



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

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**Office of Detention Oversight  
Follow-Up Compliance Inspection**

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

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

**August 23-25, 2022**

**FOLLOW-UP COMPLIANCE INSPECTION  
of the  
SOUTH TEXAS ICE PROCESSING CENTER  
Pearsall, Texas**

**TABLE OF CONTENTS**

<b>FACILITY OVERVIEW .....</b>	<b>4</b>
<b>FOLLOW-UP COMPLIANCE INSPECTION PROCESS.....</b>	<b>5</b>
<b>FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES.....</b>	<b>6</b>
<b>DETAINEE RELATIONS .....</b>	<b>7</b>
<b>FOLLOW-UP COMPLIANCE INSPECTION FINDINGS.....</b>	<b>7</b>
<b>SECURITY .....</b>	<b>7</b>
Staff-Detainee Communication.....	7
<b>JUSTICE.....</b>	<b>8</b>
Legal Rights Group Presentations.....	8
<b>CONCLUSION .....</b>	<b>9</b>

## FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Acting Team Lead	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
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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 ICE Processing Center (STIPC) in Pearsall, Texas, from August 23 to 25, 2022.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of STIPC from February 1 to 3, 2022. The facility opened in 2005, and is owned by Geo Group, Inc (GEO), and operated by Geo Group, Inc. 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 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. A STIPC administrator handles daily facility operations and manages █████ support personnel. GEO provides food services, ICE Health Services Corps provides medical care, and Keefe Commissary provides commissary services at the facility. The facility does not hold any accreditations from outside entities. 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 <sup>2</sup>	████
Average ICE Population <sup>3</sup>	████
Adult Male Population (as of August 23, 2022)	████
Adult Female Population (as of August 23, 2022)	████

During its last inspection, in Fiscal Year (FY) 2022, ODO found five deficiencies in the following areas: Environmental Health and Safety (1), Grievance System (1), Legal Rights Group Presentations (1), Medical Care (1), and Staff-Detainee Communication (1).

<sup>1</sup> This facility holds male detainees with low, medium-low, medium-high, and high security classification levels for periods greater than 72 hours.

<sup>2</sup> Data Source: ERO Facility List as of January 31, 2022.

<sup>3</sup> *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. 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, Hunger Strikes, 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.

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

PBNDs 2011 (Revised 2016) Standards Inspected <sup>4,5</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	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Special Management Units	0
Staff-Detainee Communication	4
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>4</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Significant Self-Harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 5 - Activities</b>	
Recreation	0
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Grievance System	0
Legal Rights Group Presentations	2
<b>Sub-Total</b>	<b>2</b>
<b>Total Deficiencies</b>	<b>6</b>

<sup>4</sup> For greater detail on ODO's findings, see the *Follow-up Compliance Inspection Findings* section of this report.

<sup>5</sup> 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 29 detainees, who each voluntarily agreed to participate. One detainee disclosed allegations of discrimination and ODO immediately referred the detainee to the facility's PREA coordinator. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Admission and Release:* One detainee stated he cannot fully comprehend the Spanish translations of the ICE National Detainee Handbook and facility specific handbook issued to him and requested both handbooks in English.

- Action Taken: ODO interviewed facility staff, reviewed the detainee's detention file, and found the detainee signed an acknowledgment form for the receipt of both handbooks. The acknowledgment did not specify the language of the handbooks issued to the detainee. At ODO's request, the facility issued the detainee both handbooks in English and the detainee signed for receipt on August 25, 2022.

*Sexual Abuse and Assault Prevention and Intervention:* One detainee stated other detainees are discriminating against him by making comments and whistling at him while using the restroom.

- Action Taken: ODO immediately ended the interview and notified the facility's chief of security. The facility's PREA coordinator immediately interviewed the detainee using the language line. The detainee stated other detainees, who he did not identify, whistled, and made comments about other detainees, not just himself, while using the bathrooms or showers. The detainee stated he did not feel victimized or offended because it happens to most detainees. The PREA coordinator offered to rehouse the detainee and the detainee refused, stating he will report any incident if he felt harassed. The PREA coordinator reviewed the different reporting options with the detainee. The detainee acknowledged understanding of the information provided.

## FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### STAFF-DETAINEE COMMUNICATION (SDC)

ODO interviewed ERO San Antonio staff, reviewed telephone testing records, and found field office staff did not document telephone serviceability tests, nor did they maintain the forms, organized by month, for three years (**Deficiency SDC-26<sup>6</sup>**).

ODO inspected 11 housing units and found the facility did not consistently post the DHS Office of the Inspector General (OIG) posters in the housing units. Specifically, ODO found in 1 out of 11 housing units the DHS/OIG poster was not posted (**Deficiency SDC-27<sup>7</sup>**).

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<sup>6</sup> "Staff shall document each serviceability test on a form that has been provided by ERO, and each Field Office shall maintain those forms, organized by month, for three years." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(C).

<sup>7</sup> "DHS/OIG periodically revises a "DHS OIG Hotline" poster which is to be posted in facilities that house ICE/ERO

ODO inspected 11 housing units and found the facility administrator did not consistently ensure the DHS/OIG posters are mounted in every housing unit and in appropriate common areas. Specifically, ODO found in 1 out of 11 housing units the DHS/OIG poster was not posted (**Deficiency SDC-30<sup>8</sup>**).

ODO inspected 11 housing units and found field office staff did not consistently verify the presence of the DHS/OIG posters at designated locations and ensured any missing or destroyed posters were replaced as soon as possible. Specifically, ODO found in 1 out of 11 housing units the DHS/OIG poster was not posted (**Deficiency SDC-31<sup>9</sup>**).

## **JUSTICE**

### **LEGAL RIGHTS GROUP PRESENTATIONS (LRGP)**

ODO reviewed ERO San Antonio requests, interviewed ERO San Antonio staff and found field office staff did not require legal rights groups to submit an informational poster with their written request. Specifically, ODO reviewed the written request of one legal rights group and found ERO San Antonio approved the written request without an informational poster (**Deficiency LRGP-9<sup>10</sup>**).

ODO reviewed the facility's policy, interviewed ERO San Antonio staff and found field office staff did not require legal rights groups to provide a one-page poster to inform detainees of the general nature and contents of the presentation, the intended audience, and the language(s) in which the presentation shall be conducted when making a request. Specifically, a legal rights group conducted nine virtual presentations and did not submit a one-page poster (**Deficiency LRGP-35<sup>11</sup>**).

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 Revised 2016 and found the facility in compliance with 16 of those standards. ODO found

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detainees." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(D).

<sup>8</sup> "The facility administrator shall ensure that posters are mounted in every housing unit and in appropriate common areas (e.g., recreation areas, dining areas, processing areas)." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(D)(3).

<sup>9</sup> "During staff-detainee communication visits, ICE/ERO staff shall verify the presence of posters at designated locations and shall ensure that any missing or destroyed posters are replaced as soon as possible." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(D)(4).

<sup>10</sup> "The written request must contain the following information:

4. an informational poster as described in "E. Detainee Notification and Attendance" of this standard." See ICE PBNDS 2011, Standard, Legal Rights Group Presentations, Section (V)(A)(4).

<sup>11</sup> "The requestor must provide a one-page poster (no larger than 8.5 by 11 inches) to inform detainees of the general nature and contents of the presentation, the intended audience and the language(s) in which the presentation shall be conducted." See ICE PBNDS 2011, Standard, Legal Rights Group Presentations, Section (V)(E).



six deficiencies in the remaining two standards. ODO recommends ERO San Antonio work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ERO San Antonio provided ODO with the UCAP for ODO’s last inspection of STIPC which occurred in February 2022.

<b>Compliance Inspection Results Compared</b>	<b>First FY 2022 (PBNS 2011) (Revised 2016)</b>	<b>Second FY 2022 (PBNS 2011) (Revised 2016)</b>
Standards Reviewed	26	18
Deficient Standards	5	2
Overall Number of Deficiencies	5	6
Repeat Deficiencies	1	0
Areas of Concern	0	0
Corrective Actions	1	0
Facility Rating	Superior	N/A