



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
Washington, DC 20536-5501

**Office of Detention Oversight
Unannounced Compliance Inspection**

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

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

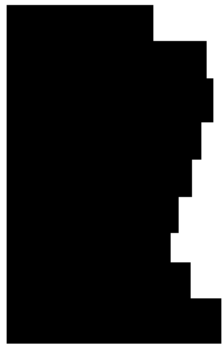
November 15-17, 2022

UNANNOUNCED COMPLIANCE INSPECTION
of the
SOUTH TEXAS FAMILY RESIDENTIAL CENTER (DILLEY)
Dilley, Texas

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COMPLIANCE INSPECTION TEAM MEMBERS



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 an unannounced compliance inspection of the South Texas Family Residential Center (Dilley) (STFRC) in Dilley, Texas, from November 15 to 17, 2022.¹ 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 (FOD) in San Antonio (ERO San Antonio). The facility operates under the Family Residential Standards (FRS) 2020.

ERO has assigned deportation officers and a detention services manager to the facility. A facility administrator handles daily 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 any outside entities. In May 2021, 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 November 15, 2022)	█████
Female Resident Population (as of November 15, 2022)	█████

During its last inspection, in Fiscal Year (FY) 2022, ODO found eight deficiencies in the following areas: Grievance System (2); Personal Hygiene (1); Recreation (1); Sexual Abuse and Assault Prevention and Intervention (2); Staff-Resident Communication (1); and Telephone Access (1).

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

² Data Source: ERO Facility List as of November 14, 2022.

³ *Ibid.*

UNANNOUNCED COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) 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 highlights instances when 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.

Beginning fiscal year (FY) 2022, ODO will conduct focused reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1-9 detainees. Additionally, ODO will conduct unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating. ODO will conduct a complete review of several core standards, in accordance with the facility’s new contractually required ICE National Detention Standards, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (FRS only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

Upon completion of each unannounced compliance 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 Standards Inspected ^{5,6,7}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Transportation (By Land)	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Contraband	0
Funds and Personal Property	0
Key and Lock Control	0
Sexual Abuse and Assault Prevention and Intervention	0
Tool Control	1
Use of Physical Control Measures and Restraints	0
Sub-Total	1
Part 3 - Order	
Behavior Management	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Health Care	0
Health Care (Females)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives, and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	0
Part 5 - Activities	
Correspondence and Other Mail	0
Recreation	0
Visitation	1
Sub-Total	1
Part 6 - Justice	
Resident Handbook	7

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

⁶ 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.

⁷ Special reviews and unannounced inspections are both focused reviews and ODO will review a facility's compliance with at least 10 individual standards during each special review or unannounced inspection.

Sub-Total	7
Part 7 - Administration and Management	
Staff Training	0
Sub-Total	0
Total Deficiencies	9

DETAINEE RELATIONS

ODO interviewed 29 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 concern listed below.

Significant Self-harm and Suicide Prevention and Intervention: One resident stated the facility refused her request for anti-depressant medication until a psychiatrist examined her. The resident also stated her several anxiety attacks contributed to her mental depression.

- Action Taken: ODO spoke with the health services administrator, reviewed the resident’s medical record, and found a behavioral health provider (BHP) assessed the resident on November 11, 2022. The facility provided the resident with instructions on sleep hygiene, mindfulness, adaptive coping tools, guided imagery, and breathing exercises for relaxation. The resident denied having suicidal or homicidal ideations, and facility staff recommended use of all coping tools, to include writing a journal. Medical staff informed the resident of an appointment with a psychiatrist for November 21, 2022. The BHP followed-up with the resident on November 15, 2022, and noted the detainee’s mood as distressed, tearful, anxious, and depressed. Medical staff reminded the resident to continue using coping skills, including deep breathing, cognitive reframing, and refocusing on mental health goals and objectives. She agreed to continue with mental health services while waiting for her psychiatrist appointment and left in a stable and regulated manner. On November 21, 2022, the psychiatrist examined the detainee and prescribed anti-depressant medication.

UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

SECURITY

TOOL CONTROL (TC)

ODO reviewed the STFRC tool inventory list and found the list did not provide the brand name nor model number of portable power tools (**Deficiency TC-31⁸**).

⁸ “Inventories that include any portable power tools will provide brand name, model, size, description, and inventory control/AMIS number.” See ICE FRS, Standard, Tool Control, Section (I).

