

# Office of Professional Responsibility

**South Texas ICE Processing Center**

**Compliance Inspection 2025-001-085**

**February 4-6, 2025**



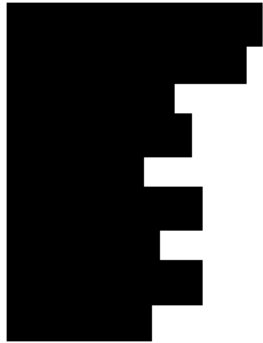
U.S. Immigration  
and Customs  
Enforcement

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

**TABLE OF CONTENTS**

<b>FACILITY OVERVIEW .....</b>	<b>4</b>
<b>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>COMPLIANCE INSPECTION FINDINGS .....</b>	<b>7</b>
<b>SECURITY .....</b>	<b>7</b>
<b>KEY AND LOCK CONTROL.....</b>	<b>7</b>
<b>CARE .....</b>	<b>8</b>
<b>MEDICAL CARE.....</b>	<b>8</b>
<b>SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION     AND INTERVENTION .....</b>	<b>8</b>
<b>CONCLUSION .....</b>	<b>8</b>

## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Senior Inspections and Compliance Specialist	ODO
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Contractor	Creative Corrections
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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 a compliance inspection of the South Texas ICE Processing Center (STIPC) in Pearsall, Texas, from February 4 to 6, 2025.<sup>1</sup> 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 STIPC 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 and National Commission on Correctional Health Care in June 2024. 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 <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of February 4, 2025)	[REDACTED]
Adult Female Population (as of February 4, 2025)	[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).

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

<sup>2</sup> Data Source: ERO Custody Management Division Authorized Facility List as of February 3, 2025.

<sup>3</sup> *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.<sup>4</sup>

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.

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<sup>4</sup> 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 <sup>5,6</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Emergency Plans	0
Environmental Health and Safety	0
Transportation (By Land)	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Contraband	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Key and Lock Control	1
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Tool Control	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 3 - Order</b>	
Disciplinary System	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
Food Service	0
Medical Care	3
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	1
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>4</b>
<b>Part 5 - Activities</b>	
Recreation	0
Visitation	0
<b>Sub-Total</b>	<b>0</b>

<sup>5</sup> For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

<sup>6</sup> 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.

<b>Part 6 - Justice</b>	
Detainee Handbook	0
Grievance System	0
Legal Rights Group Presentations	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 7 - Administration and Management</b>	
Interview and Tours	0
Staff Training	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>5</b>

## DETAINEE RELATIONS

ODO interviewed 47 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concern listed below.

*Medical Care:* One detainee reported thoughts of self-harm during the interview.

- Action Taken: ODO immediately referred the detainee to the facility’s mental health team for evaluation. ODO reviewed the detainee’s medical record and found the detainee arrived on October 21, 2024, but did not disclose any mental health issues. On February 4, 2025, a licensed clinical social worker (LCSW) performed a mental health assessment of the detainee and diagnosed anxiety and poor coping skills. The LCSW determined the detainee as a low risk for self-harm and scheduled a follow-up assessment for the next day. On February 5, 2025, the LCSW evaluated and counseled the detainee before determining the detainee as no longer at risk for self-harm. The LCSW informed the detainee to submit a sick call request any time the detainee felt the need to discuss a concern and reduce stress. The detainee acknowledged the care plan and returned to his housing unit with no further issues.

## COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### **KEY AND LOCK CONTROL (KLC)**

ODO interviewed the facility key control officer and found 1 out of 2 key control officers did not complete an approved locksmith-training program since assuming the duty in March 2024 (**Deficiency KLC-25**<sup>7</sup>).

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<sup>7</sup> “All security key control officers shall successfully complete an approved locksmith-training program.” See ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(B)(2).

## CARE

### MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found in █ out of █ records, medical staff completed a health assessment 16 days after the detainee's arrival (**Deficiency MC-137<sup>8</sup>**). **This is a priority component.**

ODO reviewed 25 detainee medical records and found in █ out of █ records, medical staff completed an initial dental screening 16 days after the detainee's arrival (**Deficiency MC-176<sup>9</sup>**).

ODO reviewed █ detainee medical records with transfer medical summaries and found in █ out of █ medical summaries, medical staff did not include the detainee's history of placement on suicide watch (**Deficiency MC-279<sup>10</sup>**).

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

ODO reviewed █ medical records of detainees with a history of suicide precautions during the inspection period and found in █ out of █ suicide watch logs, 7 documented instances of continuous monitoring between 16 and 25 minutes (**Deficiency SSHSPI-34<sup>11</sup>**). **This is a priority component.**

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 28 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 25 of those standards. ODO found five deficiencies in the remaining three standards. Since STIPC's last rated inspection in February 2024, the facility's compliance with PBNDS 2011 (Revised 2016) has remained consistent. STIPC went from 4 deficient standard and 4 deficiencies in February 2024 to 3 deficient standards and 5 deficiencies during this most recent inspection, which included 2 priority components. ODO did not receive a completed uniform corrective action plan for STIPC's last inspection in February

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<sup>8</sup> "Each facility's health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival unless more immediate attention is required due to an acute or identifiable chronic condition." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(M).

<sup>9</sup> "An initial dental screening shall be performed within 14 days of the detainee's arrival." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(R).

<sup>10</sup> "Upon removal or release from ICE custody, the detainee shall be provided medication, referrals to community-based providers as medically appropriate, and a detailed medical care summary. This summary should include instructions that the detainee can understand and health history that would be meaningful to future medical providers. The summary shall include, at a minimum, the following items: c) current mental, dental, and physical health status, including all significant health issues, and highlighting any potential unstable issues or conditions which require urgent follow-up." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(BB)(4)(c)(2)(a-e).

<sup>11</sup> "The qualified mental health professional may place the detainee in a special isolation room designed for evaluation and treatment with continuous monitoring that must be documented every 15 minutes or more frequently if necessary." See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).



2024, so ODO could not assess what effect the facility’s corrective actions had on the facility’s overall compliance with the PBNDS 2011 (Revised 2016). ODO recommends ERO San Antonio continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)</b>	<b>FY 2025 Full Inspection (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	29	28
Deficient Standards	4	3
Overall Number of Deficiencies	4	5
Priority Component Deficiencies	0	2
Repeat Deficiencies	1	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Good	Good



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