



U.S. Department of Homeland Security
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 ICE Processing Center
Pearsall, Texas

May 1-3, 2018

**COMPLIANCE INSPECTION
for the
SOUTH TEXAS ICE PROCESSING CENTER
PEARSALL, TX**

TABLE OF CONTENTS

OVERVIEW

Facility Overview 1

Findings by Performance-Based National Detention Standards (PBNDS) 2011
Major Categories 2

COMPLIANCE INSPECTION PROCESS 3

DETAINEE RELATIONS 4

COMPLIANCE INSPECTION FINDINGS 6

SAFETY 6

Environmental Health and Safety 6

SECURITY 6

Special Management Unit 6

Use of Force and Restraints 7

CONCLUSION 7

COMPLIANCE INSPECTION TEAM MEMBERS

(b) (6), (b) (7)(C)	Team Lead	ODO
(b) (6), (b) (7)(C)	Inspections and Compliance Specialist	ODO
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(b) (6), (b) (7)	Contractor	Creative Corrections

FACILITY OVERVIEW

The Office of Detention Oversight (ODO) conducted a compliance inspection of the South Texas ICE Processing Center (STIPC) in Pearsall, Texas from May 1-3, 2018¹. The STIPC opened in 2005 and is owned and operated by The GEO Group, Inc. U.S. Immigration and Customs Enforcement's (ICE) Office of Enforcement and Removal Operations (ERO) began housing detainees at STIPC in 2005, under oversight of the ERO Field Office Director (FOD) in San Antonio, Texas. The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011.

ERO Deportation Officers (DO) and a Detention Services Manager (DSM) are assigned to the facility. An Assistant Field Office Director is responsible for oversight of daily facility operations. There are [REDACTED] personnel assigned to this facility. The GEO Group, Inc., provides food services, and medical care is provided by the ICE Health Services Corps. The facility is accredited by the American Correctional Association.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	1,895
Average ICE Detainee Population ³	1,756
Male Detainee Population (as of 5/1/2018)	1,590
Female Detainee Population	196

In FY 2015, ODO conducted an inspection of STIPC and found one (1) deficiency in the Environmental Health and Safety standard.

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

² Data Source: ERO Facility Questionnaire as of April 11, 2018.

³ *Ibid.*

FY 2017 FINDINGS BY PBNDS 2011 MAJOR CATEGORIES

PBNDS 2011 STANDARDS INSPECTED ⁴	DEFICIENCIES
Part 1 - Safety	
Environmental Health and Safety	2
Sub-Total	2
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	1
Sub-Total	2
Part 4 - Care	
Disability, Identification, Assessment and Accommodation	0
Food Service	0
Medical Care	0
Medical Care (Women) N/A	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	0
Part 5 - Activities	
Telephone Access	0
Sub-Total	0
Part 6 - Justice	
Detainee Handbook	0
Grievance System	0
Law Libraries and Legal Materials	0
Sub-Total	0
Total Deficiencies	4

⁴ For greater detail on ODO's findings, see the *Inspection Findings* section of this report.

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 72 hours, to assess compliance with ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008, or 2011 as applicable. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁵ ODO identifies violations linked to ICE detention standards, ICE policies, or operational procedures as *deficiencies*.

For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components” which are considered *critical* to facility security and the legal and civil rights of detainees. ODO also highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection--these corrective actions are annotated with “C” under the Inspection Findings section of this report.

After each inspection, ODO holds a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also 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. Additionally, ODO findings inform ICE executive management decision making in better allocating resources across the agency’s entire detention inventory.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

DETAINEE RELATIONS

ODO interviewed 30 (20 male and 10 female) detainees, randomly-selected, to assess the conditions of confinement at the South Texas ICE Processing Center (STIPC). Interview participation was voluntary, and none of the detainees made any allegations of abuse, discrimination, or mistreatment. Most detainees reported being satisfied with facility services, except for the complaints detailed below:

Admission and Release: One detainee claimed when he was transferred to STIPC from the Waco Detention Center on March 6, 2018, ICE lost his personal property (i.e. wallet, jacket, Medicare card, debit card, belt, and car keys).

- **Action Taken:** ODO spoke with facility staff and the Personal Property Officer confirmed there was no record of this detainee submitting a request related to missing property. ERO staff then contacted the Waco facility about the detainee's claim. Per STIPC ERO, the Waco facility claimed to have no record of the property the detainee claimed to have during his stay there. Both Waco and STIPC ERO staff stated they will investigate the issue and inform the detainee later of the outcome. ODO notes this situation meets the criteria for notification to the Joint Intake Center and recommends the field office review its internal protocols to ensure staff report this and similar incidents accordingly.

