



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

South Texas Family Resource Center
Dilley, Texas

August 10-13, 2020

COMPLIANCE INSPECTION
of the
SOUTH TEXAS FAMILY RESIDENTIAL CENTER
Dilley, Texas

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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 South Texas Family Residential Center (STFRC) in Dilley, Texas, from August 10 to 13, 2020.¹ The facility opened in 2014, and is owned by Target Logistics and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at STFRC in 2014 under the oversight of ERO's Field Office Director in San Antonio (ERO San Antonio). The facility operates under the Family Residential Standards (FRS) 2007.

ERO has assigned deportation officers and a detention services manager to the facility. An STFRC warden handles daily facility operations and is supported by █████ personnel. Target Logistics provides food service, CoreCivic provides commissary services, and ICE Health Services Corps provides medical services. The facility was accredited by the Temporary Shelter Program in May 2015, the Department of Family and Protective Services in May 2015, and was U.S. Department of Homeland Security Prison Rape Elimination Act certified in August 2018.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	2400
Average ICE Detainee Population ³	827
Male Detainee Population (as of 8/10/2020)	217
Female Detainee Population (as of 8/10/2020)	610

During its last inspection, in Fiscal Year (FY) 2018, ODO found 4 deficiencies in the following areas: Environmental Health and Safety (1); Staff-Resident Communication (1); Telephone Access (1); and Visitation (1).

¹ This facility holds female and male residents to include children with low security classification levels for periods longer than 72 hours.

² Data Source: ERO Facility List Report as of August 10, 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 FAMILY RESIDENTIAL STANDARDS 2007 MAJOR CATEGORIES

FRS 2007 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	2
Sub-Total	2
Part 2 – Security	
Admission and Release	0
Funds and Personal Property	0
Searches of Residents	0
Sexual Abuse and Assault Prevention and Intervention	0
Staff-Resident Communication	2
Use of Physical Control Measures and Restraints	0
Discipline and Behavior Management	0
Sub-Total	2
Part 4 – Care	
Food Service	1
Medical Care	0
Suicide Prevention and Intervention	0
Sub-Total	1
Part 5 – Activities	
Education Policy	0
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 facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

Medical Care: One detainee stated she was diagnosed by the facility's medical staff with a fatty liver and placed on a special diet; however, she does not receive a special diet as prescribed.

- Action Taken: ODO reviewed the detainee's medical record and spoke with the facility medical staff. On August 27, 2019, medical staff evaluated the detainee during her admission to the facility, which the detainee did not disclose any liver issues. On July 21, 2020, the detainee submitted a sick call request concerning abdominal discomfort, which a physician observed no irregularities. The detainee was treated for constipation and educated on increasing her water intake. The health services administrator (HSA) advised ODO the detainee had never been diagnosed with a fatty liver, nor had she been placed on a medical diet while at the facility. The HSA scheduled the detainee for a medical appointment on August 25, 2020, for testing.

Medical Care: One detainee stated she has a history of blood circulation issues and had been prescribed medication prior to being detained. The detainee stated the medical staff will not prescribe her the same medication she previously used for treatment. Additionally, she stated her attorney provided a letter to the facility requesting she be seen by a specialist regarding her health care.

- Action Taken: ODO reviewed detainee's medical record and spoke with the facility medical staff. On September 11, 2019, medical staff evaluated the detainee during her admission to the facility, which the detainee did not disclose a history of a blood circulation disorder. On April 25, 2020, the detainee submitted a sick call request concerning neck and lower back pain, which a nurse practitioner (NP) evaluated her and observed no limitations of movement to the neck or back. The NP prescribed anti-inflammatory medication to treat the neck and lower back pain. On June 8, 2020, the detainee submitted a sick call request concerning body aches, which a NP evaluated the detainee and observed no limitations of movement and ruled out muscle spasms. The detainee was prescribed anti-inflammatory medication to treat the body aches. On August 12, 2020, the HSA advised ODO the detainee had never reported blood circulation problems, never requested medication for poor blood circulation, nor did the health services department have a record of receipt of a letter from the detainee's attorney. The HSA scheduled the detainee for a medical appointment on August 25, 2020, to address detainee's health concerns.

