

**FLORES SETTLEMENT AGREEMENT REPORTING UPDATE
JUVENILE COORDINATOR STATUS REPORT
Dilley Immigration Processing Center
Reporting Period: November 2025 – February 2026**

I. EXECUTIVE SUMMARY

This Juvenile Coordinator Status Report provides a comprehensive, chronological, and fully integrated accounting of operations at the Dilley Immigration Processing Center (DIPC) from November 2025 through February 2026.

This report consolidates and organizes:

- Weekly Compliance and Activity Reports from November 2025 through January 2026;
- Independent inspection findings covering November 2025 through January 2026;
- The December 13, 2025, Flores Declaration allegations;
- The December 17, 2025, ICE Health Service Corps (IHSC) Focused Site Visit;
- Environmental health, sanitation, HVAC, lighting, and pest control documentation;
- Grievance system metrics and founded grievance summaries;
- Education transition updates;
- February 2026 precautionary public health measures.

Across six consecutive independent inspections and an independent medical review, DIPC demonstrated sustained compliance with the 2020 Family Residential Standards (FRS) and applicable Flores Settlement Agreement (FSA) requirements.

Identified issues during the reporting period were limited, administrative, or incident-specific in nature and were promptly corrected. No inspection identified systemic multi-standard non-compliance or structural breakdowns in medical care, environmental health, sanitation, grievance procedures, legal access, Prison Rape Elimination Act (PREA) safeguards, or overall conditions of confinement.

The collective oversight record — including facility-level monitoring, Compliance Standards Officer (CSO) inspections, independent third-party inspection contract reviews, ICE Health Service Corps (IHSC) clinical evaluation, and headquarters-level oversight — reflects layered compliance, operational stability, transparency, and corrective responsiveness.

No corrective action plans were required as of the conclusion of the reporting period. To provide context for the compliance record summarized above, the following section outlines the physical structure, operational capacity, housing configuration, and population characteristics of the DIPC during the reporting period.

II. FACILITY OVERVIEW

DIPC is a 2,400-bed ICE-dedicated residential facility located in Dilley, Texas, approximately 85 miles north of Laredo. The facility operates under an Intergovernmental Service Agreement and is owned and managed by CoreCivic. The campus covers approximately 60 acres and includes five housing “neighborhoods.”

As of February 2026, the DIPC is housing family units and single adult females. Four neighborhoods are designated for housing families, while non-criminal single adult females with low-risk classification levels are currently accommodated in a separate neighborhood located on the same campus as DIPC. Healthcare services are provided onsite by CoreCivic healthcare personnel.

Population context during reporting period:

- FY26 average daily population: approximately 762 residents
- Snapshot population at time of December 2025 IHSC visit: 1,150 total residents

Housing assignments consider family composition, classification requirements, safety factors, and age of children. Family unity is preserved except where separation is required for safety or medical reasons consistent with governing standards. Neighborhoods for single adult females do not share any common areas with those used by families. While both populations share the same campus, detention standards, physical arrangements, and contractual requirements differ according to the population being housed.

The operational and population context outlined above provides the framework within which DIPC functioned during this reporting period. The following section describes the legal and regulatory authorities that govern those operations and establish the standards for compliance evaluation.

III. LEGAL AND REGULATORY FRAMEWORK

This Comprehensive Status Report provides a full and integrated accounting of facility operations, oversight findings, compliance measures, and responsive actions undertaken during the reporting period from November 2025 through February 2026.

DIPC operates under:

- The FSA;
- The 2020 FRS;
- Governing legal authorities and applicable federal statutes.

Within this statutory and regulatory framework, the ICE Juvenile Coordinator serves as the primary oversight authority responsible for ensuring compliance with the FSA and the 2020 FRS. The following section outlines the scope of that role and its implementation during the reporting period.

IV. JUVENILE COORDINATOR’S ROLE

The ICE Juvenile Coordinator is responsible for overseeing the treatment and conditions of minors in ICE custody to ensure compliance with the FSA, applicable federal statutes, and the FRS. The role includes monitoring facility operations, reviewing inspection findings, conducting site visits, ensuring the continuous presence of the Juvenile Coordinator staff, evaluating incidents and complaints involving minors, and ensuring that corrective actions are implemented when deficiencies are identified.

The Juvenile Coordinator serves as a central compliance authority, coordinating with field offices, headquarters components, facility leadership, and oversight entities to verify that minors are housed in safe, sanitary, and appropriate conditions. This includes compliance oversight of medical care, education, recreation, legal access, grievance systems, and release processes.

Through structured monitoring, multi-level inspections, and continuous review of operational data, the Juvenile Coordinator promotes accountability, transparency, and adherence to the protections afforded to minors under the FSA and governing law.

The Juvenile Coordinator's oversight responsibilities are operationalized through structured training, intake protocols, and supervisory controls designed to ensure compliance from the moment a resident arrives.

V. DIPC RESIDENT INTAKE PROCEDURES

Once a resident is apprehended and transported to the DIPC, the intake process follows a structured 15-step protocol designed to ensure safety, documentation accuracy, medical screening, and appropriate housing placement. As reflected in the DIPC Resident Entry Procedures chart, the process is divided into three phases: Initial Processing (Steps 1–7), Security & Care (Steps 8–11), and Final Steps (Steps 12–15).

Phase 1 – Initial Processing (Steps 1–7)

Upon arrival at DIPC, intake staff initiate document verification and arrival validation. ICE personnel provide required documentation, including identity and classification materials. A Sallyport Officer verifies arrival at the facility, and the Intake Sergeant confirms approval via ICE systems and email confirmation.

Families then formally start the intake process as required by the FRS, triggering the 12-hour intake period. During this phase, intake staff review documents, verify case files, and confirm personal valuables. This ensures that all administrative and authorization requirements are completed before further processing continues. As part of the intake process, FAMUs receive I-770 forms, Notice of Rights (Exhibit 6) forms, a list of free legal services, a Sponsor Information Form, and a legal orientation.

Phase 2 – Security & Care (Steps 8–11)

Residents proceed through security screening, during which personal property is scanned, and individuals pass through a metal detector. Following screening, families are seated and provided a meal and initial clothing sizing as needed.

A medical pre-screening is conducted to assess immediate health concerns. Medical consent is obtained where required, and preliminary testing (including urinalysis for females of applicable age) is performed consistent with protocol. These steps are designed to identify urgent health issues and ensure continuity of care.

Clothing and hygiene items are distributed during this phase, and residents are provided with access to showers as needed.

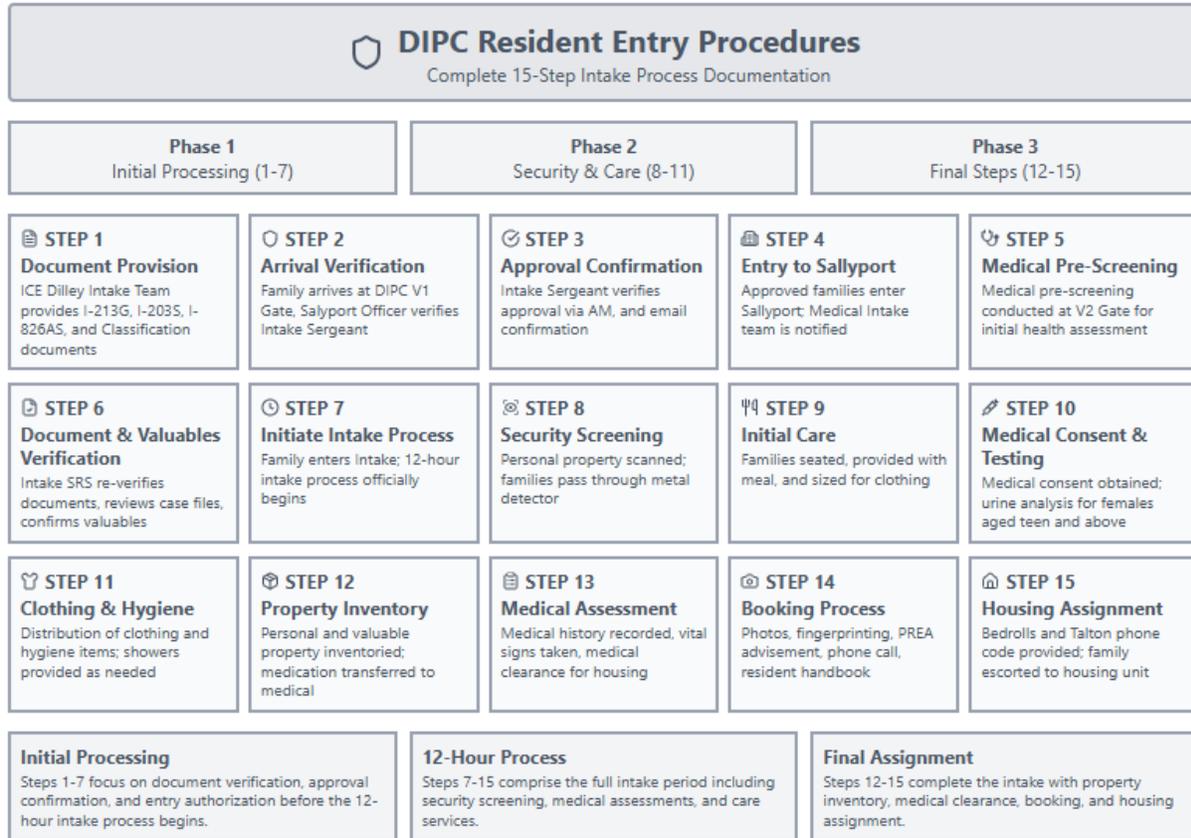
Phase 3 – Final Steps (Steps 12–15)

The final phase completes the intake process. Personal and valuable property is inventoried and documented. A full medical assessment is conducted, including recording of medical history, vital signs, and clearance for housing.

