



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

**Office of Detention Oversight
Compliance Inspection**

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

**South Texas ICE Processing Center
Pearsall, Texas**

February 1-3, 2022

COMPLIANCE INSPECTION
of the
SOUTH TEXAS ICE PROCESSING CENTER
Pearsall, Texas

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS (PBNDS) 2011 (REVISED 2016) MAJOR CATEGORIES	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	10
SAFETY	10
Environmental Health and Safety	10
SECURITY	10
Staff-Detainee Communication	10
CARE	11
Medical Care	11
Personal Hygiene	11
JUSTICE	11
Grievance System	11
Legal Rights Group Presentations	11
CONCLUSION	11

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 compliance inspection of the South Texas ICE Processing Center (STIPC) in Pearsall, Texas, from February 1 to February 3, 2022.¹ The facility opened in 2005 and is owned and operated by The GEO Group, Inc. (GEO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at STIPC in 2005 under the oversight of ERO’s Field Office Director in San Antonio (ERO San Antonio). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers to the facility. An STIPC facility administrator handles daily operations and manages [REDACTED] support personnel. GEO provides food services, ICE Health Service Corps provides medical care, and Keefe Commissary Network provides commissary services at the facility. The facility was accredited by the American Correctional Association in 2019. In May 2021, STIPC 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 Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of February 1, 2022)	[REDACTED]
Adult Female Population (as of February 1, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2021, ODO found six deficiencies in the following areas: Admission and Release (1); Hunger Strikes (1); Medical Care (1); Telephone Access (1); and Use of Force and Restraints (2).

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

² Data Source: ERO Facility List as of January 31, 2022.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 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.

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 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 PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDS 2011 (Revised 2016) Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	1
Sub-Total	1
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Hold Rooms ⁷	0
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Staff-Detainee Communication ⁸	1
Use of Force and Restraints	0
Sub-Total	1
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	1
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	1
Part 5 - Activities	
Correspondence and Other Mail	0
Marriage Request	0
Trips for Non-Medical Emergencies	0
Voluntary Work Program	0
Sub-Total	0

⁵ For greater detail on ODO's findings, see the *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 inspections.

⁷ The Hold Rooms standard was inspected since STIPC did not maintain a Special Management Unit.

⁸ The deficiency cited under the Staff-Detainee Communication standard was identified from detainee interviews, the Staff-Detainee Communication standard was not reviewed its entirety.

Part 6 - Justice	
Grievance System ⁹	1
Legal Rights Group Presentations	1
Sub-Total	2
Part 7 - Administration and Management	
Detainee Transfers	0
Detention Files	0
Interviews and Tours	0
Sub-Total	0
Total Deficiencies	5

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Two detainees exhibited signs of mental health issues during the interview and ODO immediately referred them to both ERO San Antonio and the facility medical staff for follow-up care. Most detainees reported satisfaction with facility services except for the concerns listed below.

Admission and Release: One detainee stated he did not receive the ICE National Detainee Handbook and the facility's site-specific handbook in his native language. The detainee requested he receive both handbooks in Haitian Creole.

- Action Taken: ODO reviewed the facility's acknowledgement form, signed by the detainee for receipt of the ICE National Detainee Handbook in English on September 21, 2021. ODO informed the facility's compliance manager ICE/ERO's website has several translations of the ICE National Detainee Handbook, to include Haitian Creole. On February 2, 2022, the facility staff provided the detainee a copy of the ICE National Detainee Handbook in Haitian Creole and placed the detainee's signed acknowledgment form for this copy in his detainee detention file. Additionally, the staff used the language line service to interpret the facility's detainee handbook in Haitian Creole and gave the detainee the opportunity to ask questions.

Staff-Detainee Communication: One detainee stated he submitted two ICE requests, one in December 2021 and the other in January 2022, and had not received a response.

- Action Taken: ODO reviewed the ICE detainee request log and found the detainee submitted a request on December 15, 2021, asking for information about his case. On January 5, 2022, the detainee requested to correct his sponsor's phone number. On February 3, 2022, ERO San Antonio replied to the detainee's requests electronically, which the detainee obtained after logging into a facility tablet. On February 8, 2022,

⁹ The deficiency cited under the Grievance System standard was identified from detainee interviews, the Grievance System standard was not reviewed its entirety.

ODO confirmed the detainee's satisfaction with ERO San Antonio's responses. ODO cited the extra time to respond to the requests as a deficiency in the *Staff-Detainee Communication* section of the report.

Medical Care: One detainee stated his concern about newly admitted detainees entering his housing unit after completing only 6 days of quarantine because of COVID-19. He said four other detainees also had concerns about the shortened quarantine period because they believed they contracted COVID-19 from the recently admitted detainees.

