



U.S. Department of Homeland Security
Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
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)
Dilley, Texas**

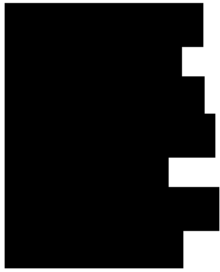
June 7-9, 2022

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

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



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| Team Lead | ODO |
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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 inspection of the South Texas Family Residential Center (Dilley) (STFRC) in Dilley, Texas, from June 7 to 9, 2022.¹ This inspection focused on the standards found deficient during ODO’s last inspection of STFRC from November 30 to December 2, 2021. 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 (FOD) in San Antonio (ERO San Antonio). The facility operates under the Family Residential Standards (FRS) 2020.

ERO has assigned an assistant FOD, deportation officers (DO), and a detention services manager to the facility. A facility administrator handles daily facility operations and manages █████ support personnel. CoreCivic provides food and commissary services and STG International provides medical care at the facility. The facility does not hold any accreditations from outside entities. 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 Resident Bed Capacity ² | █████ |
| Average ICE Resident Population ³ | █████ |
| Male Resident Population (as of June 7, 2022) | █████ |
| Female Resident Population (as of June 7, 2022) | █████ |

During its last inspection, in Fiscal Year (FY) 2022, ODO found 2 deficiencies in the following areas: Admission and Release (1) and Food Service (1).

¹ This facility holds adult female residents only with low security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List as of June 13, 2022.

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.

FINDINGS BY FAMILY RESIDENTIAL STANDARDS 2020 MAJOR CATEGORIES

| FRS 2020 Standards Inspected ^{4,5} | Deficiencies |
|---|--------------|
| Part 1 - Safety | |
| Emergency Plans | 0 |
| Environmental Health and Safety | 0 |
| Sub-Total | 0 |
| Part 2 - Security | |
| Admission and Release | 0 |
| Funds and Personal Property | 0 |
| Sexual Abuse and Assault Prevention and Intervention ⁶ | 2 |
| Staff-Resident Communication | 1 |
| Use of Physical Control Measures and Restraints | 0 |
| Sub-Total | 3 |
| Part 3 - Order | |
| Behavior Management | 0 |
| Sub-Total | 0 |
| Part 4 - Care | |
| Food Service | 0 |
| Hunger Strikes | 0 |
| Health Care | 0 |
| Health Care (Females) | 0 |
| Personal Hygiene | 1 |
| Significant Self-harm and Suicide Prevention and Intervention | 0 |
| Sub-Total | 1 |
| Part 5 - Activities | |
| Educational Policy | 0 |
| Recreation | 1 |
| Telephone Access | 1 |
| Sub-Total | 2 |
| Part 6 - Justice | |
| Grievance System | 2 |
| Sub-Total | 2 |
| Total Deficiencies | 8 |

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

⁵ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

⁶ ODO identified and cited the deficiency under the Sexual Abuse and Assault Prevention and Intervention standard during the inspection but did not review the standard in its entirety.

DETAINEE RELATIONS

ODO interviewed 19 residents, who each voluntarily agreed to participate. One resident indicated verbal abuse by a facility staff member, which is detailed below. Most detainees reported satisfaction with facility services except for the concerns listed below.

Staff-Resident Communication: One resident stated an STFRC staff member verbally abused her. Specifically, the resident stated the staff member called her a “frog” and disregarded her questions.

- Action Taken: ODO interviewed an ERO San Antonio DO and the STFRC grievance coordinator, reviewed the STFRC grievance log, and found the resident did not submit a grievance against the staff member. On June 8, 2022, an ERO San Antonio DO spoke with the resident, but she declined to give any details about the incident. Facility staff gave the resident the procedure to report any SAAPI incident via the grievance system or through the ICE Detention and Reporting Information Line. The staff also advised her on contacting the DO or her case manager if she needed further assistance. The resident stated she would consider her options but most likely would not follow through because of her scheduled departure from STFRC the following day.

Staff-Resident Communication: One resident stated STFRC detained her for 38 days and her DO did not speak with her about her case.

- Action Taken: ODO interviewed an ERO San Antonio DO and informed him of the resident’s concerns. ERO San Antonio meets with residents on Tuesday and Wednesday, starting at 9 a.m., which ODO observed was posted in the housing unit community areas. On June 6, 2022, an ERO San Antonio DO spoke with the resident about her case, and the resident stated she already received the information via a tablet in the housing unit. On June 8, 2022, the resident told the DO of her wait to see an immigration judge and had no further questions at that time.

Staff-Resident Communication: One resident stated she could not locate her husband and had not spoken to ERO San Antonio.

