



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
Follow-Up Compliance Inspection**

**Enforcement and Removal Operations
ERO San Antonio Field Office**

**South Texas Family Residential Center
Dilley, Texas**

May 24-27, 2021

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

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FOLLOW-UP 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 follow-up compliance inspection of the South Texas Family Residential Center (STFRC) in Dilley, Texas, from May 24 to 27, 2021.¹ This inspection focused on the standards found deficient during ODO’s last inspection of the STFRC from February 8 to 11, 2021. The facility opened in 2014, is owned by Target Logistics, and is 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 (FOD) in San Antonio (ERO San Antonio). The facility operates under the Family Residential Standards (FRS) 2020.

ERO has assigned deportation officers (DOs) to the facility. An STFRC administrator handles daily facility operations and supervises [REDACTED] support personnel. Target Logistics provides food services, STG International provides medical care, and CoreCivic provides commissary services at the facility. The facility was accredited by the Department of Family and Protective Services and the Temporary Shelter Program in May 2015. In August 2018, STFRC 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 Detainee Bed Capacity ²	2400
Average ICE Detainee Population ³	[REDACTED]
Male Detainee Population (as of May 24, 2021)	[REDACTED]
Female Detainee Population (as of May 24, 2021)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2021, ODO found one deficiency in the following area: Admission and Release.

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

² Data Source: ERO Facility List Report as of May 24, 2021.

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 include but are not limited to Medical Care, Hunger Strikes, 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 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.

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.

FINDINGS BY FAMILY RESIDENTIAL STANDARDS 2020 MAJOR CATEGORIES

FRS 2020 Standards Inspected ⁴	Deficiencies
Part 1 – Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	3
Funds and Personal Property	11
Use of Physical Control Measures and Restraints	0
Sub-Total	14
Part 3 – Order	
Behavior Management	0
Sub-Total	0
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Health Care	2
Health Care (Females)	0
Significant Self-Harm and Suicide Prevention and Intervention	1
Sub-Total	3
Part 5 – Activities	
Educational Policy	0
Sub-Total	0
Total Deficiencies	17

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

DETAINEE RELATIONS

ODO interviewed 12 residents, who each voluntarily agreed to participate. None of the residents made allegations of discrimination, mistreatment, or abuse. Most residents reported satisfaction with facility services except for the concerns listed below. ODO conducted the resident interviews via video teleconference.

Admission and Release: One resident stated he did not understand the language in the resident handbook nor the facility handbook and prefers Arabic.

- Action Taken: ODO reviewed the resident's intake information, interviewed a DO, and found the resident stated Farsi as his primary language. ODO also confirmed the center called the language line during the resident's booking and used translation services for the resident orientation process.

Admission and Release: Two residents stated they either did not receive the resident handbook nor the facility handbook or they did not remember receiving them.

- Action Taken: ODO reviewed the residents' admission and release checklists and confirmed their signatures, acknowledging receipt of the handbooks.

Telephone Access: One resident stated she could not call her mother in Nicaragua.

- Action Taken: ODO reviewed the resident's call records, interviewed a DO, and found the resident submitted neither a grievance nor resident request to contact her mother. The resident called a number, but no one answered her call. The DO could not investigate the complaint further because the resident had departed the facility on the morning of May 25, 2021. Talton Communications call logs confirmed the resident contacted other family members.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO interviewed the contracting officer's representative (COR), reviewed the ERO Compliance Monitoring Inspection Reports for April 8, 2021 and April 20, 2021, and found STFRC did not return approximately 22 bags of funds, valuables, and property to residents prior to their discharge due to incomplete intake processing (AR-16⁵). ODO notes that prior to the follow-up compliance inspection, ERO developed a corrective action plan on April 20, 2021, requiring bi-weekly audits of funds and property with copies provided to the intake security supervisors and the chief of security and educating staff on the admission process. STFRC expects to have completed this action by June 2021.

⁵ "Centers will return all resident funds, valuables, and property to residents prior to discharge." See ICE FRS 2020, Standard, Admission and Release, Section (C).

