



U.S. Department of Homeland Security

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight

Washington, DC 20536-5501

**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
ERO San Antonio Field Office
South Texas Detention Complex
Pearsall, Texas**

April 21–23, 2015

**COMPLIANCE INSPECTION
SOUTH TEXAS DETENTION COMPLEX
ERO SAN ANTONIO FIELD OFFICE**

TABLE OF CONTENTS

INSPECTION PROCESS	
Report Organization.....	1
Inspection Team Members.....	1
EXECUTIVE SUMMARY	3
OPERATIONAL ENVIRONMENT	
Detainee Relations	8
ICE 2011 PERFORMANCE BASED NATIONAL DETENTION STANDARDS	
Detention Standards Reviewed.....	9
Environmental Health and Safety	10

INSPECTION PROCESS

The U.S. Immigration and Customs Enforcement (ICE), Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducts broad-based compliance inspections to determine a detention facility's overall compliance with the applicable ICE National Detention Standards (NDS) or Performance-Based National Detention Standards (PBNDS), and ICE policies. ODO bases its compliance inspections around specific detention standards, also referred to as core standards, which directly affect detainee health, safety, and well-being. Inspections may also be based on allegations or issues of high priority or interest to ICE executive management.

Prior to an inspection, ODO reviews information from various sources, including the Joint Intake Center (JIC), Enforcement and Removal Operations (ERO), detention facility management, and other program offices within the U.S. Department of Homeland Security (DHS). Immediately following an inspection, ODO hosts a closeout briefing at which all identified deficiencies are discussed in person with both facility and ERO field office management. Within days, ODO provides ERO a preliminary findings report, and later, a final report, to assist in developing corrective actions to resolve identified deficiencies.

REPORT ORGANIZATION

ODO's compliance inspection reports provide executive ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. They assist leadership in ensuring and enhancing the safety, health, and well-being of detainees and allow ICE to make decisions on the most appropriate actions for individual detention facilities nationwide.

ODO defines a deficiency as a violation of written policy that can be specifically linked to ICE detention standards, ICE policies, or operational procedures. Deficiencies in this report are highlighted in bold and coded using unique identifiers. Recommendations for corrective actions are made where appropriate. The report also highlights ICE's priority components, when applicable. Priority components have been identified for the 2008 and 2011 PBNDS; priority components have not yet been identified for the NDS. Priority components, which replaced the system of mandatory components, are designed to better reflect detention standards that ICE considers of critical importance. These components have been selected from across a range of detention standards based on their importance to factors such as health and safety, facility security, detainee rights, and quality of life in detention. Deficient priority components will be footnoted, when applicable. Comments and questions regarding this report should be forwarded to the Deputy Division Director, OPR ODO.

INSPECTION TEAM MEMBERS

(b)(6), (b)(7)c	Inspections & Compliance Specialist (Team Lead)	ODO
	Inspections & Compliance Specialist	ODO
	Inspections & Compliance Specialist	ODO
	Management & Program Analyst	ODO
	Contractor	Creative Corrections

(b)(6), (b)(7)c

Contractor
Contractor
Contractor

Creative Corrections
Creative Corrections
Creative Corrections

EXECUTIVE SUMMARY

ODO conducted a compliance inspection of the South Texas Detention Complex (STDC) in Pearsall, Texas, from April 21 to 23, 2015. STDC, which opened in 2005, is owned and operated by the GEO Group (GEO). ERO began housing detainees at STDC in 2005 under a Contract Detention Facility Agreement. Male detainees of security classification levels I through III are detained at the facility for periods in excess of 72 hours. The inspection evaluated STDC's compliance with the 2011 PBNDS.

The ERO Field Office Director (FOD) in San Antonio, Texas, is responsible for ensuring facility compliance with the 2011 PBNDS and ICE policies. An ERO Assistant Field Office Director (AFOD) and (b)(7)e ERO staff members are located onsite. A Detention Service Manager is assigned to STDC.

Capacity and Population Statistics	Quantity
Total Bed Capacity	1904
ICE Detainee Bed Capacity	1904
Average Daily Population	1588
Average ICE Detainee Population	1588
Average Length of Stay (Days)	43
Male Detainee Population (as of 04/21/2015)	1494
Female Detainee Population	N/A

A Warden is responsible for oversight of daily facility operations and is supported by (b)(7)e personnel. The GEO Group provides food services and the ICE Health Service Corps (IHSC) provides medical services. The facility holds both an American Correctional Association (ACA) and a National Commission on Correctional Health Care (NCCHC) accreditations.

In February 2012, ODO conducted an inspection of the STDC under the 2008 PBNDS. During the inspection ODO reviewed 15 PBNDS; 14 standards were found to be fully compliant. One standard, Funds and Personal Property, had deficiencies.

