

Office of Professional Responsibility

South Texas ICE Processing Center Inspection 2024-005-364

August 20-22, 2024



U.S. Immigration
and Customs
Enforcement



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

Office of Detention Oversight
Unannounced Follow-Up Compliance
Inspection
2024-005-364

Enforcement and Removal Operations
ERO San Antonio Field Office

South Texas ICE Processing Center
Pearsall, Texas


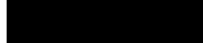
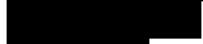
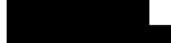
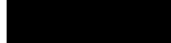
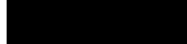

August 20-22, 2024

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

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**UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION
TEAM MEMBERS**

	Team Lead	ODO
	Assistant Team Lead	ODO
	Senior 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 an unannounced follow-up compliance inspection of the South Texas ICE Processing Center (STIPC) in Pearsall, Texas, from August 20 to 22, 2024.¹ This inspection focused on the standards found deficient during ODO’s last inspection of STIPC from February 6 to 8, 2024. 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).

[REDACTED] A facility administrator handles daily operations and manages [REDACTED] support personnel. GEO provides food services, ICE Health Service Corps 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 2024, 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 August 20, 2024)	[REDACTED]
Adult Female Population (as of August 20, 2024)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 4 deficiencies in the following areas: Detainee Transfers (1); Post Orders (1); Staff-Detainee Communication (1); and Use of Force and Restraints (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 August 19, 2024.

³ *Ibid.*

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for longer than 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all over 72-hour ICE detention facilities with an ADP of 10 or more detainees that ODO conducted a full inspection of earlier in the FY.⁴

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which may 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.

In FY 2022, ODO began conducting unannounced inspections of ICE detention facilities, ensuring each facility subject to biannual inspections receives an unannounced inspection at least once every 3 years. Upon completion of each special review or unannounced 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 UCAPs; 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 ^{5,6,7}	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	1
Funds and Personal Property	0
Post Orders	0
Special Management Units	0
Staff-Detainee Communication	1
Use of Force and Restraints	0
Sub-Total	2
Part 4 - Care	
Food Service	0
Hunger Strikes	2
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	1
Sub-Total	3
Part 5 - Activities	
Telephone Access	0
Sub-Total	0
Part 6 - Justice	
Grievance System	4
Sub-Total	4
Part 7 - Administration and Management	
Detainee Transfers	1
Sub-Total	1
Total Deficiencies	10

⁵ For greater detail on ODO's findings, see the *Unannounced Follow-Up 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.

⁷ During an unannounced inspection, ODO will review a facility's compliance with at least 10 individual standards; however, unannounced full inspections will include a review of the same standards as announced full inspections.

DETAINEE RELATIONS

ODO interviewed 23 detainees, who each voluntarily agreed to participate. ODO requested interviews with seven additional detainees, but all seven detainees declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

FACILITY SECURITY AND CONTROL (FSC)

ODO interviewed the front gate officer and found the facility did not hold the driver's license nor identification of every person entering the facility's secure perimeter (**Deficiency FSC-58⁸**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed 25 detainee requests to ERO San Antonio staff and found 2 detainees submitted requests on August 14, 2024; however, ERO San Antonio staff did not respond to those requests until 4 business days later on August 20, 2024 (**Deficiency SDC-16⁹**). **This is a repeat deficiency.**

CARE

HUNGER STRIKES (HS)

ODO reviewed [REDACTED] medical staff and [REDACTED] correctional staff training records and found in [REDACTED] out of [REDACTED] training records, no documented annual hunger strike training in the past 16 months (**Deficiency HS-1¹⁰**).

ODO reviewed detention files of four detainees on hunger strikes during the review period and found in four out of four files, no documentation of when the detainees ended their hunger strikes (**Deficiency HS-20¹¹**).

⁸ "While the driver is within the facility's secure perimeter, the officer shall hold the driver's license or identification of every person entering the facility, as specified under the "Visitor Passes" section in this standard." See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(C)(2)(a).

⁹ "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).

¹⁰ "All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike." See ICE PBNDS 2011 (Revised 2016), Standard, Hunger Strikes, Section (V)(A).

¹¹ "A notation shall be made in the detention file when the detainee has ended the hunger strike." See ICE PBNDS 2011 (Revised 2016), Standard, Hunger Strikes, Section (V)(C)(8).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)

ODO reviewed [REDACTED] medical staff and [REDACTED] correctional staff training records and found in [REDACTED] out of [REDACTED] training records, no documented annual comprehensive suicide prevention training in the past 16 months (**Deficiency SSHSPI-8¹²**). **This is a priority component.**

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed 25 detainee grievances and found in 6 out of 25 grievances:

- Designated medical staff did not provide the detainee a written response of the medical grievance decision and the rationale (**Deficiency GS-74¹³**);
- Facility staff did not assign each medical grievance a log number, enter it in the space provided on the detainee grievance form, record it in the detainee grievance log, and provide the detainee a written response of the disposition (**Deficiency GS-75¹⁴**);
- Facility staff did not assign each medical grievance a log number, enter it in the space provided on the detainee grievance form, and record the medical grievance in the grievance log (**Deficiency GS-79¹⁵**); and
- Facility staff did not provide the detainee a copy of the medical grievance disposition (**Deficiency GS-83¹⁶**).

ADMINISTRATION AND MANAGEMENT

DETAINEE TRANSFERS (DT)

ODO reviewed [REDACTED] detention files of transferred detainees and found in [REDACTED] out of [REDACTED] files, no detainee transfer notification form (**Deficiency DT-16¹⁷**). **This is a repeat deficiency.**

¹² “All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training, during orientation and at least annually.” See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(A).

¹³ “Designated medical staff shall provide the detainee a written response of the decision and the rationale.” See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(C)(4).

¹⁴ “This record shall be maintained per the following section ‘D. Record-Keeping and File Maintenance’.” See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(C)(4).

¹⁵ “Facility staff shall assign each grievance a log number, enter it in the space provided on the detainee grievance form, and record it in the detainee grievance log in chronological order?” See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(D).

¹⁶ “A copy of the grievance disposition shall be provided to the detainee within five days.” See ICE PBNDS 2011, (Revised 2016) Standard, Grievance System, Section (V)(D).

¹⁷ “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).

CONCLUSION

During this unannounced follow-up inspection, ODO assessed the facility’s compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 12 of those standards. ODO found 10 deficiencies in the remaining 6 standards. Since STIPC’s last full inspection in February 2024, the facility’s overall compliance with the PBNDS 2011 (Revised 2016) has trended downward. STIPC went from 4 deficient standards and 4 deficiencies in February 2024 to 6 deficient standards and 10 deficiencies during this most recent inspection. The deficiencies included two repeat deficiencies and one priority component deficiency for annual suicide prevention refresher training. STIPC completed its UCAP for its last inspection in February 2024; however, the corrective actions previously completed for responding to detainee requests and placing detainee transfer notification forms in the detention file did not prevent a recurrence of these deficiencies. 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 2024 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2024 Follow-Up Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	29	18
Deficient Standards	4	6
Overall Number of Deficiencies	4	10
Priority Component Deficiencies	0	1
Repeat Deficiencies	1	2
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Good	N/A



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