



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
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**Office of Detention Oversight
Compliance Inspection
2024-001-226**

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

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

February 6-8, 2024

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

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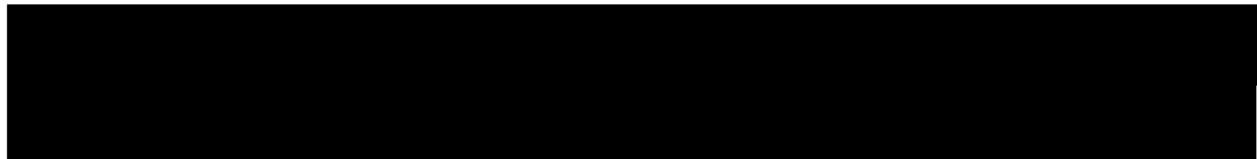
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FACILITY OVERVIEW

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 6 to 8, 2024.¹ 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).



A senior facility administrator handles daily operations and manages support personnel. GEO provides food services, ICE Health Service Corps (IHSC) provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in August 2023. In January 2022, 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	
Average ICE Population ³	
Adult Male Population (as of February 6, 2024)	
Adult Female Population (as of February 6, 2024)	
Adult Transgender Population (as of February 6, 2024)	

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 3 deficiencies in the following areas: Correspondence and Other Mail (1); Key and Lock Control (1); and Staff-Detainee Communication (1).

¹ This facility holds 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 Custody Management Division Authorized Facility List as of January 29, 2024.

³ *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.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 their 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	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Population Counts	0
Post Orders	1
Searches of Detainees	0
Sexual Abuse and Assault Prevention and intervention	0
Special Management Units	0
Staff-Detainee Communication	1
Use of Force and Restraints	1
Sub-Total	3
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	0
Part 5 - Activities	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Religious Practices	0
Telephone Access	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 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

Part 6 - Justice	
Grievance System	0
Law Libraries and Legal Material	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	0
Detainee Transfers	1
Sub-Total	1
Total Deficiencies	4

DETAINEE RELATIONS

ODO interviewed 48 detainees, who each voluntarily agreed to participate. One detainee alleged a fellow detainee subjected him to verbal abuse of a racial nature and stated the facility moved the alleged offender to another housing unit. This incident occurred prior to ODO’s inspection. Most detainees reported satisfaction with facility services except for the concerns listed below.

Medical Care: One detainee stated he did not receive adequate medical care on two occasions: once in response to his claimed after-effects of the COVID-19 vaccine and another for throat and ear pain. The detainee stated he did not bother to submit a sick call request for his continued throat and ear pain a week prior to the interview because of the previous lack of adequate care.

- Action Taken: ODO interviewed an IHSC lieutenant, reviewed the detainee’s medical records, and found IHSC staff administered the COVID vaccine to the detainee on January 23, 2024. On January 24, 2024, the detainee submitted a sick call request, claiming he did not feel well. On the same day, a registered nurse (RN) examined the detainee and offered him pain medication, which the detainee refused. On January 28, 2024, the detainee submitted a sick call request for a sore throat. On the same day, an RN examined the detainee and noted mild swelling and redness of the throat. The RN prescribed ibuprofen (200 mg), two tablets for one day. The RN informed the detainee to submit another sick call request if symptoms persisted and educated the detainee on how to use the sick call process. The detainee acknowledged understanding.

Staff-Detainee Communication: One detainee stated he submitted an ICE request a week before the interview but had not received a response.

- Action Taken: ODO interviewed ERO San Antonio, reviewed the ICE request log, and found the detainee submitted ICE requests on January 11 and 30, 2024. ODO found ERO San Antonio responded to the requests on January 21 and February 7, 2024, respectively. ODO cited the delayed response as a deficiency under the *Staff-Detainee Communication* section of this report.

COMPLIANCE INSPECTION FINDINGS

SECURITY

POST ORDERS (PO)

ODO reviewed 26 POs, interviewed the chief of security, and found in 1 out of 26 orders, a supervisor did not sign the front lobby PO signature sheet on February 6, 2024, for the second and third shifts (**Deficiency PO-8**⁷).

SEARCHES OF DETAINEES (SD)

ODO observed the facility's search procedures of detainees arriving at intake, underwent a demonstration of a pat search conducted by an STIPC training instructor, and found pat searches were vulnerable to missing a critical area. ODO observed pat searches of detainees' waistbands did not include the entire front of the waist, ending approximately 3 to 4 inches on either side of the front of the waist, an area approximately 7 inches wide total. ODO confirmed frontline officers conducted pat searches as trained. ODO noted the facility's pat search technique as an **Area of Concern**.

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed 25 detainee requests to ERO San Antonio and found in 2 out of 25 requests, ERO did not respond within 3 business days. Specifically, 1 detainee submitted a request on January 11, 2024, and did not receive a response until January 21, 2024, a lapse of 5 business days, and submitted another request on January 30, 2024, and did not receive a response until February 7, 2024, a lapse of 6 business days (**Deficiency SDC-16**⁸). **This is a repeat deficiency.**

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed 25 UOFR reports and found in 25 out of 25 reports, no accompanying corresponding medical reports submitted to the facility administrator (**Deficiency UOFR-139**⁹).

⁷ "Supervisors shall ensure that officers understand the post orders, regardless of whether the assignment is temporary, permanent, or due to an emergency." See ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(B).

⁸ "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).

⁹ "The report, accompanied by the corresponding medical report(s), must be submitted to the facility administrator by the end of the shift during which the incident occurred." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(O)(2).

ADMINISTRATION AND MANAGEMENT

DETAINEE TRANSFERS (DT)

ODO reviewed ■ detention files of transferred detainees and found in ■ out of ■ files, no detainee transfer notification form (**Deficiency DT-16**).¹⁰

CONCLUSION

During this compliance inspection, ODO assessed the facility's compliance with 29 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 25 of those standards. ODO found four deficiencies in the remaining four standards. Since STIPC's last full inspection in February 2023, the facility's overall compliance with the PBNDS 2011 (Revised 2016) has trended slightly down. STIPC went from 3 deficient standards and 3 deficiencies in February 2023 to 4 deficient standards and 4 deficiencies during this most recent inspection, which included a repeat deficiency for not responding to detainee requests within 3 business days. ODO did not require a uniform corrective action plan for STIPC's follow-up inspection in August 2023, as the facility had no deficiencies; however, the corrective actions previously completed for responding to detainee requests did not prevent a reoccurrence of this deficiency. ODO recommends ERO San Antonio continue to work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	26	29
Deficient Standards	3	4
Overall Number of Deficiencies	3	4
Priority Component Deficiencies	0	0
Repeat Deficiencies	1	1
Areas Of Concern	0	1
Corrective Actions	1	0
Facility Rating	Superior	Good. ¹¹

¹⁰ "The sending facility will place a copy of the Detainee Transfer Notification Form in the detainee's detention file." See ICE PBNDS 2011 (Revised 2016), Standard, Detainee Transfers, Section (V)(B)(2)(d).

¹¹ 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.