



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

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**Office of Detention Oversight  
Compliance Inspection  
2024-001-215**

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

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

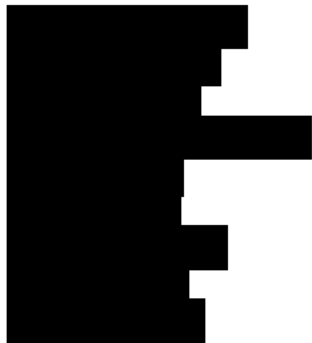
**November 14-16, 2023**

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

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## COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections

## 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 (Dilley) (STFRC) in Dilley, Texas, from November 14 to 16, 2023.<sup>1</sup> The facility opened in 2014 and is owned by Target Logistics and operated by Core Civic. The ICE Office of Enforcement and Removal Operations (ERO) began housing residents 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).<sup>2</sup>

[REDACTED] An STFRC facility administrator handles daily operations and manages [REDACTED] personnel. Target Hospitality provides food services, STG International provides medical care, and Keefe Supply Company provides commissary services 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 <sup>3</sup>	[REDACTED]
Average ICE Resident Population <sup>4</sup>	[REDACTED]
Male Resident Population (as of November 14, 2023)	[REDACTED]
Female Resident Population (as of November 14, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 9 deficiencies in the following areas: Resident Handbook (7); Tool Control (1); and Visitation (1).

<sup>1</sup> This facility holds male and female residents with low security classification levels for periods greater than 72 hours.

<sup>2</sup> In January 2023, following ODO’s full inspection of STFRC in November 2022, the facility executed a contract modification, which implemented 6 PBNDS 2011 (Revised 2016) standards: Custody Classification System; Disciplinary System; Population Counts; Recreation; Searches of Detainees; and Use of Force and Restraints.

<sup>3</sup> Data Source: ERO Custody Management Division Authorized Facility List as of November 6, 2023.

<sup>4</sup> *Ibid.*

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.<sup>5</sup>

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.

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 their decision-making to better allocate resources across the agency’s entire detention inventory.

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<sup>5</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

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

FRS 2020 and PBNDS 2011 (Revised 2016) Standards Inspected <sup>6,7</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Emergency Plans	0
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Admission and Release	1
Funds and Personal Property	0
Staff-Resident Communication	2
Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>3</b>
<b>Part 3 - Order</b>	
Behavior Management	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	0
Health Care	0
Health Care (Females)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Escorted Trips for Non-Medical Emergencies	0
Marriage Requests	0
Religious Practices	0
Telephone Access	1
Voluntary Work Program	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 6 - Justice</b>	
Grievance System	0
Law Libraries and Legal Material	0

<sup>6</sup> For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

<sup>7</sup> Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

<b>Sub-Total</b>	<b>0</b>
<b>Part 7 - Administration and Management</b>	
Resident Files	0
Resident Transfers	0
Post Orders	4
<b>Sub-Total</b>	<b>4</b>
<b>PBNDS 2011 (Revised 2016) Reviewed</b>	
Custody Classification System	0
Population Count	0
Searches of Detainees	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>8</b>

## RESIDENT RELATIONS

ODO interviewed 50 residents, who each voluntarily agreed to participate. One of the residents made an allegation of sexual harassment, and ODO immediately referred the complaint to ERO San Antonio and facility staff. Most residents reported satisfaction with facility services except for the concern listed below.

*Sexual Abuse and Assault Prevention and Intervention:* One resident stated another resident sexually harassed him.

- **Action Taken:** On November 14, 2023, a resident informed ODO during the interview that he was the victim of sexual harassment by another resident. The resident alleged the other resident propositioned him several times and touched him inappropriately. The resident did not report the incident due to fear of it affecting his pending immigration case. On the same day, ODO notified the STFRC administrator and ERO San Antonio staff of the incident, who subsequently reported the incident to the ICE Joint Intake Center (Case #2024SIR0002092). STFRC staff initiated PREA/SAAPI protocols, referred the resident to the Immigration Health Service Corps for a medical evaluation, relocated the alleged harasser to another dorm, provided the resident with the detainee assistance alternatives flyer, and notified the Dilley Police Department. Additionally, a behavior health provider met with the resident, assessed his stress level, educated him on coping skills, and ensured he knew how to complete and submit a medical request form for future mental health services as needed. The resident returned to his housing area and had no other follow-up appointments scheduled.

# COMPLIANCE INSPECTION FINDINGS

## SECURITY

### ADMISSION AND RELEASE (AR)

ODO reviewed [REDACTED] resident files, interviewed the classification coordinator, and found [REDACTED] out of [REDACTED] files did not contain an Order to Detain form (Form I-203) (**Deficiency AR-73<sup>8</sup>**).