During this inspection ODO reviewed fifteen 2011 PBNDS and found STDC compliant with 14 standards. ODO found a total of one deficiency (not relating to priority components) in the Environmental Health and Safety standard. The facility initiated corrective action during the inspection.¹ ODO cited one best practice in the Sexual Abuse Assault Prevention and Intervention (SAAPI) standard.²

This report details all deficiencies and refers to the specific, relevant sections of the 2011 PBNDS. ERO will be provided a copy of this report to assist in developing corrective actions to resolve all identified deficiencies. ODO discussed preliminary findings with STDC and ERO management during the inspection and at a closeout briefing conducted on April 23, 2015.

Detainees assigned by ERO to STDC are brought into the main booking area where the detainees are pat-searched and inspected with a handheld metal detector. Per facility policy, a strip search is conducted only when there is a reasonable suspicion of a detainee bringing contraband into the facility.

¹ Corrective actions initiated by the facility are annotated as "C."

² Best practices are annotated in this report as "BP."

Initial medical intake screening is completed by IHSC nursing staff within 12 hours of a detainee's arrival. The detainee also signs a general consent for treatment statement during medical screening.

Photo identification cards are issued to each detainee. A second photo identification card is forwarded to the detainee's assigned housing unit to be used when conducting periodic face to face counts.

A classification officer meets with a detainee during intake processing and uses the ICE Custody Classification Worksheet to determine the classification level. STDC classifies detainees as low, medium-low, medium, medium-high, and high custody. As a means of custody level identification, detainees are issued color coded uniforms and wrist bands. The initial classification decision is reviewed by the intake supervisor prior to the detainee leaving the intake area. ODO's review of 45 detention files of detainees of all classification levels confirmed classification documentation and supervisory approval was present. STDC classification policy requires that detainees have a classification review every 60 to 90 days.

The ICE National Detainee Handbook and facility detainee handbook are issued to detainees during the intake process. Detainees sign an acknowledgement form for both handbooks and a copy of the acknowledgement is placed in each detainee's detention file. The STDC detainee handbooks are available in both English and Spanish. The facility has a committee that conducts an annual review of the handbook. The last revision of the STDC detainee handbook was conducted in March 2015.

STDC has written policies and procedures that provide for the control and safeguarding of detainee funds and personal property. ODO observed the processing of detainees into and out of the facility. Property was properly logged and inventoried during the initial intake process and documented on a property form. ODO observed the property room was clean and well-organized. Valuables were placed in clear, plastic, zippered property bags secured with numbered, plastic security locks, and placed in a secure safety deposit box.

Grievance forms are available in the housing units and detainees may obtain assistance from another detainee or facility staff in preparing a grievance. STDC provides detainees with envelopes in which to seal grievances, identifying them as sensitive or medically sensitive. STDC maintains a grievance log to document and track grievances filed by detainees. Detainees can appeal any grievance decision to the grievance committee. If a detainee is not satisfied with the grievance committee's decision it may be further appealed to the facility administrator or ICE.

The facility has a designated room used as the law library. That room is monitored by a correctional officer to ensure detainees do not damage legal materials or equipment. The law library can accommodate nine detainees per session. There are nine computers, one printer, desks and chairs in this area. A mobile computer cart with a computer is available for detainees housed in the special management unit. The computers are equipped with the latest version of the LexisNexis software.

STDC's safety manager conducts and documents weekly fire and safety inspections of the entire facility. Monthly inspections are conducted jointly by the safety manager, maintenance personnel, and medical staff, with reports forwarded to the warden. In addition, quarterly inspections of the facility are conducted and documented by administrative staff. The exit diagrams posted in the living units provide the required information in English and Spanish, emergency equipment locations, and areas of safe refuge. An area of safe refuge is not designated on the exit diagrams in the medical housing unit, food service or administrative areas

All staff and detainees involved in food service were observed practicing proper food handling procedures during food production and tray preparation. Detainees wore proper hair and beard restraints, gloves, boots and white uniforms. The overall sanitation of the kitchen and storage areas during the inspection was exceptional. ODO observed safety and sanitation procedures for cleaning and sanitizing food service equipment were in place and followed. Cleaning agents were being properly used and all hazardous chemicals were properly controlled, stored and inventoried. Storage areas were clean and organized. Procedures are in place for rotating food stocks.