Residents then proceed through booking, which includes photographs, fingerprinting, PREA advisement, provision of the resident handbook, and facilitation of a phone call.

Finally, housing assignments are made. Assignments consider classification requirements, family composition, and safety factors. Residents receive bedding and relevant housing unit information and are escorted to their assigned housing unit.

Following completion of intake and initial processing, residents transition into structured daily operations designed to ensure ongoing compliance with the 2020 FRS and the FSA.



DIPC Resident Entry Procedures | ICE Dilley Intake | 15-Step Process Documentation

VI. RESIDENT CARE AND DAILY OPERATIONS FOLLOWING INTAKE

Once the intake process is completed and residents are escorted to their assigned housing units, facility operations transition from admission procedures to ongoing care, supervision, and services consistent with the 2020 FRS and the FSA.

Residents are oriented to housing unit procedures, provided access to hygiene supplies, meals, potable water, medical services, recreational programming, and informed of grievance procedures and legal access protections. Housing assignments are made with consideration of family composition, classification requirements, and the ages of children, with family unity preserved except where separation is required for safety or medical reasons.

Daily operations are structured to ensure safety, sanitation, and access to services. Medical staff remain available 24 hours per day, and medication administration, suicide prevention monitoring, and specialty referrals are conducted in accordance with established protocols. Nutrition services operate on a dietitian-approved rotational menu, and housing units maintain access to snacks and drinking water. Recreational and educational programming is provided consistently with age and developmental needs.

Supervisory oversight, CSO monitoring, and independent inspection mechanisms continue throughout a resident's stay to ensure adherence to governing standards. Documentation requirements, housing tours, census counts, and communication protocols are maintained to support accountability and operational integrity.

The charts and materials that follow illustrate the structure of daily operations, service delivery, and oversight mechanisms within the facility once residents have entered the housing environment.

In addition to structured intake and daily operational safeguards, the DIPC maintains a comprehensive medical and behavioral health delivery system designed to ensure timely access to care, clinical oversight, and compliance with the 2020 FRS and the FSA.

While daily operations are structured to ensure ongoing care and compliance at the facility level, these functions are reinforced by a broader system of internal and external oversight. The following section outlines the multi-level ICE inspection and compliance framework that monitors and validates adherence to the 2020 FRS and the FSA.

VII. MULTI-LEVEL ICE INSPECTION AND OVERSIGHT FRAMEWORK

Compliance at the DIPC is supported by a structured, layered oversight system designed to ensure adherence to the 2020 FRS and the FSA. This framework integrates daily operational monitoring, supervisory review, independent third-party inspections, medical oversight, grievance tracking, and headquarters-level governance. Oversight occurs across five interrelated levels:

Level 1 – Deportation Officers (DO)

ICE Enforcement and Removal Operations (ERO) DOs are responsible for case management status, custody review tracking and monitoring and reviewing extended stays. Each family unit is assigned to a DO upon intake, who serves as the case owner. Custody duration is tracked through case management systems, with regular reviews conducted to identify and resolve barriers to timely case completion.

Level 2 – Compliance Standards Officers (CSO)

ICE ERO CSOs maintain a continuous oversight presence at the facility, focusing on daily compliance verification across several operational areas. Their responsibilities include conducting visual inspections of housing units, performing sanitation and refrigeration checks within food-service operations, and monitoring key medical processes such as intake screenings and pill-line administration. CSOs also conducted regular documentation reviews, ensuring proper routing of resident grievances, and track Staff-Resident Communications (SRCs) to confirm that inquiries and concerns were being appropriately addressed.

During the reporting period from November 2025 through February 2026, CSOs documented a stable operational environment with no reportable critical incidents. There were no hunger strikes, no placements on suicide watch, and no residents requiring hospitalization or emergency-room referral. Additionally, no residents were housed in administrative or disciplinary segregation during this timeframe.

As part of their oversight duties, CSOs also monitored submissions made through the Talton electronic tablet system. They confirmed that staff–resident communications submitted through the tablets were actively tracked and routed, ensuring that resident concerns were logged, reviewed, and addressed through the appropriate channels.

Level 3 – Detention and Deportation Officers (DDO)

ICE ERO DDOs are responsible for monitoring operational compliance with detention standards and ensuring that communication and reporting systems function effectively within the facility. Their duties include reviewing incident reports, overseeing grievance submissions and routing procedures, and monitoring the Talton system to ensure that resident concerns are documented and addressed in accordance with established policy.

During January 2026, SRC activity reflected a high level of engagement and documentation. A total of 3,917 SRCs were recorded through the system. Medical-related concerns submitted by residents were routed to the DIPC medical staff for review and follow-up, while case-specific immigration inquiries were forwarded to the appropriate assigned DO. The volume and routing of these communications demonstrate active monitoring, tracking, and documentation consistent with the requirements of FRS 2.8.

In response to observations documented through the oversight process, ICE implemented Phase II Staff–Resident Communication training on March 3–4, 2026. The training focused on reinforcing proper documentation standards, strengthening accountability for follow-up actions, and clarifying escalation protocols. It also emphasized operational practices designed to improve resident access to staff, including established chapel case-access hours and the continuation of weekly housing unit rounds. These measures were intended to further enhance transparency, responsiveness, and compliance within the communication process.

Level 4 – Independent Inspection Contractor

Between November 2025 and February 2026, ICE’s independent inspection contractor conducted four scheduled compliance inspections at the DIPC. Overall, the facility demonstrated overall compliance with the 2020 FRS.

Except for repeat non-compliance related to FRS 7.5 – Post Orders (November 2025 and February 2026), the DIPC maintained compliance across most standards during the review

period. The few noncompliant components identified during the review period were minor and isolated, and each issue was promptly addressed and corrected.

Additional information regarding these inspections is provided in the Independent Inspections section of this report.

Level 5 – Headquarters Juvenile and Family Management Division

The HQ Juvenile and Family Management Division (JFMD) provide headquarters-level oversight, policy guidance, and compliance review.

Oversight during the reporting period included:

- Review of Juvenile Coordinator reporting
- Evaluation of December 13, 2025, declaration allegations
- Coordination of December 17, 2025, IHSC Focused Site Visit
- Participation on January 20, 2026, Court-mediated Meet and Confer
- Monitoring of grievance system performance
- Review of education transition status
- Oversight of precautionary public health measures (February 2026 measles response)

IHSC's December 17, 2025, Focused Site Visit identified no deficiencies under the 2020 FRS and validated:

- Sick call triage processes
- Chronic care management
- Medication administration procedures
- Behavioral health service delivery
- Emergency response readiness

No corrective action plans were required as of February 2026.

This layered oversight structure—combining daily monitoring, supervisory review, independent inspection, clinical evaluation, grievance tracking, and headquarters governance—provided continuous compliance verification throughout the reporting period. The collective record reflects operational stability, corrective responsiveness, and sustained adherence to the 2020 FRS and applicable FSA requirements.

In addition to the layered oversight mechanisms described above, healthcare delivery constitutes a core component of facility operations subject to continuous monitoring and independent review. The following section outlines the structure, staffing, and oversight of medical and behavioral health services at DIPC during the reporting period.

VIII. MEDICAL AND BEHAVIORAL HEALTH SERVICES

Medical and behavioral health services at the DIPC operate pursuant to the 2020 FRS, applicable FSA requirements, and oversight by IHSC. Services are delivered through onsite clinical

infrastructure, structured sick call and triage systems, chronic care management protocols, medication administration controls, and supervisory review mechanisms.

During the reporting period, healthcare delivery systems were independently evaluated by IHSC during a December 17, 2025, Focused Site Visit, which is described in detail later in this report.

IHSC identified no deficiencies under the 2020 FRS, and no corrective action plans were required.

1. Medical Infrastructure and Staffing

DIPC maintains a standalone medical unit equipped with:

- 14 medical examination rooms
- 8 mental health examination rooms
- 5 treatment rooms
- 1 large triage/urgent care room (3 gurneys)
- 1 pill line room with two medication windows
- Secured pharmacy and medical records rooms
- 7 medical housing rooms (two beds each)
- 6 negative-pressure isolation rooms
- Dental suite with x-ray capability

Emergency equipment includes gurneys, emergency supply bags, wheelchairs, oxygen, AEDs, and facility-wide first aid kits.

Staffing includes:

- 24/7 onsite nursing coverage
- Onsite provider presence until 7:00 p.m.
- Advanced Practice Providers on call always

All exam and treatment rooms allow for patient privacy.

2. Intake Medical Screening

Upon arrival, residents undergo:

- Gate medical pre-screening
- Medical consent procedures
- Preliminary health testing (including urinalysis for applicable females)
- Full medical assessment prior to housing clearance
- Documentation of medical history and vital signs

Residents identified with chronic conditions at intake receive provider evaluation within 48 hours and are enrolled in chronic care tracking as clinically indicated.