Sexual Abuse and Assault Prevention and Intervention: 12 out of 12 female detainees interviewed disclosed male staff do not announce their presence when entering their dormitory.

- Action Taken: On August 12, 2020, ODO informed the Sexual Abuse and Assault Prevention and Intervention (SAAPI) coordinator, detainees disclosed male staff do not announce their presence when entering the housing unit dormitories. The SAAPI coordinator assigned a case manager to address their concern. The case manager randomly followed-up with detainees and discovered the detainees misunderstood the question posed to them during ODO interviews. Each detainee advised the case manager male staff announced their presence when entering the dormitories. As a precautionary measure, the SAAPI coordinator scheduled refresher training for August 21, 2020, regarding opposite sex announcements when entering detainee dormitories.

Personal Hygiene: Four out of 12 detainees stated the facility did not provide shampoo.

- Action Taken: ODO spoke with a supervisor who advised STFRC provides detainees with a three in one liquid product, which is comprised of body wash, shampoo, and conditioner. The facility maintains liquid dispensers inside each dormitory shower, which are refilled as needed. The facility indicated it would readdress the use of a multi-purpose soap with the detainees.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the facility's fire drill documentation for the past 12-months and found the fire drills [REDACTED] (Deficiency EH&S-1⁶).

ODO reviewed emergency exit diagrams and found the facility did not identify nor explain Areas of Safe refuge on exit postings (Deficiency EH&S-2⁷).

SECURITY

STAFF-RESIDENT COMMUNICATION (SRC)

ODO reviewed STFRC's resident request receipt logbook and found it did not include the resident's nationality, the name of the staff member who logged the request, the date the facility forwarded the request to ERO, nor the date the request was returned to the resident (Deficiency SRC-1⁸).

ODO reviewed telephone serviceability records and found facility staff did not document serviceability tests of the detainee telephones (Deficiency SRC-2⁹).

CARE

FOOD SERVICE (FS)

ODO reviewed the FS program's hot water temperature logs, interviewed the food service administrator, and found the FS department's hot water supply was 134.9° Fahrenheit, which

⁶ "Monthly fire drills shall be conducted and documented separately in each facility department.

c [REDACTED] shall be included in each fire drill, and timed. [REDACTED] NFPA recommends a limit of [REDACTED]" See ICE FRS 2007, Standard, Environmental Safety & Health, Section (VI)(4)(C).

⁷ "In addition to a general area diagram, the following information must be provided on existing signs: ... New signs and sign replacements shall also identify and explain "Areas of Safe Refuge." See ICE FRS 2007, Standard, Environmental Safety & Health, Section (VI)(5).

⁸ "All requests shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose. At a minimum, the log shall record: ...

- Resident's nationality;
- Name of the staff member who logged the request;
- Date the request, with staff response and action, was returned to the resident...

In Facilities, the date the request was forwarded to ICE/DRO and the date it was returned shall also be recorded." See ICE FRS 2007, Standard, Staff-Resident Communication (V)(1)(e).

⁹ "Staff shall document each serviceability test on a form that has been provided by DRO, and each field office shall maintain those forms, organized by month, for three years. The Residential Standards Compliance Unit shall conduct random audits of field office compliance." See ICE FRS 2007, Standard, Staff-Resident Communication (V)(2).

exceeded the 120° Fahrenheit maximum temperature for hot water (**Deficiency FS-1**¹⁰).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under FRS 2007 and found the facility in compliance with 15 of those standards. ODO found five deficiencies in the remaining three 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 with contractual obligations.

Compliance Inspection Results Compared	FY 2018 (FRS 2007)	FY 2020 (FRS 2007)
Standards Reviewed	16	18
Deficient Standards	4	3
Overall Number of Deficiencies	4	5
Repeat Deficiencies	N/A	0
Corrective Actions	2	0

¹⁰ “All facilities shall meet the following environmental standards in food service areas:

9) A ready supply of hot water (105°120° F) [*sic*].” See ICE FRS 2007, Standard, Food Service, Section (V)(9)(e)(9).