

Office of Professional Responsibility

Rio Grande Detention Center

Compliance Inspection 2025-001-033

January 7-9, 2025



U.S. Immigration
and Customs
Enforcement

**COMPLIANCE INSPECTION
of the
RIO GRANDE 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 Rio Grande Detention Center (RGDC) in Laredo, Texas, from January 7 to 9, 2025.¹ The facility opened in 2008 and is owned and operated by The Geo Group, Inc. (GEO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at RGDC in 2014 under the oversight of ERO's Field Office Director in Harlingen (ERO Harlingen). ICE is an authorized user of this facility under a United States Marshals Service Intergovernmental Agreement contract, which does not specify an ICE National Detention Standard (NDS). ODO inspected RGDC against NDS 2019 which is listed on the ERO Custody Management Division Authorized Facility List as of January 6, 2025. ODO's assigned rating is for ERO's informational purposes only.

██████████ A warden handles daily facility operations and manages ██████ support personnel. GEO provides food services and medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in October 2022 and the National Commission on Correctional Health Care in November 2022.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	████
Average ICE Population ³	████
Adult Male Population (as of January 7, 2025)	████
Adult Female Population (as of January 7, 2025)	████

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 2 deficiencies in the following areas: Significant Self-Harm and Suicide Prevention and Intervention (1) and Voluntary Work Program (1).

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

² Data Source: ERO Custody Management Division Authorized Facility List as of January 6, 2025.

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 NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	0
Transportation by Land	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	1
Sub-Total	1
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	1
Significant Self-Harm and Suicide Prevention and Intervention	0
Terminal Illness and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	1
Part 5 - Activities	
Recreation	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Legal Rights Group Presentations	0
Sub-Total	0
Total Deficiencies	2

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.

DETAINEE RELATIONS

ODO interviewed 34 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

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's SAAPI policy, interviewed the facility's SAAPI manager, and found the facility's written policy does not specify the facility will cooperate with all ICE/ERO audits and/or monitoring of the facility's compliance with sexual abuse and assault policies and standards (**Deficiency SAAPI-13⁷**).

CARE

MEDICAL CARE (MC)

ODO interviewed the facility's health services administrator, reviewed ■ detainee medical records, and found in ■ out of ■ medical records the facility took more than 14 days to complete the detainees' health assessments. Specifically, one detainee arrived on December 7, 2024, and received his health assessment on December 22, 2024; a second detainee arrived on September 27, 2024, and received his health assessment on October 15, 2024; a third detainee arrived on December 7, 2024, and received his health assessment on December 22, 2024; and a fourth detainee arrived on October 16, 2024, and received his health assessment on November 7, 2024 (**Deficiency MC-27⁸**). **This is a priority component.**

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under NDS 2019 and found the facility in compliance with 17 of those standards. ODO found two deficiencies in the remaining two standards. Since RGDC's last rated full inspection in December 2023, the facility's compliance with the ICE NDS 2019 has remained consistent. RGDC had 2 deficient standards and 2 deficiencies in December 2023, and 2 deficient standards and 2 deficiencies during this most recent inspection. RGDC completed its uniform corrective action plan for the facility's last rated inspection in December 2023, which likely resolved ODO's previously cited

⁷ "This policy must mandate zero tolerance toward all forms of sexual abuse and assault, outline the facility's approach to preventing, detecting, and responding to such conduct, and include, at a minimum: ...

7) the facility's requirement to cooperate with all ICE/ERO audits and monitoring of facility compliance with sexual abuse and assault policies and standards."

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(7).

⁸ "The facility will conduct and document a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival at the facility." See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

deficiencies. ODO recommends ERO Harlingen continue to work with the facility to resolve the remaining deficiencies in accordance with its contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (NDS 2019)	FY 2025 Full Inspection (NDS 2019)
Standards Reviewed	24	19
Deficient Standards	2	2
Overall Number of Deficiencies	2	2
Priority Component Deficiencies	1	1
Repeat Deficiencies	1	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Good	Good



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