3. Sick Call and Triage Procedures

The DIPC utilizes a structured sick call process:

- Paper requests collected nightly
- Urgent cases seen immediately
- Non-urgent cases scheduled for the following day

After two encounters with the same concern, referral to an Advanced Practice Provider
Nursing staff adhere to CoreCivic Nursing Care Guidelines that mirror IHSC Nursing
Guidelines.

During the reporting period, CSOs observed:

- Intake screenings
- Pill-line administration
- Sick call triage processes
- Clinical interactions involving vital sign assessments

No deficiencies were identified in sick call procedures.

4. Medication Administration

Medication distribution occurs during structured pill-line windows:

- 0500–0600 (fasting medications)
- 0700–0900
- 1300–1500
- 1900–2100

Three of the four windows allow two-hour administration periods.

“Keep on Person” medications are restricted due to child safety considerations in housing areas,
except emergency rescue inhalers.

Residents have open campus movement and may report during designated pill-pass timeframes.

IHSC review determined medication administration practices were compliant with FRS
requirements.

5. Chronic Care Management

Residents with identified chronic conditions—including diabetes, hypertension, asthma, seizure
disorders, and HIV—are enrolled in structured chronic care protocols:

- Provider evaluation within 48 hours
- Laboratory testing within one week if ordered
- Clinical Director visit within 30 days
- Follow-up scheduling based on medical necessity

No deficiencies were identified in chronic care management processes.

6. Specialty Care and External Services

DIPC maintains contracted services for:

- Laboratory services
- Diagnostic imaging
- Pharmacy services
- Community pharmacy backup
- Biohazard waste management
- Language interpretation services

Residents have access to approximately 26 offsite specialty providers, including hospitals and specialty clinics.

Specialty referrals are tracked and documented. In certain cases, referenced in the December 13, 2025, declaration, specialty appointments were scheduled but did not occur due to resident release or removal prior to the appointment date.

7. Emergency Response Protocols

Healthcare staff receive initial and annual emergency response training consistent with the 2020 FRS.

Emergency response capacity includes:

- Onsite nursing response within established timeframes
- Advanced Practice Provider on-call availability
- Facility-wide emergency equipment deployment

IHSC identified no concerns regarding emergency response readiness.

8. Behavioral Health Services

Licensed Professional Counselors (LPCs) provide behavioral health services.

Protocols include:

- Initial comprehensive mental health assessment within seven (7) days of intake
- Assessment within 24 hours if acute concern identified
- Weekly wellness checks based on assessed risk level
- Interpretation services when needed

Due to short lengths of stay, many minors remained in orientation and psychoeducation phases rather than progressing to structured treatment plans.

IHSC Behavioral Health Case Manager review determined:

- Services were timely
- Documentation was complete
- No refusals of services were recorded
- No deficiencies were identified

9. Independent IHSC Focused Site Visit – December 17, 2025

The December 17, 2025, IHSC Focused Site Visit evaluated:

- Sick call triage processes
- Nurse-to-provider escalation
- Medication administration
- Healthcare staffing plans
- Emergency response protocols
- Chronic care management
- Specialty referral tracking
- Behavioral health services

IHSC concluded:

- No deficiencies under the 2020 FRS
- Healthcare systems compliant
- No corrective action plans required

This independent review provided system-level validation of DIPC's healthcare delivery during the reporting period.

10. February 2026 Precautionary Public Health Measures

In response to potential measles exposure:

- Vaccines were carefully isolated to ensure proper storage standards.
- Replacement doses were confirmed to be correctly stored.
- Clinical safety protocols were proactively reinforced.

These precautionary measures were implemented proactively and did not reflect an identified systemic deficiency.

Overall Medical and Behavioral Health Assessment

Across:

- Weekly Compliance and Activity Reports
- Independent third-party inspections
- IHSC independent clinical review
- Patient-specific EMR evaluations
- Grievance monitoring

No systemic medical or behavioral health deficiencies were identified during the reporting period.

Healthcare services—including intake screening, sick call triage, chronic care management, medication continuity, emergency response, specialty referral access, and behavioral health programming—operated consistent with the 2020 FRS and applicable FSA requirements.

No corrective action plans were required as of the conclusion of the reporting period.

The medical and behavioral health systems described above operated within the broader compliance environment documented throughout the reporting period. The following section returns to the chronological framework of this report covering November 2025 – February 2026.

IX. COMPLIANCE STANDARDS OFFICERS WEEKLY REPORTS November 2025 – February 2026

The DIPC entered a period marked by increased population levels and longer average lengths of stay during this reporting period. Weekly Compliance and Activity Reports from November 2025 through February 2026 reflect continued operational stability, layered oversight, and documented monitoring across all core areas governed by the 2020 FRS and the FSA.

Weekly Compliance and Activity Reports

Throughout November 2025 through February 2026, CSOs conducted routine monitoring and inspections consistent with established protocols. These weekly reports documented:

- No reportable critical incidents during referenced weeks;
- No hunger strikes;
- No suicide watch placements;
- No hospitalizations or emergency-room referrals during documented reporting intervals;
- No residents placed in administrative or disciplinary segregation.

Medical Oversight Observations

CSO observations during this period included:

- Monitoring of pill-line administration windows;
- Observation of intake medical screenings;
- Review of sick call triage processes;
- Monitoring of medical housing placements in the Annex;
- Documentation of clinical interactions where nurses were conducting vital sign assessments and assisting residents.

During early and late December reporting weeks, a limited number of residents were medically housed in the Annex. No residents were placed in isolation or observation for suicide risk during these referenced weeks.

These observations align with documented 24-hour medical coverage, structured medication distribution schedules, and established triage protocols.

Sanitation and Food-Service Oversight

Weekly inspections documented:

- Cafeteria sanitation practices, including prompt cleaning of tables after meals;
- Orderly food-service operations;
- Refrigeration inspections confirming proper storage and preservation of milk and other perishable items;

- Routine inspection of housing pantries and snack replenishment.

These inspections reflect ongoing compliance with FRS food service and sanitation standards.

Staff-Resident Communication Monitoring

CSOs monitored Talton electronic tablet submissions to review staff-resident communications (SRCs). Monitoring confirmed:

- Active tracking of resident inquiries;
- Timely routing of case-related requests to assigned DOs;
- Proper documentation of responses.

As reflected in the November 2025 through February 2026 reporting period, the DIPC maintained operational stability amid increased population levels and longer average lengths of stay. Compliance monitoring, documentation oversight, and supervisory review mechanisms remained active and functioning consistent with the 2020 FRS and the FSA.

In addition to maintaining these established oversight practices, ICE identified staff–resident communication as an area warranting continued emphasis to ensure clarity, responsiveness, and consistent documentation as operational demands increased. Accordingly, ICE implemented a structured Phase II training initiative focused specifically on strengthening staff–resident communication practices, reinforcing accountability, and enhancing resident access to ICE personnel.

During this review period of increased population and sustained oversight, specific allegations were raised in a December 13, 2025, declaration concerning facility conditions and service delivery. The following section summarizes those allegations and the corresponding documentation reviewed in response.

X. FLORES DECLARATION (Resident Allegations and Documented Responses) December 13, 2025

On December 13, 2025, allegations were raised concerning food service, facility conditions, and medical and behavioral health access and care. The following section preserves the detailed summary of resident-reported concerns and facility documentation reviewed in response.

Food Allegations and Documented Responses

Allegation – Expired Milk

A resident alleged that milk provided for her baby was expired, hard, and smelled bad.

Response: Facility records do not show that a grievance or complaint regarding spoiled or expired milk was submitted during the residents’ time at the facility. A review of inspection reports demonstrated established food safety and storage protocols designed to ensure that all

food and beverages provided to residents meet health and safety standards. No documentation was identified to substantiate the allegation.

Allegation – “Wormy Food”

A resident alleged that he and his family were served food containing worms.

Response: A review of facility records did not identify any grievance, report, or documentation supporting the allegation that wormy food was served to the residents. However, there was an isolated event in which residents reported that a batch of broccoli and cauliflower appeared discolored, and some residents stated that there were bugs in the food. JFMD staff members, who were present in the dining hall at the time of the incident, did not observe any bugs and noted no apparent quality issues; however, out of an abundance of caution, the entire batch of food was immediately discarded and the residents were promptly taken to medical for evaluation. Photos of the food indicated some discoloration; however, medical reports did not indicate any illnesses from consumption of the food. The facility’s food service operations follow established health and sanitation procedures to ensure food safety. No evidence was ever identified indicating that residents were served food containing worms.

Allegation – Animal Parts in Food

A resident alleged that strange animal parts were present in food served at the facility.

Response: Facility documentation does not reflect that any complaint or grievance was submitted regarding foreign objects or animal parts in food. Food preparation and distribution procedures at the facility comply with applicable health and safety standards. The allegation could not be substantiated based on available documentation.

Facility Conditions Allegations and Documented Responses

Allegation – Inability to Shower and Lack of Privacy

A resident alleged that she was unable to shower during a 12-day period of detention and that the dormitory had only one shared toilet with limited privacy.

Response: Facility housing units are equipped with showers and restroom facilities accessible to residents. Residents are provided with routine access to hygiene facilities in accordance with facility policies and applicable standards. Facility design includes partitioned restroom areas intended to provide privacy while maintaining safety and supervision requirements. No documentation was identified indicating that the resident was denied access to showers during her stay.