ODO interviewed the COR, reviewed the ERO Compliance Monitoring Inspection Reports for April 8, 2021 and April 20, 2021, and found staff did not inventory nor issue receipts for resident funds, valuables, and personal property at the end of February 2021 due to a large influx of residents (**AR-24**⁶). ODO notes the center will apply the ERO corrective action plan to this deficiency.

ODO reviewed [REDACTED] resident files and found [REDACTED] Orders to Detain or Release (Form I-203) did not contain the appropriate ICE/ERO Authorizing Official signature (**AR-73**⁷).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO interviewed the COR, reviewed the ERO Compliance Monitoring Report for April 20, 2021, and found STFRC did not conduct a monthly property audit in March 2021 (**FPP-9**⁸). ODO notes the center will apply the ERO corrective action plan to this deficiency.

ODO interviewed the COR, reviewed the ERO Compliance Monitoring Inspection Reports for April 8, 2021 and April 20, 2021, and found staff does not maintain the property room in a clean and orderly manner and inspect it as often as necessary to protect resident property (**FPP-11**⁹). ODO notes the center will apply the ERO corrective action plan to this deficiency.

ODO interviewed the COR, reviewed the ERO Compliance Monitoring Inspection Report for April 20, 2021, and found the center did not forward detainee medication to the health care provider because the center did not inventory detainee property at arrival (**FPP-18**¹⁰). ODO notes the center will apply the ERO corrective action plan to this deficiency.

ODO interviewed the COR, reviewed the ERO Compliance Monitoring Inspection Report for April 8, 2021, and found staff did not obtain a forwarding address to use for any personal property discovered after a resident's discharge, transfer, or removal. Specifically, on April 6, 2021, a sergeant did not have the forwarding addresses for four families whose property remained in the property room after their release (**FPP-19**¹¹). ODO notes the center will apply the ERO corrective action plan to this deficiency.

ODO interviewed the COR, reviewed the ERO Compliance Monitoring Report from April 20,

⁶ "Admission processes for a newly admitted resident will include, but not be limited to the following items:

- Taking inventory and issuing receipts for resident funds, valuables, and personal property in accordance with the ICE Family Residential Standard on Funds and Personal Property." *See ICE FRS 2020, Standard, Admission and Release, Section (D)(1).*

⁷ "Form I-203 ("Order to Detain or Release the Resident") bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving resident." *See ICE FRS 2020, Standard, Admission and Release, Section (F).*

⁸ "Centers will conduct a minimum of monthly audits of property and property logs, or their electronic equivalents." *See ICE FRS 2020, Standard, Funds and Personal Property, Section (A).*

⁹ "The baggage and property storage area will be maintained in a clean and orderly manner and inspected as often as necessary to protect resident property." *See ICE FRS 2020, Standard, Funds and Personal Property, Section (A).*

¹⁰ "All medications in possession of arriving residents will be forwarded to the Center health care provider." *See ICE FRS 2020, Standard, Funds and Personal Property, Section (D).*

¹¹ "Standard operating procedure requires residents to provide a forwarding address that can be used if personal property is discovered at the Center after the resident's discharge, transfer, or removal." *See ICE FRS 2020, Standard, Funds and Personal Property, Section (D).*

2021, and found STFRC did not conduct a monthly property audit in March 2021 (FPP-75¹²). ODO notes that the center will apply the ERO corrective action plan to this deficiency.

ODO interviewed the COR, reviewed the ERO Compliance Monitoring Inspection Reports for April 8, 2021 and April 20, 2021, and found the center did not immediately report audit discrepancies to the Center Administrator and Juvenile and Family Residential Management Unit Onsite Coordinator (FPP-76¹³).

ODO reviewed a property audit conducted on April 20, 2021 and found the audit did not indicate the name(s) of the staff conducting the inventory (FPP-77¹⁴).

ODO interviewed the acting intake supervisor and sergeant and confirmed the incoming and outgoing supervisors do not conduct audits of property envelopes and large valuables when physical custody of, or access to, such items change with shift changes (FPP-78¹⁵).

ODO reviewed two property logbooks from February 24 to March 31, 2021, and March 31 to May 11, 2021, and confirmed the property logbooks did not contain the date, time, nor the name of the staff conducting the inventory (FPP-79¹⁶).