The health services department is staffed 24 hours a day, seven days a week by the ICE Health Services Corp (IHSC) and contractor, InGenesis Medical Staffing. The approved staffing plan authorizes (b)(7) positions, to include a Health Services Administrator (HSA), assistant HSA, clinical director, staff physician, (b)(7) midlevel providers, (b)(7) registered nurses (RN), and (b)(7) licensed vocational nurses (LVN). Mental health staff consists of a psychiatrist and (b)(7) licensed clinical social workers (LCSW), and dental services are provided by (b)(7) dentists and (b)(7) dental assistants. In addition, there is a pharmacist, (b)(7) pharmacy technicians, (b)(7) medical record technicians and an administrative assistant. Because the clinical director position has been vacant since 2013, the IHSC Western Regional Clinical Director stationed in San Diego, California, serves as STDC's designated clinical medical authority. ODO was informed he has access to all detainee medical records by way of the electronic medical record system, and conducts record reviews on a daily basis. The staff physician position was also vacant at the time of the inspection, as were (b)(7) RN, (b)(7) midlevel provider, and (b)(7) LVN positions. ODO's review of credential and competency files of all licensed medical personnel found them well organized and current, and credentials were primary source verified.

The facility clinic has four examination rooms, an urgent care/treatment room, a one-chair dental operatory, nurses' station, pharmacy, laboratory, digital x-ray room, large conference room, medical records office, and two mental health interview rooms. Two holding areas located side by side at the clinic entrance, each accommodating seven detainees, are used for patient waiting rooms. The detainees are supervised by correctional staff. Each detainee holding area has a toilet and accessible drinking water. Sanitation in the clinic is maintained at a very high level.

The facility also has a 20 bed medical housing unit staffed by RNs and LVNs 24 hours a day, seven days a week. This unit has four rooms equipped with negative pressure for respiratory isolation. In addition, there are rooms in the facility's intake area and adjacent to the special management unit for screening and sick call. All areas used for patient encounters provide adequate privacy.

The facility also screens detainees during the admissions process for possible victimization and predatory factors related to the prevention of sexual abuse and assault. The facility classification officers provide a briefing during detainee orientation stating the facility's zero tolerance policy and how to report allegations of sexual abuse, assault or fear of abuse or assault. The briefing is provided in both English and Spanish. ODO observed the ICE SAAPI posters hung in all housing units and other areas where detainees are present.

In addition to the information on the ICE SAAPI posters, a detainee can dial "9" from any detainee phone in any area of the facility and an e-mail message will be sent to senior staff notifying them a detainee has either a fear of sexual abuse or assault or has been the victim of sexual abuse or assault. The detainee enters his unique Personal Identification Number (PIN) into the phone and dials the number "9". The phone system then generates an e-mail that is sent to senior facility staff. The senior staff members coordinate an immediate response to remove the detainee to safety. The e-mail sent by the dial "9" phone systems identifies the specific detainee and the specific phone from which the call was made. ODO identified the dial "9" system and associated immediate response from facility staff as a best practice **(BP-1)**.

ICE staff conducts weekly scheduled and unscheduled visits at STDC. The dates and times for scheduled visits are posted in each housing unit. During visits, ICE officials check the overall condition of the facility and respond to detainee requests. Visits are documented in the facility's electronic logbook. ODO reviewed Facility Liaison Checklists and telephone serviceability worksheets to verify weekly checks were completed and that records are maintained.

Detainees can submit written requests to ICE staff by filling out an ICE Detainee Request Form and placing the request in a secure lock box mounted on the wall of the housing unit. ICE staff collects the detainee request forms daily.

The facility special management unit (SMU) has two tiers, each with 18 single occupancy cells and a secured shower. Separation of detainees on administrative segregation and disciplinary segregation is afforded by cell assignments. ODO found the cells freshly painted, appropriately heated, adequately ventilated, well lit, and very clean. All were equipped with appropriate furniture and fixtures, with an intercom to communicate with control room staff. The SMU has a dayroom with a television mounted on the wall, and a metal stool for sitting and viewing. Officers electronically record detainee cell checks every ten minutes by pressing a wall mounted sensor with a wand carried by the officer. In addition, officers are required to document checks every 15 minutes by making a hand-recorded entry in the "Detainee Segregation Log Book" positioned at the door of each cell.

Detainees placed on suicide observation are housed in two designated rooms in the medical housing unit or in cell H9 in the intake area. Cell H9 is padded, and used only when a detainee's behavior is self-destructive. The observation rooms and cell H9 have been approved by mental health, medical and correctional staff. All observation rooms are free of objects or structural elements that could facilitate a suicide attempt. Suicide-resistant smocks, blankets and mattresses are issued to detainees on suicide watch. When a suicide watch is initiated, a correctional officer is positioned outside the cell door for constant observation of the detainee on suicide watch.

Detainees have reasonable and equitable access to telephones at STDC. The facility provides telephone access rules in writing to each detainee upon admittance. The telephone availability ratio for each housing pod is approximately 10 detainees per telephone. Telephones are turned on each day at approximately 6:30 a.m. and turned off at lockdown each evening at 10:30 p.m. STDC has a text telephone (TTY) phone located in the control room. The facility transfers the TTY phone to a private room for detainee use. Detainees that need to use the TTY phone are provided the same access to the TTY phone as other detainees are provided access to the regular telephones.