Allegation – Residents Must Purchase Hygiene Items

A resident alleged that soap, shampoo, and deodorant must be purchased.

Response: Residents are provided with basic hygiene items such as soap and shampoo at no cost upon intake and through routine distribution. Additional personal hygiene items may be available for purchase through the commissary; however, the availability of commissary items does not replace the provision of basic hygiene supplies provided by the facility.

Medical Access Allegations and Documented Responses

Allegation – Lice Treatment, Anxiety Treatment, Nail Injury, and Emergency Response

A resident alleged that lice treatment for her child was ineffective, that mental health services for anxiety were inadequate, that medical staff were unable to treat her nail injury, and that medical staff took approximately 30 minutes to respond to a pregnant resident who fainted.

Response: Medical records reflect that the child received lice treatment on August 27, 2025, and was re-evaluated on September 4, 2025, at which time an additional treatment was initiated. Behavioral health documentation shows that the child received mental health evaluations on August 14, August 23, and August 30, 2025. Facility emergency response procedures require medical staff to respond to emergencies within four minutes, and trained medical personnel are available to respond to urgent medical situations. Based on the available records, medical services were provided in accordance with facility procedures.

Allegation – Long Medication Lines

A resident alleged that medication lines require residents to wait between 30 minutes and two hours in the sun.

Response: Medication administration is conducted during scheduled pill line hours throughout the day. Residents are permitted to open movement within the facility and may present during designated timeframes for medication administration. Documentation indicates that the resident had scheduled medication twice daily and medication available on an as-needed basis. Additional shaded areas were also installed near the pill line location, and residents may choose to line up prior to pill line opening times.

Allegation – Unable to Speak with Doctor

A resident alleged that she was given medication without the opportunity to consult with a physician and that treatment for congestion and throat pain was ineffective.

Response: Medical documentation shows that a sick call request was submitted and evaluated. Oral medications and nasal spray were prescribed on November 12, 2025, to address the reported symptoms. Medical staff evaluate residents according to established nursing and provider guidelines, and treatment decisions are made based on clinical presentation.

Allegation – No Doctor Onsite at Night

A resident alleged that there was no doctor onsite during evening hours and that a resident who fainted was not discovered until the next day.

Response: Medical providers are onsite during daytime hours, and licensed nursing staff are present at the facility 24 hours per day. Medical providers are always also available on call when not physically present onsite. This staffing model ensures that medical emergencies can be promptly addressed at any time.

Allegation – Fever Treatment Delayed

A resident alleged that her child with a fever was seen only by a nurse for several days before seeing a doctor and that follow-up care was inadequate.

Response: Medical documentation shows that the child received multiple evaluations by pediatric medical providers, including visits on October 10, October 11, October 13, October 25, October 27, October 28, November 5, November 6, November 20, and November 26, 2025. The child was treated and monitored throughout this period, and care was provided consistent with clinical guidelines.

Allegation – Diet Restrictions and Foot Injury

A resident alleged that her vegetarian daughter was not provided with an appropriate diet and that her daughter's prior foot injury was not evaluated.

Response: Medical documentation indicates that a diet order was submitted to address the resident's dietary request. The child was evaluated by a pediatrician on October 16 and November 20, 2025, and by a nurse practitioner on October 5 and October 8, 2025. During these evaluations, no deformity or complications related to the foot injury were identified.

Allegation – Mental Health Visits Too Short

A resident alleged that her daughter's psychological visits lasted less than five minutes and were not adequate.

Response: Mental health visits vary in length depending on the individual circumstances and needs discussed during each encounter. Behavioral health staff conduct evaluations, and follow-up visits consistent with clinical protocols and facility standards.

Allegation – Lack of Medication for Cysts

A resident alleged she did not receive medication needed for cyst treatment.

Response: Medical records indicate that medication for pain management was ordered on October 13, 2025. Information was also forwarded to a gynecologist for review; however, the resident departed the facility prior to the scheduling of an appointment.

Allegation – Kidney Condition and Child’s Ear Infection

A resident alleged that treatment for a chronic kidney condition was not provided and raised concerns about the treatment his daughter received for an ear condition.

Response: Laboratory testing conducted on December 9, 2025, showed normal results related to the reported kidney concern. Medical documentation indicates that the resident’s daughter was evaluated by a provider on November 6, 2025, at which time the mother reported that the child’s condition had improved. Treatment decisions were based on clinical evaluation and documented symptoms.

Allegation – Eye Injury Caused by Staff

A resident alleged that a staff member struck her daughter in the eye with a mop and that medical care was delayed.

Response: Medical documentation shows that the child received an initial evaluation following the reported eye injury and was subsequently evaluated by a pediatrician. The child continued to receive follow-up care, including multiple sick-call visits, monitoring of symptoms, and treatment with medications for irritation and pain. An ophthalmology referral was initiated, and the child was evaluated by an off-site ophthalmologist, who diagnosed mild edema and prescribed medication and follow-up care. Records show that medical staff monitored the condition and provided treatment throughout the child’s stay.

Allegation – Broken Toes and Medication Concerns

A resident alleged that her son sustained broken toes and that a follow-up orthopedic appointment was not approved. She also expressed concern about a change in seizure medication and a fungal infection.

Response: Medical documentation reflects that a pediatrician evaluated the child. The medical record does not indicate that a referral to an orthopedic specialist was ordered. Regarding seizure treatment, the medication Valproic Acid was prescribed as a therapeutic equivalent to the previously reported medication. During the child’s stay at the facility, there were no documented complaints regarding a fungal infection.

Allegation – Son’s Injury and Mental Health Visits

A resident alleged that her son had trouble walking and was not provided medication for pain, and that his psychological visits were brief and not therapeutic.

Response: Medical documentation indicates that the family arrived on August 25, 2025, and that the child was evaluated by a provider on the same date with no medical concerns reported. Behavioral health visits occurred on August 26, September 2, and September 9, 2025. No additional medical or mental health concerns were documented during the family's stay.

Conclusion

Based on the review of facility records, medical documentation, and applicable procedures, services provided at the facility were consistent with facility protocols and applicable standards. The available documentation does not substantiate the allegations described above.

XI. IHSC Focused Site Review December 17, 2025

On December 17, 2025, the IHSC Field Medical Coordinator (FMC) conducted an in-person focused site visit at the DIPC at the request of JFMD. The review was initiated in response to patient concerns raised in a recent declaration related to the FSA.

An IHSC Behavioral Health Case Manager (BHCM) participated in the visit to independently assess behavioral health services.

The purpose of the review was to evaluate local medical and behavioral health processes related to the delivery of healthcare services for adults and children in accordance with ICE detention standards and the 2020 FRS.

Facility Overview – Medical Infrastructure

The primary medical unit is a standalone building located approximately 100 yards beyond the facility's main entrance. The medical facility includes:

- 14 medical examination rooms
- 8 mental health examination rooms
- 5 treatment rooms
- 1 triage/urgent care room with three gurneys
- 1 pill line room with two medication windows
- 1 secured medical records room (locking door and cabinets)
- 1 nurses' station
- 1 secured pharmacy room
- 1 dental suite with four dental chairs, x-ray capability, and one panoramic x-ray unit
- 7 medical housing rooms (two beds each)
- 6 negative-pressure isolation rooms
- 5 holding cells with bathroom access
- 2 staff break rooms and staff bathrooms

The facility does not maintain suicide watch rooms onsite. Residents requiring that level of evaluation be referred to the emergency room when clinically indicated. All examination and treatment rooms provide appropriate patient privacy.

Emergency Response Capacity

Emergency response equipment includes:

- Three gurneys
- Two emergency supply bags
- Eight wheelchairs
- Oxygen supply
- First aid kits distributed throughout the facility
- Automated External Defibrillators (AEDs) positioned facility-wide

Medical staffing includes:

- 24-hour onsite nursing coverage
- Onsite provider presence until 7:00 p.m.
- Advanced Practice Providers available on call always

Contracted Medical Services

DIPC maintains the following contracted services:

- Biohazard waste management – Stericycle
- Language interpretation – Voyce
- Laboratory services – Quest Laboratories (CLIA application submitted)
- Diagnostic imaging – Trident Care
- Pharmacy services – Clinical Solutions Pharmacy (one-day medication delivery)
- Community pharmacy support – CVS
- Electronic Health Record – Allscripts

Residents also have access to approximately 26 offsite specialty providers, including hospitals and specialty clinics.

Behavioral Health (BHCM) Scope of Review

The BHCM reviewed:

- Mental health staffing and service delivery
- Timeliness, appropriateness, documentation, and follow-up of services
- Clinical experience of providers treating children and adolescents

Medical (FMC)

The FMC reviewed:

- Sick call triage procedures
- Nurse-to-provider referral escalation
- Medication administration practices
- Healthcare staffing plans and shift coverage
- Emergency response protocols and staff training
- Chronic care management processes

- Specialty referral access and tracking
- Pharmacy ordering and prescription fulfillment practices

Medical Services – FMC Findings

Sick Call Process

The FMC reviewed sick call procedures and identified no deficiencies.