ODO interviewed the COR, reviewed the ERO Compliance Monitoring Inspection Reports for April 8, 2021 and April 20, 2021, and found the supervisor, once notified of audit discrepancies, does not follow procedures to ensure accountability of all resident funds and valuables (FPP-80¹⁷).

ODO interviewed the COR, reviewed the ERO Compliance Monitoring Inspection Reports for April 8, 2021 and April 20, 2021, and found the center does not notify ICE when a resident reports their property as lost (FPP-96¹⁸).

CARE

FOOD SERVICE (FS)

ODO interviewed the food service manager, reviewed documentation from the Texas Department of State Health Services, and found the state conducted the last health and safety inspection on

¹² "Centers will conduct at least monthly audits of resident funds, valuables, and other property utilizing two staff." See ICE FRS 2020, Standard, Funds and Personal Property, Section (O).

¹³ "Any discrepancies will be reported immediately to the Center Administrator and Juvenile and Family Residential Management Unit (JFRMU) Onsite Coordinator." See ICE FRS 2020, Standard, Funds and Personal Property, Section (O).

¹⁴ "The Center's inventory audit will indicate the inventory's date and time, and the name or names of the staff conducting the inventory." See ICE FRS 2020, Standard, Funds and Personal Property, Section (O).

¹⁵ "Both incoming and outgoing supervisors simultaneously will conduct an audit of property envelopes, and large valuables where physical custody of, or access to such items changes with Center shift changes." See ICE FRS 2020, Standard, Funds and Personal Property, Section (O).

¹⁶ "The property and valuables logbook will record the date, time, and the name of the staff conducting the inventory." See ICE FRS 2020, Standard, Funds and Personal Property, Section (O).

¹⁷ "Any discrepancies will be reported immediately to the designated supervisor, who will follow Center procedure to ensure that all resident funds and valuables are accounted for." See ICE FRS 2020, Standard, Funds and Personal Property, Section (O).

¹⁸ "ICE will be notified when a resident's property is reported to have been lost or damaged while at the Center." See ICE FRS 2020, Standard, Funds and Personal Property, Section (Q)(1).

August 20, 2019. ODO reviewed a memorandum from the Texas Department of State Health Services stating they had suspended inspections until COVID-19 has cleared. ODO cited this as an **Area of Concern**.

HEALTH CARE (HC)

ODO reviewed the COR's meeting minutes from May 12, 2021 and found the staff did not address the effectiveness of the center's health care program in the meeting's agenda (HC-269¹⁹).

Although the HSA implemented an intra-organizational, external peer review program for all independently licensed medical professionals, ODO reviewed [REDACTED] (HC-273²⁰).

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

ODO reviewed the training records of [REDACTED] center staff and [REDACTED] medical staff and found a center supervisor, hired in February 2021, did not receive comprehensive suicide prevention training during orientation (SSHSPI-8²¹).

CONCLUSION

During this inspection, ODO assessed the center's compliance with 12 standards under FRS 2020 and found the center in compliance with 8 of those standards. ODO found 17 deficiencies in the remaining 4 standards. ODO commends facility staff for its responsiveness during this inspection. ODO notes that within a week of the conclusion of the inspection, the center provided a detailed list of corrective actions taken, as well as proposed corrective actions when immediate corrective action was not possible during the inspection. ODO recommends ERO San Antonio work with the center to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	First FY 2021 (FRS 2020)	Second FY 2021 (FRS 2020)
Standards Reviewed	20	12
Deficient Standards	1	4
Overall Number of Deficiencies	1	17
Repeat Deficiencies	0	0
Areas of Concern	1	1
Corrective Actions	0	0

¹⁹ "The meeting agenda will include, at minimum, the following:

- An account of the effectiveness of the Center's health care program." See ICE FRS 2020, Standard, Health Care, Section (EE)(1).

²⁰ "The HSA will implement an intra-organizational, external peer review program for all independently licensed medical professionals. Reviews will be conducted at least annually." See ICE FRS 2020, Standard, Health Care, Section (EE)(3).

²¹ "All Center staff members who interact with and/or are responsible for residents will receive comprehensive suicide prevention training, during orientation and at least annually." See ICE FRS 2020, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (B).