STDC has a comprehensive use of force policy addressing all procedural requirements of the 2011 PBNDS, including confrontation avoidance and using force only as a last resort. Per the facility policy, any calculated use of force must be authorized by the Warden or his designee. STDC officers complete 120 hours of initial training and 40 hours of annual in-service training in the use of force.

OPERATIONAL ENVIRONMENT

DETAINEE RELATIONS

ODO interviewed 25 detainees. Interview participation was voluntary and none of the detainees made allegations of mistreatment, abuse, or discrimination. The majority of detainees reported being satisfied with facility services with the exception of the complaints below:

Law Libraries and Legal Materials: One detainee stated that he had requested use of the law library the previous week, but had not been allowed to use the law library. ODO checked with the officer responsible for the law library and the detainee was scheduled for the next available time the law library was available.

Food Service: Four detainees complained the food was not good and they received small portions. ODO observed the lunch meal on April 22, 2015, and found the food was served in appropriate amounts in accordance with the facility menu.

Staff-Detainee Communication: Nine detainees were not sure who their deportation officer was or when ICE visits the housing pods. ODO reviewed staff detainee communications at the facility and found no deficiencies with either the policy or process. The names of the deportation officers and the days the officers visit the housing pods are clearly posted in each housing pod and stated in the facility handbook.

Hygiene Items: Ten detainees complained that the facility was issuing used razor blades for shaving. ODO inspected the razor being issued to the detainees and found that the facility does not issue used razors to detainees. New razors are issued to detainees and after use they are picked up and placed in a medical sharps container for disposal.

ICE 2011 PERFORMANCE-BASED NATIONAL DETENTION STANDARDS

ODO reviewed a total of 15 PBNDS and found STDC fully compliant with the following 14 standards:

1. Admission and Release
2. Custody Classification System
3. Detainee Handbook
4. Funds and Personal Property
5. Food Service
6. Grievance Procedures
7. Law Libraries and Legal Materials
8. Medical Care
9. Sexual Abuse and Assault Prevention & Intervention
10. Significant Self-Harm and Suicide Prevention and Intervention
11. Special Management Units
12. Staff-Detainee Communication
13. Telephone Access
14. Use of Force and Restraints

As the standards above were compliant at the time of the inspection, a synopsis for these standards is not included in this report.

ODO found one deficiency in the following standard:

1. Environmental Health and Safety

Findings for the standard are presented in the remainder of this report.

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the Environmental Health and Safety standard at STDC to determine if the facility maintains high standards of cleanliness and sanitation, safe work practices and control of hazardous materials and substances, in accordance with ICE 2011 PBNDS. ODO toured the facility, interviewed staff, and reviewed procedures and documentation of inspections, hazardous chemical management, and fire drill documentation.

ODO observed sanitation throughout the facility was maintained at a high level. The food service department was particularly well maintained, with superior levels of sanitation.

ODO's inspection found inventories of hazardous substances were complete and current. A master index of all hazardous substances in the facility, including locations and emergency numbers, was available in the safety manager's office and the storage unit located outside of the secure perimeter. Documentation reviewed by ODO reflects the index is reviewed annually by the safety manager and a copy is provided to the local fire department. ODO confirmed binders with Material Safety Data Sheets were present at each location where chemicals are stored and used. Staff completes annual training in fire emergencies and the use and control of hazardous substances and chemicals.

STDC's safety manager conducts and documents weekly fire and safety inspections of the entire facility. Monthly inspections are conducted jointly by the safety manager, maintenance personnel, and medical staff, with reports forwarded to the warden. In addition, quarterly inspections of the facility are conducted and documented by administrative staff.

ODO confirmed quarterly fire drills which include drawing and testing emergency keys are conducted in all facility locations, including administrative areas. The exit diagrams posted in living units provide the required information in English and Spanish, emergency equipment locations, and areas of safe refuge. The exit diagrams in the medical housing unit, food service and administrative areas did not designate an area of safe refuge (**Deficiency EH&S-1**). This deficiency was corrected during the inspection (**C-1**).

Documentation of generator testing, pest control, and water certification were present and compliance with the standard was confirmed. Inspection of the medical department found sharps were properly inventoried and accounted for. Disposal of bio-hazardous waste is handled under contract with a private contractor.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY EH&S-1

In accordance with 2011 PBNDS, Environmental Health and Safety, section (V)(C)(5), the FOD must ensure, "In addition to a general area diagram, the following information must be provided on existing signs:

- a. Instructions in English, Spanish and the next most prevalent language at the facility;

- b. 'You are here' markers on exit maps: and
- c. Emergency equipment locations.

'Areas of Safe Refuge' shall be identified and explained on diagrams. Diagram posting shall be in accordance with applicable fire safety regulations of the jurisdiction."