



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 Compliance Inspection
2023-002-154**

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

**Webb County Detention Center
Laredo, Texas**

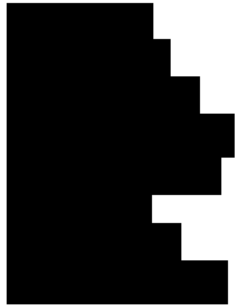
July 25-27, 2023

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

TABLE OF CONTENTS

FACILITY OVERVIEW	4
FOLLOW-UP COMPLIANCE INSPECTION PROCESS.....	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES.....	6
DETAINEE RELATIONS.....	7
FOLLOW-UP COMPLIANCE INSPECTION FINDINGS.....	7
SAFETY.....	7
EMERGENCY PLANS	7
SECURITY	8
CUSTODY CLASSIFICATION SYSTEM	8
SPECIAL MANAGEMENT UNITS.....	8
STAFF-DETAINEE COMMUNICATION.....	8
USE OF FORCE AND RESTRAINTS	9
CARE	10
MEDICAL CARE.....	10
SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION	10
JUSTICE.....	10
GRIEVANCE SYSTEM.....	10
CONCLUSION	10

FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Senior Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
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 (WCDC) in Laredo, Texas, from July 25 to 27, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of WCDC from January 31 to February 2, 2023. 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).

[REDACTED] A WCDC warden handles daily facility operations and manages [REDACTED] support personnel. Trinity Services provides food service, 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 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 July 25, 2023)	[REDACTED]
Adult Female Population (as of July 25, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found five 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 Facility List as of July 24, 2023.

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 may include but are not limited to Medical Care, 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**

PBND Standards 2011 (Revised 2016) Standards Inspected^{4,5}	Deficiencies
Part 1 – Safety	
Emergency Plans	2
Environmental Health and Safety	0
Sub-Total	2
Part 2 – Security	
Admission and Release	0
Custody Classification System	1
Facility Security and Control	0
Funds and Personal Property	0
Special Management Units	3
Staff-Detainee Communication	3
Use of Force and Restraints	6
Sub-Total	13
Part 4 – Care	
Food Service	0
Medical Care	1
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	1
Terminal Illness, Advance Directives and Death	0
Sub-Total	2
Part 5 – Activities	
Recreation	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance System	2
Sub-Total	2
Total Deficiencies	19

⁴ For greater detail on ODO’s findings, see the *Follow-up Compliance 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.

DETAINEE RELATIONS

ODO interviewed 27 detainees, who each voluntarily agreed to participate. One detainee made an allegation of abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

Grievance System: One detainee stated a staff member punched him in the face in February 2023 and he did not receive medical treatment.

- Action Taken: ODO interviewed the facility medical staff and ERO Harlingen staff, reviewed the detainee's detention and medical files, 18 grievances he submitted since January 12, 2022. ODO found the detainee did not submit a grievance regarding the alleged assault; however, ODO found facility security staff initiated an immediate use of force (UOF) on the detainee for noncompliant, combative, and physically aggressive behavior toward security staff on February 22, 2023. Security staff deployed a single burst of pepper spray and placed the detainee in restraints. Security staff escorted the detainee to the medical department for treatment of any injuries and decontamination. Medical staff noted no injuries to the detainee and provided decontamination treatment for the pepper spray. On February 23, 2023, ERO Harlingen staff reported the UOF incident to the Joint Intake Center (2023SIR0006105).

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

EMERGENCY PLANS (EP)

ODO interviewed the chief of security, observed the facility's command center located outside the secure perimeter, and found the command center did not have escape-post kits (**Deficiency EP-35⁶**).

Additionally, the command center did not have escape-post equipment kits containing a flashlight; restraints and removal tools; a packet with post location, map(s), fact sheets, search procedures, and apprehension techniques; a radio, nor binoculars (**Deficiency EP-82⁷**).

⁶ "The facility shall set up a primary command post outside the secure perimeter that, at a minimum, is equipped as follows: ...

6) Escape-post kits, including maps, directions, etc. (as detailed under 'E. Contingency-specific Plans,' 'Escape')."

See ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plans, Section (V)(D)(2)(a)(6).

⁷ "Escape-post equipment kits shall be stored in the command center and include, at a minimum: ...

1) A flashlight;
2) Restraints (handcuffs and/or flex-cuffs) and tools necessary for removal;
3) A packet containing post location, map(s), fact sheet highlighting arrest authority, search procedures, apprehension techniques, etc.;
4) A radio; and
5) Binoculars (as applicable)."

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed two detainee reclassifications and found in one out of two reclassifications, no prior supervisory approval on the custody classification form (**Deficiency CCS-57⁸**).

SPECIAL MANAGEMENT UNITS (SMU)

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

- Medical officers did not sign the individual records for as few as 2 days and as many as 16 days (**Deficiency SMU-100⁹**);
- No documented health care personnel face-to-face visits for as few as 2 days and as many as 16 days (**Deficiency SMU-132¹⁰**). **This is a priority component**; and
- No documented medical visits on the SMU housing record (**Deficiency SMU-134¹¹**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the ERO Harlingen electronic detainee request logs and found in 16 out of 40 entries, ERO Harlingen responded to requests between 5 and 15 business days of receipt (**Deficiency SDC-16¹²**).