Current procedures include:

- Paper sick call requests collected nightly
- Urgent cases evaluated immediately
- Non-urgent cases scheduled for the following day
- Referral to an Advanced Practice Provider after two sick call encounters for the same concern
- Nursing staff adherence to CoreCivic Nursing Care Guidelines aligned with IHSC Nursing Guidelines

Medication Administration

Medication administration is conducted through structured pill line windows:

- 0500–0600 (fasting medications)
- 0700–0900
- 1300–1500
- 1900–2100

Three of the four pill line windows allow two-hour medication administration periods. “Keep on Person” (KOP) medications are restricted due to child safety considerations in housing areas, except for emergency rescue inhalers.

Residents have open movement throughout the campus and may report during designated pill-pass periods.

Chronic Care Management

Residents identified at intake with chronic medical conditions:

- Receive a provider evaluation within 48 hours
- Are enrolled in the chronic care tracking system
- Receive laboratory testing within one week when ordered
- Receive a Clinical Director evaluation within 30 days
- Are scheduled for follow-up visits based on clinical necessity

Conditions reviewed included diabetes, HIV, hypertension, asthma, and seizure disorders. No deficiencies were identified.

Emergency Response

All healthcare staff receive initial and annual emergency response training consistent with the 2020 FRS. No concerns were identified.

Behavioral Health Services – BHCM Findings

Children entering custody receive a comprehensive mental health assessment within seven days, or within 24 hours if an acute concern is identified.

Weekly wellness checks are conducted based on assessed risk levels. LPCs conduct behavioral health encounters, and translation services are documented when required.

Due to short lengths of stay, most minors remained in the orientation and psychoeducation phase rather than progressing to structured treatment plans.

No refusals of behavioral health services were documented. Additionally, no prior or current behavioral health diagnoses requiring treatment beyond wellness checks were identified during the custody periods reviewed.

The BHCM concluded that behavioral health services were delivered in a timely manner and in accordance with FRS standards and CoreCivic protocols.

IHSC Overall Determination

The December 17, 2025, IHSC Focused Site Visit identified no deficiencies under the 2020 FRS. Healthcare delivery systems — including intake, sick call access, chronic care management, medication continuity, specialty referral tracking, emergency response, and behavioral health services — were found to be compliant. No corrective action plans were required.

IHSC Focused Site Visit Summary Report (PII-Redacted)

Dilley Immigration Processing Center (DIPC)

Site Visit Date: December 17, 2025 | Standards Reviewed: 2020 Family Residential Standards (FRS)

Overall Result: 0 Deficiencies Identified

Facility Snapshot		Medical Infrastructure & Capacity	
Total ICE Population	1,150	Medical Exam Rooms	14
Male	24	Mental Health Rooms	8
Female	573	Treatment Rooms	5
Pregnant	8	Isolation Rooms (Negative Pressure)	6
Segregation (Admin/Disc)	0	Medical Housing Rooms	7 (2 beds each)
Disabled	0	Dental Chairs	4
Medical Segregation	0	Pill Line Windows	2
Mental Health Segregation	0	Gurneys (Triage)	3
Average Daily Population (FY26)	762	Offsite Specialty Providers	~26
Average Length of Stay	20 days		
Facility Capacity	2,400 beds		
Housing Structure	5 housing neighborhoods		

Clinical Review Findings			
<input checked="" type="checkbox"/> Suicide Screening <i>No concerns identified</i>	<input checked="" type="checkbox"/> Health Assessment <i>No concerns identified</i>	<input checked="" type="checkbox"/> Sick Call / Urgent Care <i>No concerns identified</i>	<input checked="" type="checkbox"/> Medication Administration <i>No concerns identified</i>
<input checked="" type="checkbox"/> Continuity of Medication <i>No concerns identified</i>	<input checked="" type="checkbox"/> Mental Health Screening <i>No concerns identified</i>	<input checked="" type="checkbox"/> Diagnostic & Specialty Care Access <i>No concerns identified</i>	<input checked="" type="checkbox"/> Chronic Disease Management <i>No concerns identified</i>

IHSC Focused Site Visit Summary Report | DIPC | December 17, 2025 | Page 1 of 2

XII. IHSC REVIEW - 12 PATIENT - SPECIFIC COMPLAINTS - FMC and BHCM FINDINGS December 17, 2025

The FMC and BHCM reviewed twelve patient-specific complaints through electronic medical record (EMR) review, policy analysis, and provider consultation. Names and Alien Registration Numbers (A#s) were removed to protect personally identifiable information (PII).

FMC Complaint Review Resident 1

Allegation: Extended medication line wait times outdoors without shade (30 minutes to two hours) and requirement to attend pill line three times daily.

IHSC Findings: The resident was prescribed hydroxyzine three times daily as needed (PRN). DIPC allows free movement, and residents with PRN medications may present during a two-hour pill-pass window at their discretion. Mobile pill lines are deployed during inclement weather.

Conclusion: No deficiencies identified.

Resident 2

Allegation: Ibuprofen provided without physician consultation; continued congestion and throat pain with ineffective treatment.

IHSC Findings: Sick call documentation confirmed nursing staff followed clinical nursing guidelines for common cold symptoms. Criteria for referral to a higher level of care were not met.

Conclusion: Care consistent with guidelines.

Resident 3

Allegation: No physician onsite during evenings; resident fainted and was not found until the next day.

IHSC Findings: Nursing staff are onsite 24/7 and trained to respond to emergencies within four minutes. An Advanced Practice Provider (APP) is always available on call when not onsite.

Conclusion: Staffing and emergency response protocols compliant.

Resident 4

Allegation: Child with fever seen by nursing staff for three days before antibiotics were prescribed; inadequate follow-up when fever returned.

IHSC Findings: Sick call encounters showed adherence to fever management guidelines. Documented symptoms did not meet criteria for referral to a higher level of care.

Conclusion: No deficiencies identified.

Resident 5

Allegation: Child not provided vegetarian diet; prior casted foot injury status not communicated.

IHSC Findings: Intake assessment documented the child ambulating without difficulty. Later ankle pain was treated with an ACE wrap; no swelling or deformity was noted. Vegetarian diet requests are submitted through the chaplain. Medical staff authorize special diets only when medically indicated.

Conclusion: No deficiencies identified.

Resident 6

Allegation: Resident did not receive medication needed for cyst treatment.

IHSC Findings: Resident was prescribed drospirenone-ethinyl estradiol (3 mg–0.02 mg daily). Medication was administered from October 4, 2025, through October 22, 2025, the date of transfer.

Conclusion: Medication provided as prescribed.

Resident 7

Allegation: Lack of treatment for chronic kidney condition, blood in urine, medication concerns for children, inadequate ear infection treatment, lack of probiotics, concerns about hearing loss, and pill line staffed by “low-level personnel.”

IHSC Findings: Laboratory testing on December 9, 2025, showed urinalysis negative for blood. A chemistry panel was not completed due to specimen storage error; the test was reordered December 22 and scheduled for collection December 24, 2025. Probiotics are provided when clinically indicated; no side effects requiring probiotics were documented. Pill line operations are primarily staffed by RN/LVN personnel; it is atypical for an APP to staff pill line.

Conclusion: Management consistent with clinical standards.

Resident 8 and Family

Allegation: Child struck in the eye by a mop; documentation stated she fell; concerns regarding lack of pediatrician availability and delayed follow-up.

IHSC Findings: IHSC was unable to independently verify the alleged incident. Medical care documentation showed services were provided within timeframes consistent with 2020 FRS requirements.

Conclusion: Care met FRS requirements.

Resident 9

Allegation: Child suffered fractured toes; orthopedic follow-up not approved; epilepsy medication substituted with dose reduction; fungal infection from clothing.

IHSC Findings: The patient was referred to the emergency room and subsequently referred to orthopedics but departed DIPC prior to the appointment. Atemporator (bromazepam) was not available and was unknown to the prescribing provider; the patient was prescribed valproic acid (250 mg, two capsules twice daily). No seizure activity was reported while at DIPC.

Conclusion: Treatment consistent with clinical judgment.

FMC System-Level Observations

Sick Call Processes

No deficiencies were identified. Paper sick call requests are collected nightly and triaged. Urgent cases are evaluated immediately, while non-urgent cases are scheduled the following day. Residents with repeated complaints are referred to an APP. Nursing staff follow CoreCivic Nursing Care Guidelines aligned with IHSC standards.

Medication Administration

DIPC uses structured pill line windows:

- 0500–0600 (fasting medications)
- 0700–0900
- 1300–1500
- 1900–2100

Three of the four pill-pass periods allow two-hour administration windows. Residents have open movement and may report during these timeframes. KOP medications are restricted due to child safety considerations, except for emergency rescue inhalers. Adult and pediatric vaccines are available onsite.

Staffing, Emergency Response, and Chronic Care

No concerns were identified regarding staffing levels, emergency response training, chronic care management, or specialty referral access. Chronic care protocols include provider evaluation within 48 hours of intake, laboratory testing within one week when ordered, Clinical Director review within 30 days, and follow-up based on clinical need. Approximately 26 offsite specialty providers are available.

FMC Summary: No deficiencies identified. Services were delivered in accordance with FRS standards and CoreCivic protocols.

Behavioral Health Case Manager (BHCM) Complaint Review

On December 17, 2025, IHSC conducted a focused review of behavioral health procedures with the Lead Behavioral Health Provider (PhD) and completed EMR reviews for minors referenced in the complaints.

Resident 10 and Family

Allegation: Inadequate treatment for anxiety.

IHSC Findings: Initial comprehensive evaluation conducted August 14, 2025, with wellness checks on August 23 and August 30. The mother reported no concerns regarding eating, sleeping, or behavior. The family transferred on September 8, 2025.