- Action Taken: ODO reviewed the facility's COVID-19 procedures and tracking log for COVID-19 cases, spoke with the health services administrator (HSA), and confirmed all admitted detainees quarantine for 14 days as per ICE Health Service Corps policy. Detainees also received a COVID-19 symptom screening before release to a housing unit. If detainees showed COVID-19 symptoms, the facility staff isolated them in the medical housing unit and tested them for COVID-19. If tests produced negative results, the facility staff returned the detainees to a cleared housing unit. On February 3, 2022, the assistant facility administrator (AFA) informed the detainee of his relocation to a different housing unit and explained the COVID-19 protocols to him. Additionally, the custody classification department placed a copy of the response in the detainee's detention file.

Medical Care: One detainee reported concerns about having cataracts and light causing a burning sensation in his eyes. In January 2022, he submitted a sick call request, met with medical staff, and received ibuprofen. The detainee submitted no further sick call requests because he felt the staff would issue him only ibuprofen.

- Action Taken: ODO spoke with the assistant health services administrator (AHSA), reviewed the detainee's medical file, and confirmed completion of his physical 2 days after arriving on November 18, 2021. The staff found the detainee to be healthy with normal vision, and the detainee reported no complaints. On February 2, 2022, the nurse practitioner (NP) evaluated the detainee for his eye complaints. The detainee denied having cataracts nor any burning sensation, but he did say he found the facility lights to be too bright and he had a history of skin growth on both eyes. The NP examined the detainee's eyes and noted he needed a slight correction for his near vision. The facility medical staff discussed the detainee's concern of tissue growth in both eyes and instructed him on how to procure glasses from the commissary. The NP educated the detainee on the issue concerning his eyes and advised him to submit a sick call request if discomfort persisted.

Medical Care: One detainee stated he submitted a sick call request upon arrival for a sore throat and a doctor found no symptoms after examining him. In January 2022, the detainee submitted a sick call request for an injury sustained during recreation, but the medical staff didn't examine him until 6 days later. Additionally, the detainee stated he has been waiting for a dentist to examine his wisdom teeth after submitting a request during the week of January 24, 2022.

- Action Taken: ODO spoke with the AHSA, reviewed the detainee's medical file, and confirmed the detainee's arrival on December 16, 2021, and completion of his initial

physical examination on December 22, 2021. The detainee did report to sick call for a sore throat on the following dates: December 22, 2021; December 23, 2021; December 24, 2021; December 25, 2021; December 26, 2021; and December 28, 2021. A registered nurse (RN) examined the detainee on the same day of each sick call request and found no signs of infection. Nevertheless, he received one dose of an over the counter (OTC) medication as a prophylactic and instruction on saltwater gargles. On January 7, 2022, the detainee submitted a sick call request for neck pain and an RN found the detainee to have full range of motion and no swelling after examining him on the same day. On January 28, 2022, the RN evaluated the detainee for dental pain, prescribed OTC medication, and referred him to the facility dentist. On February 2, 2022, the dentist examined the detainee and confirmed impacted wisdom teeth. The detainee stated he felt no pain after the exam. The dentist scheduled an appointment to see the detainee on March 28, 2022, to reevaluate his tooth and told the detainee about his scheduled appointment.

Significant Self-harm and Suicide Prevention and Intervention: One detainee stated he had thoughts of self-harm and harm to others and disclosed to the facility's staff both past and current intentions. He planned to hang himself with a laundry bag drawstring, but a facility officer saw and removed the drawstring from the detainee. He next planned to use a shower curtain hook from the bathroom shower to harm himself or others. He said he could use the sharp tip of the hook to stab himself or the detainee from the same housing unit who had been harassing him. He stated the other detainee awakened him suddenly by hitting the side of his bed. The detainee submitted a request to change his housing unit assignment around January 9, 2022, and had not received a response from the facility staff. On February 1, 2022, the detainee reported the belligerent detainee dumped trash on his bed and wanted to confront him directly. The detainee refrained from direct confrontation with the other detainee for fear of reprisal.

- Action Taken: ODO immediately notified the facility leadership and ERO San Antonio of the detainee's thoughts of suicide and harm to others and possession of contraband. ODO next reviewed the detainee's medical file and confirmed his arrival on December 16, 2021, and completion of his initial physical examination on December 22, 2021. The detainee denied any history of suicidal ideations during the examination. Following the ODO interview on February 1, 2022, facility staff placed the detainee in a suicide watch room. A licensed clinical social worker (LCSW) evaluated him and documented his admission of depression and a suicide attempt from 4 years ago. The LCSW conducted a suicide risk assessment, placed the detainee on constant suicide watch, and initiated a treatment plan as per facility procedures. On February 7, 2022, the medical staff removed the detainee from constant suicide watch and medically discharged him to return to the general population. ODO inspected the bathroom shower of the detainee's housing unit for contraband on February 2, 2022, with ERO San Antonio staff and the AFA and discovered removable shower curtain hooks. The AFA acknowledged detainees removing and breaking the shower curtain hooks as an ongoing issue for the past 3 years. The facility staff searched the housing unit on the evening of February 2, 2022, and found no contraband. The facility staff notified the maintenance section to repair the missing curtain hooks and confirmed completion of that repair on February 8, 2022. ODO confirmed with the compliance administrator