ODO interviewed the facility grievance officer, reviewed the facility's procedures for paper and electronic detainee requests, and found the facility still uses paper detainee requests in addition to the electronic requests but does not log the detainee submitted paper requests in a detainee request logbook (**Deficiency SDC-19¹³**).

ODO toured 19 detainee housing units and found in 2 out of 19 housing units, no mounted DHS Office of Inspector General Hotline Informational posters in the common areas (**Deficiency SDC-**

See ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plans, Section (V)(E)(4)(c)(1-5).

⁸ "Any reclassification, however, requires prior supervisory approval on the custody classification form." *See* ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(H)(3).

⁹ "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).

¹⁰ "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).

¹¹ "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).

¹² "The ICE/ERO staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no later than within three (3) business days of receipt." *See* ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B)(1)(a).

¹³ "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).

30¹⁴).

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed five immediate UOF packets and five detainee detention files and found in five out of five files, no copy of the UOF report (**Deficiency UOFR-130**¹⁵).

ODO reviewed five immediate UOF packets and found in five out of five packets, facility staff did not send a copy of the UOF report to ERO Harlingen (**Deficiency UOFR-135**¹⁶).

ODO interviewed the quality assurance manager and found the facility did not have ERO Harlingen-approved written procedures for after-action review of UOF incidents (immediate or calculated) nor for the application of restraints (**Deficiency UOFR-148**¹⁷).

ODO interviewed the quality assurance manager and found the facility did not submit written procedures for the after-action review process to ERO Harlingen for review and approval (**Deficiency UOFR-149**¹⁸).

ODO reviewed five immediate UOF packets and found in five out of five packets, the facility administrator did not report the findings of appropriate or inappropriate UOF by memorandum to the ERO Harlingen (**Deficiency UOFR-176**¹⁹).

Additionally, ODO found the facility administrator did not forward any of the five review team investigative reports to ERO Harlingen (**Deficiency UOFR-178**²⁰).

¹⁴ “The facility administrator shall ensure that posters are mounted in every housing unit and in appropriate common areas (e.g., recreation areas, dining areas, processing areas).” *See* ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(D)(3).

¹⁵ “A copy of the report shall be placed in the detainee’s detention file.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(O).

¹⁶ “Within two working days, copies of the report shall be placed in the detainee’s A-File and sent to the Field office Director.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(O)(2).

¹⁷ “All facilities shall have ICE/ERO-approved written procedures for after-action review of use of force incidents (immediate or calculated) and applications of restraints.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(1).

¹⁸ “All facilities shall model their incident review process after ICE/ERO’s process and submit it to ICE/ERO for ERO review and approval.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(1).

¹⁹ “Within two workdays of the after-action review team’s submission of its determination, the facility administrator shall report with the details and findings of appropriate or inappropriate use of force, by memorandum, to the Field Office Director and whether he/she concurs with the finding.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(5).

²⁰ “The review team’s investigative report will be forwarded to the Field Office Director for review.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(6).

CARE

MEDICAL CARE (MC)

ODO reviewed [REDACTED] medical records and found in [REDACTED] out of [REDACTED] records, the clinical medical authority did not review the comprehensive health assessments to assess the priority for treatment (**Deficiency MC-140²¹**). **This is a repeat deficiency.**

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

ODO reviewed [REDACTED] detainee suicide watch medical files and found in [REDACTED] out of [REDACTED] files, the facility did not document continuous monitoring every 15-minutes. Specifically, the facility documented 16 instances between 16 and 24 minutes (**Deficiency SSHSPI-34²²**). **This is a repeat deficiency and a priority component.**

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed 50 detainee grievances and found in 3 out of 50 grievances, the facility responded to the detainee between 7 and 13 days of receipt, instead of within 5 days of receipt (**Deficiency GS-57²³**).

ODO reviewed the facility's grievance log and found the grievance appeals board did not annotate the name of the grievance officer who conducted the initial adjudication (**Deficiency GS-63²⁴**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 10 of those standards. ODO found 19 deficiencies in the remaining 8 standards. Since WCDC's last full inspection in January 2023, the facility's overall compliance has trended down. WCDC went from 3 deficient standards and 5 deficiencies in January 2023 to 8 deficient standards and 19 deficiencies during this most recent follow-up inspection, which includes two repeat deficiencies, one in MC and one in SSHSPI, which is also a priority component. One deficiency found in the SMU standard is also a priority component. ODO did not review the SDC and the GS standards during the January 2023

²¹ "The CMA shall be responsible for review of all comprehensive health assessments to assess the priority for treatment." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(M).

²² "Does the qualified mental health professional 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).

²³ "Detainee shall be provided with a written or oral response within five days of receipt of the grievance." See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(C)(3)(b)(1)(b).

²⁴ "The GAB shall note the grievance log with the following information: ...

- Name of the GO that conducted the initial adjudication;"

See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(C)(3)(b)(2)(d).

inspection as they were not FY 2023 core standards, and these standards accounted for 5 out of 19 deficiencies found during this most recent inspection. ODO did not receive a completed UCAP for the full inspection in January 2023, which likely contributed to the repeat deficiencies identified. ODO recommends ERO Harlingen continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2023 Follow-up Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	22	18
Deficient Standards	3	8
Overall Number of Deficiencies	5	19
Priority Component Deficiencies	1	2
Repeat Deficiencies	1	2
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	N/A