Conclusion: Services timely and consistent with FRS standards.

Resident 11 and Family

Allegation: Behavioral health visits were brief and insufficient.

IHSC Findings: Initial evaluation August 26, 2025, with follow-up wellness checks September 2 and September 9. No concerns were reported. The family transferred September 13, 2025.

Conclusion: Care appropriate and timely.

Resident 12 and Family

Allegation: Weekly visits did not resemble therapy.

IHSC Findings: Initial evaluation August 26, 2025, with wellness checks September 2 and September 9. Abuse history was disclosed and documented at intake. No structured therapy was requested by the minor or parent prior to transfer on September 12, 2025.

Conclusion: Services consistent with assessed risk and FRS standards.

BHCM General Findings

Under the 2020 FRS, children receive a comprehensive mental health assessment within seven days of arrival, or within 24 hours if an acute concern is identified. EMR review confirmed adherence to these requirements. Follow-up care is based on assessed risk and clinical need. LPCs conducted behavioral health encounters. No psychologist provided care to the minors referenced in the complaints as alleged. No refusals of behavioral health services were documented, and leadership reported no behavioral health complaints during the review period. No diagnoses requiring treatment beyond routine wellness monitoring were identified during the minors' short stays.

Due to limited lengths of custody, most minors remained in the orientation and psychoeducation phase rather than progressing to structured treatment plans. Translation services were documented when needed.

BHCM Summary: Behavioral health services were delivered in a timely manner and in accordance with FRS standards and CoreCivic protocols.

Overall Determination

The December 17, 2025, IHSC Focused Site Visit identified no deficiencies under the 2020 FRS. Healthcare delivery systems—including intake screening, sick call access, chronic care management, medication continuity, specialty referral tracking, emergency response readiness, and behavioral health services—were found to be compliant. No corrective action plans were required.

The review provides independent clinical validation of DIPC healthcare delivery during the reporting period.

Addendum – February 2026 Precautionary Measures (Measles Exposure)

In February 2026, precautionary measures were implemented following potential measles exposure. Two cases were identified and reported to the Texas Department of Health, which subsequently reported both cases to the Centers for Disease Control and Prevention (CDC). Required public health notifications were completed, and affected families received appropriate medical care through the facility's onsite healthcare services.

Following verification that vaccine doses were stored in accordance with clinical safety protocols, and MMR vaccines were offered to all residents.

Beyond IHSC's independent medical review, DIPC continued to undergo scheduled third-party compliance inspections evaluating adherence to the 2020 FRS across operational, safety, and programmatic areas. The results of those inspections are detailed below.

XIII. INDEPENDENT INSPECTIONS

Between November 2025 and February 2026, four scheduled independent third-party monthly compliance inspections were conducted at the DIPC. These inspections evaluated compliance with 43 standards under the 2020 FRS, resulting in a total of 172 individual standard reviews during the reporting period.

November 18–21, 2025 Inspection

Overall Rating: Compliant (with one administrative finding)

Non-Compliant Finding

- FRS 7.5 – Post Orders
 - Documentation of supervisory review and staff sign-off was incomplete.

Nature of Finding

- Administrative documentation issue
- No life-safety, medical, or resident welfare impact identified

Corrective actions were implemented following the inspection and were subsequently verified. All other reviewed standards were rated Compliant.

December 16–18, 2025 Inspection

Overall Rating: Compliant

Standard Rated Compliant with Issues

- FRS 4.1 – Food Service
 - An isolated observation involving hair-restraint protocol was noted.

The issue was corrected immediately during the inspection.

The documentation issue identified during the November inspection related to FRS 7.5 – Post Orders was confirmed to be fully resolved.

January 20–21, 2026 Inspection

Overall Rating: Compliant with Issues

FRS 2.5 – Resident Census

Rating: Non-Compliant

- On January 9, 2026, two residents escaped prior to the scheduled 0700 census count.
- Both individuals were quickly apprehended without injury to residents or members of the public.

The incident prompted reinforcement of resident census and security protocols.

FRS 2.8 – Staff-Resident Communication

Rating: Compliant with Issues

- Documentation lapses were noted regarding weekly unannounced supervisory housing unit tours.
- Inspectors recommended reinforcement of documentation practices.

February 2026 Inspection (Preliminary Findings)

The February 2026 compliance inspection findings report was pending final approval at the time this report was completed. Preliminary findings have been incorporated into this report.

During this inspection, FRS 2.8 – Staff-Resident Communication, Component 1 (requiring ICE supervisors to sign the housing unit logbook weekly during supervisory visits) was again found non-compliant. This component had previously been identified during the January 2026 inspection, resulting in a repeat finding. Due to the recurrence, FRS 2.8 was rated Non-Compliant for the February 2026 inspection.

On March 3-4, 2026, in-person FRS 2.8: Staff-Resident Communication training was delivered to 53 participants, including ICE managers, supervisors, deportation officers, ICE contractors, and USCIS staff. The training focused on reinforcing supervisory documentation requirements and compliance expectations.

Additional details regarding this training are provided in the section of this report: FRS Phase II – Staff-Resident Communication (Section 2.8), Phase II Training Summary (March 3–4, 2026).



November 2025
Report of Findings_



December 2025
Report of Findings_



January 2026 Report
of Findings_Redacted.

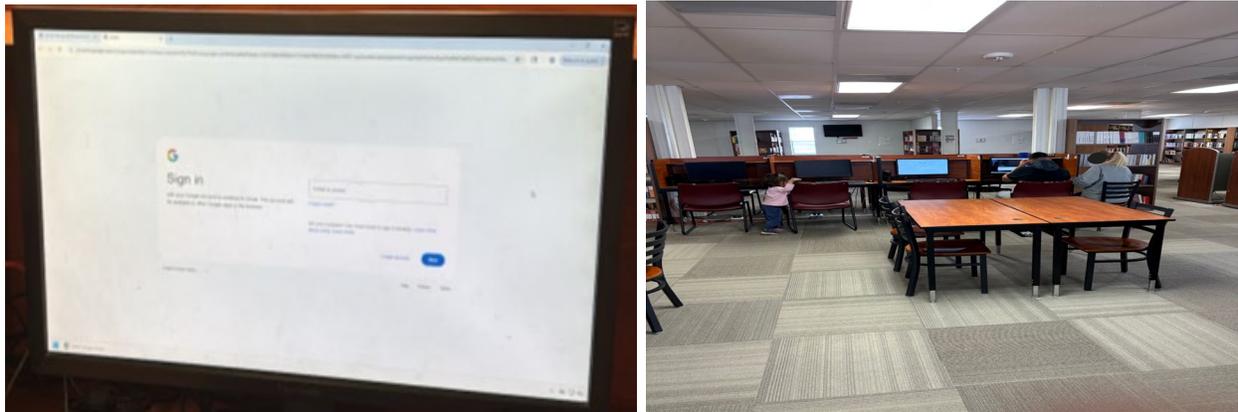
Consistent with its reporting obligations and oversight framework, ICE participated in a Court-mediated Meet and Confer with class counsel on January 20, 2026, to address operational conditions, custody duration, and compliance with the 2020 FRS and the FSA.

XIV. RECENT CLASS COUNSEL CONCERNS February 24, 2026

Following the January 20, 2026, Meet and Confer, class counsel raised additional operational questions relating to resident communication access and service delivery.

Resident Email Access (Gmail)

Due to security concerns, system updates were implemented at DIPC, which limited access to personal email accounts. For a short time, residents did not have access to Gmail services within the facility; however, the provider actively worked to restore access to Gmail accounts in a manner that did not compromise security. On March 6, 2026, the DIPC restored Gmail access via the library computers. The photograph below confirms the system is operational and available for resident use.



Food and Hygiene Survey Oversight

Residents' food quality and hygiene product access are monitored through multiple oversight mechanisms. Class counsel inquired whether a third-party survey could be conducted on these issues.

Currently, Target Hospitality Corporation administers resident satisfaction surveys. In addition, DIPC undergoes monthly independent third-party inspections and recently completed a mock operations audit conducted by ICE's corporate audit team.

Across these reviews, no food-related deficiencies were identified. Residents are interviewed as part of the inspection process, and no substantiated concerns regarding food quality or access to hygiene products were documented. Resident survey results for December 2025 and January 2026, including Halal surveys, are provided below for reference.



12.December
Questions 2025.pub



December 2025
Survey.pdf



January Halal
Survey 2026.pub



January 2026
Survey.pdf

Hygiene Product Availability

A comprehensive list of hygiene items provided to residents is maintained and includes both adult and infant supplies consistent with facility standards and operational protocols. These items are issued at intake and replenished as needed. See the Clothing, Hygiene, and Infant Care section below for a complete list of available items, including photographs.

Lighting Adjustments

Concerns were raised regarding nighttime lighting in housing units. Plug-in nightlights were previously evaluated but determined insufficient for staff to conduct required safety and welfare checks without entering housing areas. To reduce brightness while maintaining security standards, two of four overhead light banks remain illuminated overnight, and selected bulbs have been replaced with lower intensity 3000K soft white lighting.

Personal Property During Room Searches

Class counsel inquired whether personal belongings, including children's artwork or documents, were destroyed during housing searches. No personal property has been destroyed. Items confiscated during searches have been limited to materials identified as protest-related and not authorized under facility rules.