the detainee's request of January 9, 2022, to be placed in another housing unit. ODO found the custody classification department did not respond to the request and cited this as a deficiency in the *Grievance System* of the report. On February 3, 2022, the AFA informed the detainee of his relocation to a different housing unit, and the custody classification department placed a copy of its response in the detainee's detention file. On February 15, 2022, ODO confirmed the facility's relocation of the detainee to a different housing unit upon his discharge from the medical unit.

Significant Self-harm and Suicide Prevention and Intervention: One detainee stated he had suicidal thoughts around January 27, 2021, but had no plan. The detainee informed ODO that he found living at the facility difficult and sometimes thought of suicide after thinking of his children, who reside in his home country but he does not know where they specifically are nor how to contact them.

- Action Taken: ODO immediately notified facility leadership and ERO San Antonio of the detainee's suicidal ideation, spoke with the AHSA, and confirmed the detainee's arrival on September 21, 2021, and completion of his physical examination on the same day. Following ODO's interview, facility staff placed the detainee in a suicide watch room, and a psychologist evaluated him. The psychologist conducted a suicide risk assessment and the detainee denied having any suicidal thoughts or motivation for a hunger strike. Nevertheless, the psychologist placed the detainee on mental health observation. On February 2, 2022, the psychologist reevaluated the detainee and cleared him for discharge to the general population as per facility procedures.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the HSA and AHSA, reviewed the facility's EHS policy, and found the HSA or equivalent did not document weekly inventories of items that pose a security risk, such as sharp instruments, syringes, needles, and scissors (**Deficiency EHS-141**¹⁰).

SECURITY

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed a detainee's request and the ICE detainee request log and found the ERO San Antonio staff member who received the request did not respond in person or in writing within 3 business days of receipt. The detainee submitted a request on December 15, 2021, and January 5,

¹⁰ "Items that pose a security risk, such as sharp instruments, syringes, needles and scissors, shall be inventoried and checked weekly by an individual designated by the medical facility's Health Service Administrator (HSA) or equivalent." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(D)(4).

2022. ERO San Antonio responded to both requests on February 3, 2022 (**Deficiency SDC-16¹¹**).

CARE

MEDICAL CARE (MC)

ODO reviewed █ health care staff credential files and found in █ out of █ files, the facility did not primary source verify professional licenses and certifications. Specifically, the facility did not verify one dentist, one dental assistant, two behavioral health technicians, and two medical assistants (**Deficiency MC-101¹²**). **This is a repeat deficiency.**

PERSONAL HYGIENE (PH)

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed one detainee's formal grievance, interviewed the compliance administrator, and found the grievance officer did not respond with a written or oral response within 5 business days of receipt. Specifically, the detainee submitted a formal grievance on January 9, 2022, and ODO found the grievance was still open when reviewing the grievance log during the inspection. On February 2, 2022, the facility completed their review of the grievance and provided a response to the detainee, approximately 1-month after the detainee submitted the grievance (**Deficiency GS-57¹³**).

LEGAL RIGHTS GROUP PRESENTATIONS (LRGP)

ODO reviewed the LRGP requestor's posters in the housing units and found they did not instruct detainees to contact the housing officer if they wished to attend the LRGP (**Deficiency GS-37¹⁴**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 26 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 21 of those standards. ODO found five deficiencies in the remaining five 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. ERO

¹¹ "In Facilities with ICE/ERO onsite presence, the ICE/ERO staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no later than within three (3) business days of receipt." See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B)(1)(a).

¹² "All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(I).

¹³ "GO review: ...

b) Detainee shall be provided with a written or oral response within five days of receipt of the grievance." See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(C)(3)(b)(1)(b).

¹⁴ "The poster shall instruct detainees to contact the housing officer if they wish to attend." See ICE PBNDS 2011 (Revised 2016), Standard, Legal Rights Group Presentations, Section (V)(E).

provided ODO with the uniform corrective action plan for ODO’s last inspection of STIPC on October 22, 2021.

Compliance Inspection Results Compared	FY 2021 PBND 2011 (Revised 2016)	FY 2022 PBND 2011 (Revised 2016)
Standards Reviewed	15	26
Deficient Standards	5	5
Overall Number of Deficiencies	6	5
Repeat Deficiencies	1	1
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	N/A	Superior