- Action Taken: ODO interviewed an ERO San Antonio DO and informed him of the resident’s concerns. ODO confirmed the resident’s arrival at STFRC on May 29, 2022, reviewed the facility request and grievance logs, and found the resident submitted nothing to indicate the resident had previously requested assistance. On June 8, 2022, ERO San Antonio spoke with the resident about her husband’s location, located him that day at the Eden Detention Center and followed up with the resident.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the SAAPI posters provided by ERO San Antonio and the STFRC resident handbook, interviewed STFRC staff assigned to resident intake processing, and found no current point-of-contact (POC) information for the facility's designated sexual abuse and/or assault staff member (program coordinator). Specifically, all SAAPI posters had either the wrong POC name or no name listed at all (**Deficiency SAAPI-36**⁷).

ODO reviewed the facility's posted sexual assault awareness notices and found the notices did not contain the current POC name for the facility's prevention of sexual assault compliance manager (**Deficiency SAAPI-40**⁸).

STAFF-RESIDENT COMMUNICATION (SRC)

ODO reviewed [REDACTED] staff-resident request log entries and found in [REDACTED] out of [REDACTED] entries, ERO San Antonio did not respond to residents' requests within 3 days of receipt (**Deficiency SRC-25**⁹).

CARE

PERSONAL HYGIENE (PH)

ODO reviewed STFRC's resident property policy, interviewed STFRC staff, and found the STFRC issued residents clean linens and towels; however, the facility issued residents only one washcloth, one towel, and one sheet, instead of two of each as per the standard (**Deficiency PH-48**¹⁰).

⁷ "The Center will provide residents with the name of the Program Coordinator or designated staff member and information on how to contact him/her." See ICE FRS, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (F).

⁸ "The Center will post with this notice the name of the PSA Compliance Manager and information about local organizations that can assist residents who have been victims of SAA, including mailing addresses and telephone numbers (including toll-free hotline numbers where available)." See ICE FRS, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (F).

⁹ "In Centers with ICE/ERO Onsite Presence: The ICE/ERO staff member receiving the request will respond in person or in writing, in the resident's native language, normally as soon as possible and practicable, but no later than within three business days of receipt." See ICE FRS, Standard, Staff-Resident Communication, Section (E)(1).

¹⁰ "The standard issues will be, at a minimum: ...

- Linens: two sheets and one pillowcase;
- Towels: two towels; and
- Two washcloths."

See ICE FRS, Standard, Personal Hygiene, Section (G).

ACTIVITIES

RECREATION (R)

ODO reviewed STFRC recreation policy, interviewed STFRC staff, and found STFRC did not issue wireless headsets for television viewing areas (**Deficiency R-45**¹¹).

TELEPHONE ACCESS (TA)

ODO interviewed ERO San Antonio staff and found they did not document telephone serviceability tests, nor did they maintain the forms, organized by month, for 3 years. The last documented telephone serviceability tests occurred in December 2021 (**Deficiency TA-32**¹²).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the STFRC grievance system policy and found the facility administrator reviewed emergency grievances; however, STFRC policy stated the assistant facility administrator may also review emergency grievances (**Deficiency GS-35**¹³).

ODO reviewed the STFRC grievance log and found the facility logged 52 grievances; however, STFRC staff did not record the name of the staff member completing the initial adjudication for the grievances logged (**Deficiency GS-66**¹⁴).

ODO reviewed STFRC grievance system policy, interviewed the STFRC grievance coordinator, and found the juvenile and family residential management unit onsite coordinator or other ERO San Antonio designee would not chair the grievance appeal panel. ODO found no instances in which a resident filed an appeal and cites this as an **Area of Concern**.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under FRS 2020 and found the facility in compliance with 12 of those standards. ODO found eight deficiencies in the remaining six standards. ODO commends facility staff members for their responsiveness during this inspection. 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 November 2021.

¹¹ "Residents will be provided wireless headsets for television viewing, with access to appropriate language stations or choices." *See* ICE FRS, Standard, Recreation, Section (F).

¹² "Staff will document each serviceability test on a form that has been provided by ERO, and each Field Office will maintain those forms, organized by month, for three years." *See* ICE FRS, Standard, Telephone Access, Section (C).

¹³ "Responsibility for these reviews will not be delegated." *See* ICE FRS, Standard, Grievance System, Section (C)(2).

¹⁴ "The GSM or designee will note the following information in the grievance log: ...

• The name of the GSM who conducted the initial adjudication;"

See ICE FRS, Standard, Grievance System, Section (D).

| Compliance Inspection Results Compared | First FY 2022 (FRS 2020) | Second FY 2022 (FRS 2020) |
|---|-------------------------------------|--------------------------------------|
| Standards Reviewed | 24 | 18 |
| Deficient Standards | 2 | 6 |
| Overall Number of Deficiencies | 2 | 8 |
| Repeat Deficiencies | 1 | 0 |
| Areas Of Concern | 1 | 1 |
| Corrective Actions | 0 | 0 |
| Facility Rating | Superior | N/A |