



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 Residential Center
Dilley, Texas**

November 30-December 2, 2021

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 November 30 to December 2, 2021.¹ 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 in San Antonio (ERO San Antonio). The facility operates under the Family Residential Standards (FRS) 2020.

ERO has assigned an Assistant Field Office Director, deportation officers, and a detention services manager to the facility. A CoreCivic administrator handles daily facility operations and manages 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, South Texas Family Residential, and 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	
Average ICE Detainee Population ³	
Male Detainee Population (as of November 30, 2021)	
Female Detainee Population (as of November 30, 2021)	

During its last inspection, in Fiscal Year (FY) 2021, ODO found 17 deficiencies in the following areas: Admission and Release (3); Funds and Personal Property (11); Health Care (2); and Significant Self-harm and Suicide Prevention and Intervention (1).

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 November 30, 2021.

³ *Ibid.*

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 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 its 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 FAMILY RESIDENTIAL STANDARDS 2020 MAJOR CATEGORIES

FRS 2020 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Emergency Plans	0
Environmental Health and Safety	0
Housekeeping Program	0
Sub-Total	0
Part 2 – Security	
Admission and Release	1
Funds and Personal Property	0
Searches and Inspections	0
Sexual Abuse and Assault Prevention and Intervention	0
Use of Physical Control Measures and Restraints	0
Sub-Total	1
Part 4 – Care	
Food Service	1
Hunger Strikes	0
Health Care	0
Health Care (Females)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	1
Part 5 – Activities	
Correspondence and Other Mail	0
Educational Policy	0
Escorted Trips for Non-Medical Emergencies	0
Marriage Requests	0
Voluntary Work Program	0
Sub-Total	0
Part 6 – Justice	
Legal Rights Group Presentations	0
Sub-Total	0
Part 7 – Administration and Management	
Resident Files	0
News Media, Interviews and Tours	0
Resident Transfers	0

⁵ For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

Post Orders	0
Sub-Total	0
Total Deficiencies	2

DETAINEE RELATIONS

ODO interviewed 25 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.

Health Care: Two residents expressed concern regarding the mental health of their children. The residents stated to ODO they suspected the children suffered from anxiety.

- Action Taken: With the parents' permission, ODO referred the children to the mental health staff on November 30, 2021, and the staff examined them that day. A mother of one of the children declined psychiatric evaluation, and the staff informed her that she could request mental health care for her or her child at any time. The staff taught the other parent stress management, breathing techniques, and behavioral strategies to minimize stress in children and informed her of local mental health resources available to them after release into the community.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSIONS AND RELEASE (AR)

ODO reviewed [redacted] resident files and found [redacted] of [redacted] Orders to Detain or Release the Resident (Form I-203) did not contain the appropriate ICE/ERO Authorizing Official signature (**Deficiency AR-73**⁶). **This is a repeat deficiency.**

CARE

FOOD SERVICE (FS)

ODO reviewed the resident handbook and the resident orientation slide show and found the handbook and the orientation program had no information about the facility's no-pork menu (**Deficiency FS-209**⁷).

⁶ "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, Standard, Admission and Release, Section (F).

⁷ "If a Center has a no-pork menu, to alleviate any confusion for those who observe no-pork diets for religious reasons, this information will be included in the Center's handbook and local supplement and the Center orientation." See ICE FRS, Standard, Food Service, Section (G)(6).

PERSONAL HYGIENE (PH)

ODO observed the facility currently has an adequate number of toilets, showers, and washbasins for its current residents to meet quick population turnover and COVID protocol requirements. However, ODO is concerned the facility may not meet the minimum 1:8 ratio of toilets, showers, and washbasins to male and female residents with regard to maximum pre-COVID capacity or population surge. (See FRS 2020, Section E.) ODO cites this as an **Area of Concern**.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 24 standards under FRS 2020 and found the facility in compliance with 22 of those standards. ODO found two deficiencies in the remaining two standards. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the uniform corrective action plan for ODO's last inspection of STFRC in December 2021.

Compliance Inspection Results Compared	FY 2021 (FRS 2020)	FY 2022 (FRS 2020)
Standards Reviewed	12	24
Deficient Standards	4	2
Overall Number of Deficiencies	17	2
Repeat Deficiencies	0	1
Areas of Concern	1	1
Corrective Actions	0	0
Facility Rating	N/A	Superior