XV. RESIDENT EXPRESSION AND EXTERNAL DEMONSTRATION ACTIVITY January – February 2026

January 24, 2026 – Internal Resident Demonstration

On January 24, 2026, multiple family units engaged in coordinated chanting within housing areas at the DIPC. Participants expressed general demands for release and immigration case resolution. Facility operations remained orderly. Although no major injuries were reported, incident reports indicate that during the protest there was one occasion where a staff member reported being assaulted by at least one family.

During this period, certain handwritten signs, drawings (artwork), and written communications associated with the protest were collected consistent with facility procedures governing materials not authorized under housing unit rules. These items were documented pursuant to facility policy. No personal property unrelated to protest activity was destroyed.

Protest or Anti-ICE signs, posters, and related materials are considered Soft Contraband under the FRS. Soft contraband is defined as “nuisance” items that do not pose a direct and immediate threat to safety or security but have the potential to create dangerous conditions within the Center (FRS Section 2.2). The organization or promotion of protest activity may also be considered a

civil disturbance, which could create unsafe conditions for both residents and staff (FRS Section 1.1.9).

Accordingly, these materials were collected and documented in accordance with established facility procedures and applicable FRS guidance.

Operations continued without interruption.

January 27–28, 2026 – External Demonstrations

On January 28, 2026, a public demonstration occurred outside the DIPC. Media reporting described the event as focused on family detention policy and the release of detained families. Texas Department of Public Safety (DPS) personnel responded to activity outside the facility perimeter. Public reporting indicated that crowd-control measures were utilized and arrests were made. These events occurred outside DIPC's secured perimeter and did not disrupt internal facility operations.

DIPC remained secure and operational throughout the demonstration. No residents were injured, and no internal emergency procedures were triggered.

Late February 2026 – Multi-Day March Activity

Beginning February 25, 2026, advocacy groups conducted a multi-day march from Dilley toward San Antonio, TX, which included stops near the facility as part of broader family-detention advocacy actions. These activities remained external to the secured perimeter. Facility security posture remained consistent with established operational protocols. No operational disruptions, injuries, or safety incidents occurred within the DIPC during this period.

Operational Assessment

Across all January and February protest-related activity:

- No medical or life-safety incidents occurred inside the facility.
- No systemic disruption of services was observed.
- No facility-wide lockdown was required.
- Security protocols functioned as designed.
- Grievance submission mechanisms remained available.
- Daily services (medical, food service, housing, sanitation, recreation) continued uninterrupted.

The protest activity described above did not result in findings of non-compliance under the 2020 FRS or the FSA.

While certain residents chose to express concerns through coordinated protest activity during January 2026, DIPC's formal grievance system remained continuously available as the established mechanism for submitting and resolving individual complaints. The following section outlines the structure, oversight framework, and documented grievance activity during the reporting period.

XVI. GRIEVANCE SYSTEM

November 2025 – February 2026

During the reporting period from November 2025 through February 2026, the DIPC maintained an operational grievance system designed to allow residents to formally submit concerns related to facility operations, services, and staff interactions. The grievance system operates under a multi-layered oversight framework consistent with the 2020 FRS and the FSA. Oversight responsibilities are shared among ICE headquarters personnel, field office staff, and facility leadership, ensuring grievances are reviewed, documented, and addressed through established supervisory channels.

Residents have multiple accessible methods for submitting grievances, including Talton electronic tablets and secure grievance boxes located throughout the facility. Residents are informed of grievance procedures during intake orientation and through the Resident Handbook. Grievances may be submitted without fear of retaliation, and established procedures ensure concerns are reviewed in a timely manner. Standard grievances require written responses within five business days, while health or safety grievances are addressed the same day or within 24 hours.

During the reporting period, residents submitted grievances across several operational categories including facility staff conduct, safety and security, housing conditions, commissary services, food services, programs, intake procedures, and administrative matters. In addition to formal grievances, residents also submitted SRCs through the Talton system, providing an additional mechanism for raising questions or requesting assistance.

In January 2026 alone, 3,917 SRCs (not grievances) were documented and routed for appropriate response. The grievance activity varied by month during the review period, as summarized below and in the Grievance Summary chart seen on page 38.

In November 2025, the facility documented 78 grievances, all of which were determined to be unfounded following investigation.

In December 2025, the facility processed 76 grievances, the majority of which were also determined to be unfounded; however, 14 grievances were substantiated following review. Many of these grievances were related to a commissary inventory distribution error that resulted in residents not receiving ordered items. Additional founded grievances involved educational programming availability during a contract transition and staff responsiveness to resident requests.

In January 2026, the facility documented 89 grievances across a range of categories. Most grievances were determined to be unfounded; however, four grievances were substantiated, including concerns involving safety/security, housing conditions, programs, and an administrative matter categorized as “other.” Each of these matters was investigated and addressed through appropriate corrective measures.

In February 2026, the facility documented 26 grievances, most of which were determined to be unfounded or administratively resolved. One grievance was substantiated after a resident requested hygiene supplies and staff did not assist the resident during the third shift. Supervisory staff addressed the issue by reinforcing expectations regarding staff responsiveness and reminding Resident Supervisors of their responsibilities to assist residents and maintain professional conduct.

Founded grievances identified during the reporting period were administrative or service-related in nature and did not indicate systemic deficiencies. Issues included commissary inventory allocation errors, educational programming availability during a transition period, staff responsiveness to resident requests, intake processing delays, and staff communication during visitation procedures. Corrective actions included procedural clarification, staff counseling, supervisory review, and reinforcement of operational expectations.

External oversight mechanisms during the reporting period included independent inspections, an IHSC Focused Site Visit, and routine compliance reporting, none of which identified systemic deficiencies in the grievance system. Overall, the grievance process functioned as intended, with defined submission channels, established response timelines, and multi-level supervisory oversight ensuring that grievances were reviewed and addressed appropriately.

The review period did not identify systemic failures within the grievance system, retaliation concerns, or structural non-compliance with FRS or FSA requirements. Grievances determined to be founded were isolated incidents that were addressed through prompt corrective action and supervisory follow-up. The following section outlines the step-by-step grievance and complaint

process flow, along with grievance statistics for the period of November 2025 - February 2026.

GRIEVANCE / COMPLAINT PROCESS FLOW

Dilley Immigration Processing Center



Grievance Summary (November 2025 – February 2026)

Dilley Immigration Processing Center (DIPC)

Month	Total	Founded	Key Issues Identified	Corrective Actions
November 2025	78	0	Grievances involved facility staff interactions, commissary access, housing conditions, recreation, mail services, and safety/security concerns. All allegations were reviewed and determined unfounded.	No corrective action required
December 2025	76	14	Commissary inventory misallocation resulted in multiple residents not receiving ordered items. Additional issues involved educational programming transition, delayed intake response, and staff responsiveness to resident requests.	Commissary procedures clarified; staff coaching and intake response expectations reinforced
January 2026	89	4	Founded grievances involved a resident safety/security concern, housing-related issue, program-related concern, and one administrative grievance categorized as "other."	Issues investigated and corrective measures implemented
February 2026	26	1	Resident requested hygiene supplies (tissue and paper towels); third-shift staff did not assist and instructed resident to wait until morning.	Supervisors reinforced staff responsibilities and expectations

XVII. LEGAL ACCESS AND LAW LIBRARY

The DIPC provides residents with access to legal resources, legal materials, and opportunities to communicate with legal representatives consistent with ICE FRS. Residents can communicate with attorneys through legal visitation, legal mail, electronic communication, and other approved correspondence methods.

Residents have access to a designated law library located at the back of the center’s library, which includes two large offices containing twelve computer workstations (six in each office). The computers provide access to LexisNexis legal research materials, which contain immigration-related legal resources required under ICE standards. The law library also includes printers and other supplies to assist residents in preparing legal documents. Library staff are available to help when needed, and a sign-in system is maintained to ensure fair and orderly access to the library.

The law library is equipped with resources necessary for legal research and document preparation, including computers, printers, photocopiers, writing materials, folders, two-hole punches, and facsimile machines. Residents may also request additional legal materials that are not available in the library.

Residents are provided storage space for personal legal materials, either in their living areas or through electronic storage devices such as thumb drives maintained in the library.

Additionally, the center provides residents access to email services through the law library computers, allowing residents to communicate electronically and support legal preparation activities. Gmail access was restored on March 6, 2026, making the service operational for resident use.

Residents are also able to communicate with legal representatives through legal mail, which is delivered by mailroom staff and distributed Monday through Friday. Legal mail is accepted and delivered without being opened or read by staff, ensuring confidentiality.

Legal visitation is permitted for attorneys, accredited representatives, law students, translators, and legal assistants who present proper identification and schedule visits in advance. Private spaces are available for confidential legal consultations.

Residents are also able to access facility information and legal rights materials through the tablet system available within the housing units. Through the tablet's "Facility Info" application, residents can review facility information notices, guidance materials, and ICE detainee handbook resources available in multiple languages. These materials include facility policies and information relevant to residents' rights and services and can be accessed after logging into the tablet and selecting the appropriate application.

Additionally, rights informational videos are available on the tablets, providing residents with information about immigration procedures and legal rights. Signage is posted in housing areas explaining how residents can access the rights videos, and instructions are also included in the tablet user guidance materials to assist residents in locating and viewing the videos.

