹¹ “As required by standard ‘6.1 Detainee Handbook,’ each facility’s handbook (or supplement) shall advise detainees in a language or manner that they understand of the procedures to submit written questions, requests, or concerns to ICE/ERO staff.” See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B)(3).

¹² “The sending facility shall ensure that the detainee acknowledges, in writing, that: ...

3) He or she may place a domestic phone call, at no expense to the detainee, upon admission into the receiving facility.”

See ICE PBNDS 2011(Revised 2016), Standard, Detainee Transfers, Section (V)(B)(2)(c)(3).

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNS 2011) (Revised 2016)	FY 2024 Full Inspection (PBNS 2011) (Revised 2016)
Standards Reviewed	22	29
Deficient Standards	3	3
Overall Number of Deficiencies	5	6
Priority Component Deficiencies	1	1
Repeat Deficiencies	0	4
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Acceptable/Adequate. ¹³

¹³ ODO revised its rating system at the end of FY 2023, and beginning in FY 2024, facilities rated as “Superior” will have no or very minimal deficiencies and will have no repeat or priority component deficiencies.