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

**Office of Detention Oversight
Follow-Up Compliance Inspection
2023-001-137**

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

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

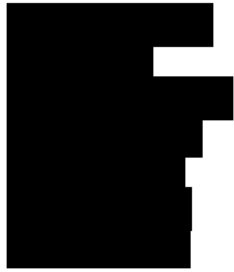
May 16-18, 2023

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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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 (Dilley) (STFRC) in Dilley, Texas, from May 16 to 18, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of STFRC from November 15 to 17, 2022. 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 in San Antonio (ERO San Antonio). The facility operates under the Family Residential Standards (FRS) 2020 and the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).²

ERO has deportation officers assigned full-time to the facility, and they are on-site daily, Monday through Friday, from 6:30 am to 3:00 pm. An STFRC 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 ³	█████
Average ICE Resident Population ⁴	█████
Male Resident Population (as of May 16, 2023)	█████
Female Resident Population (as of May 16, 2023)	█████

During its last full inspection, in Fiscal Year (FY) 2023, ODO found nine deficiencies in the following areas: Resident Handbook (7); Tool Control (1); and Visitation (1).

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

² In January 2023, following ODO’s full inspection of STFRC in November 2022, the facility executed a contract modification, which implemented six PBNDS 2011 (Revised 2016) standards: Searches of Detainees, Custody Classification System, Use of Force and Restraints, Disciplinary System, Recreation, and Population Counts.

³ Data Source: ERO Facility List as of May 8, 2023.

⁴ *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.⁵ 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, 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 uniform corrective action plan (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.

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

FINDINGS BY FAMILY RESIDENTIAL STANDARDS 2020 AND PERFORMANCED-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES

FRS 2020 and PBNDS 2011 (Revised 2016) Standards Inspected ^{6,7}	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
Staff-Resident Communication	1
Tool Control	0
Sub-Total	1
Part 4 - Care	
Food Service	0
Health Care	0
Health Care (Females)	0
Personal Hygiene	1
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives, and Death	0
Sub-Total	1
Part 5 - Activities	
Telephone Access	0
Visitation	2
Sub-Total	2
Part 6 - Justice	
Resident Handbook	3
Grievance System	2
Sub-Total	5
PBNDS 2011 (Revised 2016) Reviewed	
Custody Classification System	0
Use of Force and Restraints	2
Recreation	1
Sub-Total	3
Total Deficiencies	12

⁶ For greater detail on ODO's findings, see the *Follow-up Compliance Inspection Findings* section of this report.

⁷ 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.

DETAINEE RELATIONS

ODO interviewed 30 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 (Females): One resident stated facility medical staff authorized her to eat her meals in the housing unit due to her pregnancy and nausea, but facility security staff did not allow her to eat any meals in the housing unit.

- Action Taken: ODO interviewed the facility’s health services administrator (HSA) and the quality assurance manager, reviewed the residents medical file, and found medical staff authorized the resident to eat meals in her dorm area due to her pregnancy and nausea on May 8, 2023. On the same day, medical staff emailed facility security staff the special needs accommodation and gave the resident three copies of the accommodation to keep on her person. The resident attempted to take her meals to the housing area herself; but facility policy calls for food service to bring her meals to her. On May 18, 2023, the housing unit manager instructed the resident on the proper procedure to request meals in the housing area by submitting a request to the housing unit officer before each meal and upon approval, the housing officer will deliver her meal to her. The resident verbalized understanding of the meal procedure.

Significant Self-Harm and Suicide Prevention and Intervention: One resident stated she had thoughts of suicidal ideation upon receiving her second negative asylum decision approximately 20 days prior to this interview.

- Action Taken: ODO reviewed the resident’s medical file, interviewed the HSA, and found a medical health provider noted the resident’s comment of not currently having any suicidal or homicidal ideations but admitted “a fleeting thought of not wanting to live” after receiving her second disapproval for asylum in April 2023. On May 16, 2023, a medical health provider observed no psychological disorder in the resident and released her to the general population on the same day. Medical staff will follow-up with the resident in 2 weeks for additional counseling and inform her that she may request mental health services at any time as needed, and prior to her release.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

STAFF-RESIDENT COMMUNICATION (SRC)

ODO reviewed five town hall meeting documents and found in five out of five documents, the Juvenile and Family Residential Management Unit Onsite Coordinator and the HSA did not attend the town hall meetings from December 2022 to April 2023 (**Deficiency SRC-15⁸**).

CARE

PERSONAL HYGIENE (PH)

ODO interviewed the personal hygiene coordinator, reviewed the resident handbook, and found the facility does not prohibit cosmetics (**Deficiency PH-23⁹**).

ACTIVITIES

VISITATION (V)

ODO dialed STFRC's contact number provided on its website and found:

- No recorded visitation schedule and procedures. Specifically, ODO dialed the facility's contact number several times, selected the option to speak to an officer, but received no response (**Deficiency V-10¹⁰**); and
- No live voice or recording upon dialing the facility contact number (**Deficiency V-11¹¹**).

JUSTICE

RESIDENT HANDBOOK (RH)

ODO reviewed the STFRC resident handbook and found the following deficiencies:

⁸ “The following staff will attend town hall meetings:

- JFRMU Onsite Coordinator
- Center health care provider/Health Services Administrator.”