Medical: Three detainees complained about medical care including:

One detainee stated he has been in the facility for five days and has not received his HIV medication.

- **Action Taken:** ODO met with the medical staff and confirmed a Nurse Practitioner conducted a full physical examination of the detainee on April 27, 2018. During the evaluation, the detainee stated that he was HIV positive and indicated he previously took medication for the condition but had not done so since 2014. Records indicate the Nurse Practitioner ordered a full laboratory panel, which was taken at the local hospital on May 2, 2018. Medical staff stated once the laboratory tests results are received the Nurse Practitioner and the Infectious Disease physician will establish an appropriate treatment and medication plan for the detainee and will follow up with him accordingly.

One detainee stated he has severe back pain, and medical staff refuse to address his concerns.

- **Action Taken:** ODO met with medical staff and confirmed the detainee was seen at sick call on October 6, 2017 for back pain. During the appointment, the detainee requested a medical mattress, special shoes, and pain medication. He was evaluated by a Nurse Practitioner who discussed options for improving lower back pain including stretching exercises, stress management, and relaxation techniques. The detainee was also provided with pain medications, an additional blanket for his mattress, and was informed he could purchase special shoes in the commissary. Records show the detainee has been re-evaluated on several occasions at which time the administration of pain meds was renewed. Medical staff indicated the detainee's symptoms do not call for a special mattress or medical shoes.

One detainee complained that he suffers from bleeding from his ears and that he is very concerned about one of his lungs.

- Action Taken: ODO discussed the matter with medical staff and found the detainee underwent a full physical examination on March 22, 2018. A chest X-ray showed an abnormality, and the detainee was provided with preventive tuberculosis (TB) medications. ODO confirmed the detainee was placed in and remains in the chronic care clinic program. At the detainee's request, he had a follow-up evaluation on April 25, 2018 due to bleeding from his left ear. The Nurse Practitioner evaluated the detainee and determined he had a minor laceration in his left inner ear caused by insertion of a "Q-tip" with no cotton. Medical personnel cleaned his ear and provided him with some pain medication. The detainee was counseled to follow-up with sick call if the bleeding continued or he has any other medical concern.

ODO also interviewed four female detainees who were pregnant to assess the medical care they were receiving.

- Action Taken: ODO reviewed the medical records and determined the detainees are receiving medical care in accordance with the standard. The detainees were prescribed pre-natal vitamins, assigned a lower bunk and a high caloric diet, and placed in the chronic care program. A note was placed in their records to ensure no restraints are used during transportation to the local hospital. The detainees also received timely treatment for other medical issues not pertaining to their pregnancies.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

A review of monthly fire drill reports found that fire drills are conducted routinely on each shift as required by the standard. Fire drill reports document emergency key drills are included; however, the time requirement for drawing the emergency keys and unlocking doors are not documented (**Deficiency EH&S-1⁶**).

A review of the facility's Fire Prevention, Control, and Evacuation Plan confirmed the plan includes the necessary components to ensure guidelines are in place for a comprehensive and well-written emergency procedure plan. ODO's inspection found there is no documentation of a current fire safety inspection by the authority having jurisdiction to document compliance (**EH&S-2⁷**). The fire marshal has not conducted an inspection since April 13, 2017, and the facility had not initiated an inspection and there was not one scheduled.

Corrective Action: The facility initiated corrective action by contacting the Texas State Fire Marshal's Office on May 3, 2017 to schedule an inspection. Routine annual fire inspections by the authority having jurisdiction is essential for ensuring fire and life safety procedures and fire prevention equipment are maintained and available for the safe and secure operation of the facility (**C-1**).

SECURITY

SPECIAL MANAGEMENT UNIT (SMU)

ODO confirmed the facility's policy addresses the requirements of the standard. STIPC has two SMUs, male and female, which house detainees on administrative segregation (AS) and disciplinary segregation (DS). The male population is housed in an area originally designed as restrictive housing which has three separate pods, a central control area, and a sally port at the main entrance. In current practice this area is used to accommodate both SMU in one pod, and general population in the other two pods. A security door at the entrance to each pod separates these areas but there is no separate sally port to control the entrance into SMU as required by the

⁶ "Emergency-key drills shall be included in each fire drill, and timed. Emergency keys shall be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use. NFPA recommends a limit of four and one-half minutes for drawing keys and unlocking emergency doors. However, when conducting fire drills, emphasis shall be placed on safe and orderly evacuation rather than speed." See ICE PBNDS 2011, revised 2016 Standard, Environmental Health and Safety, Section (V)(C)(4)(c).