ACTIVITIES

VISITATION (V)

ODO interviewed facility staff, reviewed the STFRC visitation policy and [REDACTED] resident files, and found in [REDACTED] out of [REDACTED] files, the facility did not place completed Notice of Entry of Appearance as Attorney or Accredited Representative forms (Form G-28) in resident non-citizen files nor facility residential files (**Deficiency V-99⁹**).

JUSTICE

RESIDENT HANDBOOK (RH)

ODO reviewed the STFRC resident handbook and found the FOD did not approve the handbook prior to distribution (**Deficiency RH-2¹⁰**).

ODO reviewed the STFRC resident handbook and found the handbook did not provide:

- Descriptions of hard nor soft contraband (**Deficiency RH-6¹¹**);
- Procedures for residents to obtain their medical records (**Deficiency RH-15¹²**);
- Procedures for residents to obtain medical advanced directives (**Deficiency RH-16¹³**);
- Written nor online notification that residents may, at any point, file a complaint regarding staff misconduct directly to the DHS Office of Inspector General (OIG) by calling the DHS/OIG Hotline or by writing to DHS (**Deficiency RH-27¹⁴**);
- A description nor instructions for translation services for non-English speaking residents. Specifically, the handbook's table of contents referenced language access on page 56, but the page contained no such information nor did any other part of the

⁹ "Once an attorney-client relationship has been established, or if an attorney-client relationship already exists, the legal representative will complete and submit a Form G-28 to be placed in the resident's alien file and residential file." *See* ICE FRS, Standard, Visitation, Section (J)(8).

¹⁰ "All items will be in compliance with this standard and will be approved by the FOD and Juvenile and Family Residential Management Unit Chief prior to distribution." *See* ICE FRS, Standard, Resident Handbook, Section (A).

¹¹ "Resident handbooks must specifically address the following topics related to the ICE Family Residential Standards: Contraband: Description of hard and soft contraband items, Center policy, and procedures for searches and inspections *See* ICE FRS, Standard, Resident Handbook, Section (B).

¹² "Resident handbooks must specifically address the following topics related to the ICE Family Residential Standards: Medical and Mental Health Care: Procedures for accessing medical and mental health care, medical/mental health assessments, emergencies, sick call, dental, counseling, medications, and obtaining medical records." *See* ICE FRS, Standard, Resident Handbook, Section (B).

¹³ "Resident handbooks must specifically address the following topics related to the ICE Family Residential Standards: Advanced Directives: Process for obtaining medical advanced directives." *See* ICE FRS, Standard, Resident Handbook, Section (B).

¹⁴ "Resident handbooks must specifically address the following topics related to the ICE Family Residential Standards: Grievance System: The opportunity at any point to file a complaint about staff misconduct directly to the DHS/OIG by calling the DHS/OIG Hotline at 800-323-8603 or by writing to: U.S. Department of Homeland Security, 245 Murray Drive, S.W., Building 410, Washington, DC 20528, Attn: Office of Inspector General; Online Complaints can be submitted: <https://hotline.oig.dhs.gov>." *See* ICE FRS, Standard, Resident Handbook, Section (B).

- handbook (**Deficiency RH-32**¹⁵); nor
- Instructions for residents to report allegations of abuse, civil rights violations, and staff member misconduct directly to ICE/ERO Headquarters nor DHS/OIG (**Deficiency RH-37**¹⁶).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 22 standards under FRS and found the facility in compliance with 19 of those standards. ODO found nine deficiencies in the remaining three standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO San Antonio 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 June 2022.

Compliance Inspection Results Compared	FY 2022 (FRS 2020)	FY 2023 (FRS 2020)
Standards Reviewed	18	22
Deficient Standards	6	3
Overall Number of Deficiencies	8	9
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Superior

¹⁵ “Disability Rights and Language Access: Description of and instruction for obtaining services for those who do not speak English or who have a disability.” See ICE FRS, Standard, Resident Handbook, Section (B).

¹⁶ “Resident handbooks must specifically address the following topics related to the ICE Family Residential Standards: Reporting Procedures: Instructions for reporting allegations of abuse, civil rights violations, and staff member misconduct directly to ICE/ERO Headquarters or the DHS/OIG.” See ICE FRS, Standard, Resident Handbook, Section (B).