### STAFF-RESIDENT COMMUNICATION (SRC)

ODO reviewed the STFRC residence information room logbook and found ERO San Antonio staff did not conduct unannounced and unscheduled visits to the living and activity areas to observe living conditions during the week of October 8-14, 2023 (**Deficiency SRC-4<sup>9</sup>**).

ODO reviewed STFRC residence information center bulletin boards and found the facility did not post town hall minutes in the Yellow Frog<sup>10</sup> Housing Unit Resident Information Center (**Deficiency SRC-17<sup>11</sup>**).

## ACTIVITIES

### TELEPHONE ACCESS (TA)

ODO interviewed facility staff, reviewed the facility's daily phone inspection records for the Red Parrot Housing Unit 2, and found no records for October 1, October 16-17, October 24-25, and October 30, 2023 (**Deficiency TA-11<sup>12</sup>**).

## ADMINISTRATION AND MANAGEMENT

### POST ORDERS (PO)

ODO reviewed 36 facility POs and found in 6 out of 36 orders, the facility administrator did not sign and date the last page, nor initial and date all other pages (**Deficiency PO-6<sup>13</sup>**).

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<sup>8</sup> "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).

<sup>9</sup> "ICE/ERO managers will conduct unannounced, unscheduled visits once a week to the Center's living and activity areas to observe living conditions informally as well as engage in informal communication with residents." See ICE FRS, Standard, Staff-Resident Communication, Section (A).

<sup>10</sup> The facility names its housing units in this fashion (e.g., Yellow Frog, Red Parrott, etc.)

<sup>11</sup> "Minutes will be posted in the Resident Information Center in Spanish and in the prominent languages of most residents with Limited English Proficiency (LEP), where practicable." See ICE FRS, Standard, Staff-Resident Communication, Section (D).

<sup>12</sup> "Designated Center staff will inspect the telephones daily, promptly reporting out-of-order telephones to the repair service so that required repairs are completed quickly." See ICE FRS, Standard, Telephone Access, Section (A)(3).

<sup>13</sup> "The Center Administrator (or designee) will:

- Approve, sign, and date each Post Order on the last page of each section;
- Initial and date all other pages; and ..."



ODO reviewed 36 facility post orders and found in 36 out of 36 orders, no ICE/ERO standards relevant to the post in the respective classification folders (**Deficiency PO-7<sup>14</sup>**).

ODO interviewed a facility lieutenant, reviewed the living and activity area logbooks, and found a shift supervisor did not initial the log in 71 out of 514 shifts (**Deficiency PO-9<sup>15</sup>**).

ODO reviewed 36 facility POs and found 10 out of 36 orders were not current as the facility most recently updated those 10 POs between September 15 and December 20, 2021 (**Deficiency PO-10<sup>16</sup>**).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 24 standards under FRS and 4 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 24 of those standards. ODO found eight deficiencies in the remaining four standards. Since STFRC's last full inspection in November 2022, the facility's overall compliance has remained consistent. STFRC went from 3 deficient standards and 9 deficiencies in November 2022, to 4 deficient standards and 8 deficiencies during this most recent inspection. ODO has not received the uniform corrective action plan for ODO's last full 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 the FRS 2020 and PBNDS 2011 (Revised 2016) standards. ODO recommends ERO San Antonio continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

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*See* ICE FRS, Standard, Post Orders, Section (C).

<sup>14</sup> "The Post Orders for each post will be issued in a six-part classification folder and will be organized as follows:

...

Section 5: ICE/ERO Standards and policies and Center practices relevant to the post; and ..."

*See* ICE FRS, Standard, Post Orders, Section (D).

<sup>15</sup> "The Shift Supervisor will visit each living and activity area and initial the log on each shift." *See* ICE FRS, Standard, Post Orders, Section (E).

<sup>16</sup> "Post Orders will be kept current at all times. Post Orders will be formally reviewed annually, at a minimum, and updated as needed." *See* ICE FRS, Standard, Post Orders, Section (F).

<b>Compliance Inspection Results Compared</b>	<b>FY 2023 Full Inspection (FRS 2020)</b>	<b>FY 2024 Full Inspection (FRS 2020)/ (PBNS 2011) (Revised 2016)</b>
Standards Reviewed	22	28
Deficient Standards	3	4
Overall Number of Deficiencies	9	8
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Good <sup>17</sup>

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<sup>17</sup> ODO revised their rating system at the end of FY 2023 and beginning in FY 2024, facilities rated as “Superior” will have no or very minimal deficiencies, and will have no repeat or priority component deficiencies.