See ICE FRS, Standard, Staff-Resident Communication, Section (D).

⁹ “Cosmetics are prohibited, as are electric rollers, curling irons, hair dryers, and similar appliances.” See ICE FRS, Standard, Personal Hygiene, Section (D).

¹⁰ “Each Center will:

- Make the schedule, procedures, and rules available to the public, both in written form and telephonically.”

See ICE FRS, Standard, Visitation, Section (C).

¹¹ “Each Center will:

- A live voice or recording will notify telephone callers of the rules and hours for all categories of visitation.”

See ICE FRS, Standard, Visitation, Section (C).

- No reference to escorted trips for non-medical emergencies (**Deficiency RH-20¹²**);
- No social visitation rules nor hours (**Deficiency RH-25¹³**); and
- No legal rights group presentation policy nor procedure (**Deficiency RH-29¹⁴**).

GRIEVANCE SYSTEM (GS)

ODO interviewed the HSA, reviewed six medical grievance logs, and found the HSA adjudicated one medical grievance in December 2022 on the 8th working day from receipt of the medical grievance (**Deficiency GS-58¹⁵**).

ODO interviewed the grievance coordinator, reviewed six grievance logs, and found in one out six logs, the grievance coordinator did not provide a written response within 5 days. Specifically, the grievance coordinator responded to two grievances 3- and 5-days late **Deficiency GS-65¹⁶**.

PBNDS 2011 (REVISED 2016) REVIEWED

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed the Use of Force and Restraints policy, interviewed the chief of security, and found the facility does not have:

- Protective gear, which includes a full body shield, to wear when addressing aggressive residents with open wounds (**Deficiency UOFR-44¹⁷**); nor
- Protective gear to wear during calculated UOF incidents (**Deficiency UOFR-79¹⁸**).

¹² “Resident handbooks must specifically address the following topics related to the ICE Family Residential Standards:

- Escorted Trips for Non-medical Emergencies: Process that will be followed if a resident requires an escorted trip and the types of trips that are permissible.”

See ICE FRS, Standard, Resident Handbook, Section (B).

¹³ “Resident handbooks must specifically address the following topics related to the ICE Family Residential Standards:

- Visitation: Rules and hours, and resident rights for social, legal, and consular visitation.”

See ICE FRS, Standard, Resident Handbook, Section (B).

¹⁴ “Resident handbooks must specifically address the following topics related to the ICE Family Residential Standards:

- Legal Rights Group Presentations: The legal rights group presentation policy and procedure.”

See ICE FRS, Standard, Resident Handbook, Section (B).

¹⁵ “The HSA will adjudicate medical grievances within five working days of receipt and provide the resident a written response of the decision and rationale.” *See* ICE FRS, Standard, Grievance System, Section (C)(4).

¹⁶ “The GSM will provide the resident an oral and written response within five days of grievance receipt.” *See* ICE FRS, Standard, Grievance System, Section (D).

¹⁷ “Staff shall wear protective gear when restraining aggressive detainees with open cuts or wounds. If force is necessary, protective gear shall include a full-body shield.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(F)(2).

¹⁸ “Use-of-force team members and others participating in a calculated use of force shall wear protective gear, taking particular precautions when entering a cell or area where blood or other body fluids could be present.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(I)(3)(c)(1).

RECREATION (R)

ODO interviewed an STFRC recreation supervisor, toured the recreation facility, and found residents had access to free weights in the outdoor recreation area (**Deficiency R-17**¹⁹).

CONCLUSION

During this follow up compliance inspection, ODO assessed the facility's compliance with 16 standards under FRS 2020, 3 standards under PBNDS 2011 (Revised 2016), and found the facility in compliance with 12 of those standards. ODO found 12 deficiencies in the remaining 7 standards. Since STFRC's last full inspection in November 2022, the facility's overall compliance has trended down. STFRC went from 3 deficient standards and 9 deficiencies in November 2022, to 7 deficient standards and 13 deficiencies during this most recent inspection. ODO notes two of the deficiencies are in the PBNDS 2011 (Revised 2016) UOFR standard and one deficiency in the PBNDS 2011 (Revised 2016) Recreation standard, which ODO did not inspect during the full inspection in November 2022, because the facility was not contractually obligated to these standards until February 2023. ODO has not received the UCAP for ODO's last inspection of STFRC in November 2022, but ERO San Antonio staff's daily oversight of the facility likely helped ensure the facility's overall compliance with FRS 2020 and PBNDS 2011 (Revised 2016) standards. ODO recommends ERO San Antonio continue to work with the facility to ensure a high-level of compliance with the FRS 2020 and PBNDS 2011 (Revised 2016) standards.

Compliance Inspection Results Compared	FY 2023 Full Inspection (FRS 2020)	FY 2023 Follow-up Inspection (FRS 2020)/ (PBNDS 2011) (Revised 2016)
Standards Reviewed	22	19
Deficient Standards	3	7
Overall Number of Deficiencies	9	12
Priority Component Deficiencies	N/A	N/A
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	N/A

¹⁹ "Free weights are prohibited." See ICE PBNDS 2011 (Revised 2016), Standard, Recreation, Section (V)(D)(2).