⁷ "b. The American Correctional Association Mandatory Expected Practices [Mandatory ACA Expected Practice 4-ALDF-1C-07 requires that the facility conform to applicable federal, state and/or local fire safety codes, and that of the authority having jurisdiction over document compliance. A fire alarm and automatic detection system are required (or else there must be a plan for addressing these or other deficiencies within a reasonable time period), as approved by the authority having jurisdiction. If the authority approves any variance, exceptions or equivalencies, they must not constitute a serious life-safety threat to the occupants of the facility];

c. local and national fire safety codes." See ICE PBNDS 2011, revised 2016, Standard, Environmental Health and Safety, Section (V)(C)(1)(b) and (c).

standard (**Deficiency SMU-1⁸**). SMUs are inherently the most secure areas of any detention facility, and special security and control measures, including sally ports are required for security and safety of both staff and detainees, particularly those requiring protective custody (PC) from the general population.

USE OF FORCE AND RESTRAINTS (UOF&R)

(b) (7)(E) video cameras are available for recording use of force incidents and stored in the (b) (7)(E) video camera stored in the (b) (7)(E). Daily inventory sheets denote the operational readiness of the cameras; however, the facility administrator has not designated and incorporated in one or more post orders the responsibility for maintaining audiovisual equipment, regularly scheduled and documented testing to ensure good working order, and ensuring back-up supplies are on hand (**Deficiency UOF&R-1⁹**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by revising the post orders for central control and RHU control (**C-2**).

⁸ “In facilities with the ability to do so, the SMU entrance in regular use shall have a sally port, which shall be operated so that the inner and outer doors cannot both be open simultaneously. Officers on the inside and outside shall independently check the identification of every person going in or out, and each officer must positively confirm a person’s identity before allowing him/her through the door. Also, in accordance with written procedures established by the facility administrator, these officers shall take precautions to ensure that the person requesting entry or exit is not doing so under duress.” See ICE PBNDS 2011, revised 2016, Standard, Facility Security and Control, Section (V)(E)(2).

⁹ “Staff shall store and maintain audiovisual recording equipment under the same conditions as “restricted” tools. The equipment must be kept in a secure location elsewhere in the facility. Since audiovisual recording equipment must often be readily available, each facility administrator shall designate and incorporate in one or more post orders responsibility for:

1. maintaining cameras and other audiovisual equipment;
2. regularly scheduled and documented testing to ensure all parts, including batteries, are in working order; and
3. keeping back-up supplies on hand (e.g., batteries, tapes or other recording media, lens cleaners).

Each audiovisual record shall be catalogued and preserved until no longer needed, but shall be kept no less than six years after its last documented use. In the event of litigation, the facility shall retain the relevant audiovisual record a minimum of six months after the litigation has concluded or been resolved. Use-of-force audiovisual records shall be available for supervisory, Field Office and ICE/ERO headquarters incident reviews and may also be used for training. Release of use-of-force audiovisual recordings to the news media may occur only if authorized by the Director of Enforcement and Removal Operations, in accordance with ICE/ERO procedures and rules of accountability.” See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(K).

CONCLUSION

During this inspection, ODO reviewed the facility's compliance with 16 standards under the under PBNDS 2011 finding the facility compliant with thirteen (13) standards. ODO only found four deficiencies in the remaining three standards. ODO identified two instances where the facility initiated corrective action during the inspection. This was ODO's fifth oversight inspection of this facility and they continue to show marked improvements in performance since our first inspection in 2007 where we found over 29 deficiencies. ODO notes since 2007 the facility's Compliance Manager (CM) has maintained a record of all deficiencies found by various oversight bodies. He has catalogued each deficiency, the entity that discovered it, and the corrective actions taken by the facility to achieve resolution. The CM is now the Assistant Warden of the STIPC. ODO commends this record of accountability and commitment to continuous improvement which appears to have contributed to the low number of deficiencies found during this inspection. ODO recommends the facility remedy the few deficiencies which remain as applicable.

Compliance Inspection Results Compared	FY 2015 (PNDS 2011)	FY 2018 (PNDS 2011)
Standards Reviewed	16	16
Deficient Standards	1	3
Overall Number of Deficiencies	1	4
Deficient Priority Components	1	0
Corrective Action	NA	2