Overall, the legal access program at DIPC provides residents with multiple avenues to obtain legal information, conduct legal research, communicate with counsel, and access legal rights materials, supporting their ability to prepare for immigration proceedings and understand available legal resources.



Explanation of
Rights Video Postings



Facility Info App
Instructions.pdf

XVIII. RESIDENT TOWN HALL MEETINGS AND COMMUNICATION FORUMS December 2025 – January 2026

The DIPC conducted structured resident town hall meetings from November to February 2026 to provide residents with information regarding facility operations, available services, policy updates, and to allow residents to raise concerns directly to facility leadership and ICE representatives. For example:

December 18, 2025 – Brown Bear Neighborhood

A town hall meeting was conducted on December 18, 2025, at the Green Gym with attendance by facility leadership, ICE supervisory staff, medical personnel, and unit management.

Residents raised concerns related to:

- Restroom sanitation (cleanliness, shower curtain mold, soap availability)
- Staff tone and professionalism
- Recreation supervision practices
- Food quality concerns
- Housing entry practices during night shifts
- Air conditioning temperature concerns
- Access to medical medications
- Laundry detergent availability
- Baby food availability during dining
- Communication with ICE personnel
- Understanding of Flores timeframes

Operational reminders and clarifications were provided regarding:

- Grievance submission procedures
- Medical access (24-hour availability; sick call drop boxes)
- PREA reporting mechanisms
- Laundry procedures
- Cleanliness expectations
- Respectful communication between residents and staff

Concerns were documented and referred to appropriate departments for review and follow-up, as necessary.

January 22, 2026 – Yellow Frog / Red Bird Neighborhoods

A subsequent town hall meeting was conducted on January 22, 2026, with attendance by facility leadership, ICE representatives, medical staff, and supervisory personnel.

Residents raised questions related to:

- Recreation equipment and gaming availability
- Hallway movie access
- Clothing quality and distribution
- Soap and hygiene product quality
- Dining schedules and visitation timing
- Cable television service
- Razor usage timing
- Laundry timelines
- Medication refills
- Religious services and chapel access

Staff provided clarification regarding:

- Dining schedule adjustments due to population size
- Safety-based razor control policies
- Clothing distribution limits
- Cable service repair efforts

- Medical prescription refill procedures
- Chapel and religious service availability
- Recreation schedules and children's programming

PREA reporting mechanisms and grievance procedures were reiterated during the meeting. Attendance was documented.

Overall Assessment

The December 2025 and January 2026 town halls reflect structured resident engagement and access to supervisory personnel. Meetings were conducted bilingually, documented, and included participation by ICE and medical leadership.

Concerns raised during town halls related to:

- Daily living conditions
- Communication with staff
- Service access timing
- Clarification of procedures

Issues raised were operational or informational in nature and were addressed through clarification, referral, or follow-up as appropriate. The meetings demonstrate ongoing communication forums available to residents during the reporting period.

The resident engagement forums described above are further supported by structured staff training initiatives designed to reinforce communication standards and documentation practices. The following section outlines Phase II training conducted pursuant to FRS 2.8 (Staff-Resident Communication).

XIX. CURRENT CONDITIONS OF CONFINEMENT

Environmental Health and Safety

Temperature Control: As of February 24, 2026, housing unit thermostats were set to 74 degrees.

HVAC Systems: The DIPC utilizes Bard WSA Series wall-mounted HVAC systems to regulate indoor air quality and climate conditions. System features include:

- Configurable outdoor air intake
- CO₂-based environmental controls
- Air filtration up to MERV 13
- Optional UV-C air purification capability
- Two-stage cooling functionality
- Mechanical dehumidification
- Refrigerant detection safeguards

The Bard WSA Series wall-mounted HVAC system supports safe, sanitary, and climate-appropriate living conditions consistent with FSA standards.

An image of the Bard WSA Series wall-mounted HVAC system is provided below for reference.



Lighting Adjustments - In response to resident feedback:

- Front portion housing lighting adjusted from 5000K to 3000K;
- Staff trained to minimize nighttime disruption while conducting welfare checks.

Pest Control - Weekly inspections during this review period documented:

- No systemic infestations;
- Isolated minor ant and flea activity treated with EPA-registered products;
- Preventive fly treatments in dumpster areas;
- Kitchen areas free of active infestation.

In addition to maintaining environmental health and living standards, the DIPC is transitioning to a structured education program for school-aged children consistent with the FRS and FSA. The following section outlines educational services and program implementation during the reporting period.

Education Program

From November 2025 through February 2026, the DIPC engaged in negotiations with two separate vendors to establish a comprehensive education services contract. Those negotiations did not result in finalized agreements. Although negotiations were unsuccessful, DIPC continued its efforts by implementing a full education program to provide classroom instruction while it continues to search for a long-term education provider.

This section outlines DIPC's intent regarding educational services for minors residing at the facility, the status of the education program, and the steps being taken to further strengthen and expand services. It also identifies anticipated program development as the facility continues aligning its education program with FRS Standard 5.2: Educational Policy and other applicable requirements.

The DIPC's education program is designed to provide structured, developmentally appropriate instruction for all eligible children residing at the facility. Educational services are intended to support academic development, communication skills, and overall learning engagement in a structured classroom environment consistent with traditional educational settings.

Program objectives include:

- Providing educational services to all eligible minors residing at the facility
- Conducting initial educational assessments following a child's arrival
- Placing students in appropriate grade levels based on age and assessment outcomes
- Delivering daily instruction in core academic subjects
- Utilizing educational technology and learning platforms where appropriate
- Monitoring academic progress through periodic reassessment
- Coordinating with external educational partners when specialized services are required

Instruction is designed to include core academic subjects such as:

- Science
- Social Studies
- Mathematics
- English Language Arts
- Physical Education

Educational materials are selected to support culturally responsive learning environments and reflect the diverse backgrounds of the student population.

Current Program Status

While the new education program has only been in place for one week, as of the date of this report, the program is already being actively scaled up to meet all applicable educational standards. Several areas are still in development, and those components are currently being scaled up to reach full compliance. Classroom instruction is underway, and the outstanding components of the program are being rolled out and integrated into regular operations.

Key areas include the following:

Educational Assessments

Formal educational assessments are being expanded and moved toward full implementation. Plans are in place to administer assessments to eligible students shortly after arrival to support grade-level placement and instructional planning.

Educational Records

Comprehensive education files, progress reports, transcripts, and parent-teacher conference documentation are being developed, and attendance tracking has been established for students participating in classroom instruction.

Staffing

In March 2026, DIPC began utilizing facility-employed teachers to provide classroom instruction and support the development of the education program. This transition represents an important step toward establishing a more structured and consistent educational framework.

Special Education Services

Formal special education services are not currently warranted onsite. However, procedures are in place to coordinate with external educational partners if specialized services become necessary.

Classroom Resources

Classrooms are equipped with appropriate instructional supplies and materials. In addition, library services are available to support learning activities and student engagement.

Operational Considerations

Educational programming within a family residential setting operates under conditions that differ from traditional school environments. Residents frequently experience short and variable lengths of stay, and the student population may change frequently due to transfers, releases, or immigration case processing. As a result, educational programming is designed to remain flexible and adaptable, emphasizing foundational academic instruction, structured classroom engagement, and continuity of learning rather than long-term curriculum sequencing.

The DIPC's education program is designed to meet the functional educational requirements of the FSA while continuing to strengthen program structure and instructional resources. Within this context, the DIPC's education program focuses on providing consistent daily instructional opportunities, developmentally appropriate learning activities, and supportive classroom environments while continuing to expand program components as operational conditions permit.

Program Development Outlook

The DIPC continues to refine and expand its education program as implementation progresses. Additional program elements, including student assessments, expanded documentation practices, and potential coordination with external educational partners, are expected to develop further as the facility works toward continued alignment with the FSA and FRS Standard 5.2.

Continued progress toward these program enhancements is anticipated by Spring 2026, as DIPC strengthens its educational services for minors residing at the facility.

Classroom photograph taken in March 2026, is provided below for context and reflects the status and operational implementation of the education program.



Core Instruction

Students currently participate in instruction in core subject areas, consistent with the educational expectations outlined in the FRS.

Program Development and Educational Framework

The DIPC is implementing several measures to strengthen the educational program and improve alignment with required standards.

Educational Assessments

All eligible children will receive an initial educational assessment shortly after arrival at the facility. These assessments will:

- Follow state and local educational requirements
- Use nationally recognized, scientifically valid testing methods
- Be conducted in a manner that protects student privacy
- Be administered in the child's primary language when possible

Students may be reassessed periodically to monitor academic progress.

Copies of educational assessments will be:

- Maintained in each student's education file
- Made available to parents upon request
- Accessible to ICE/DHS staff for oversight purposes

Student Placement

Students will be assigned to grade levels based on educational assessment results and age range. When there is a significant difference between a student's developmental level and age, placement decisions will be made in coordination with the facility's Multidisciplinary Special

Needs Team. If a student requires additional educational support, the facility may develop an Individual Education Plan (IEP). When appropriate, DIPC may coordinate with Dilley Independent School District (ISD) to assist with specialized educational services.

Mental health providers are also available onsite to support students when educational or behavioral needs arise.

Curriculum and Learning Tools

Educational instruction may incorporate digital learning tools such as:

- Khan Academy
- Khan Academy Kids

These platforms provide assessments aligned with Common Core State Standards and include multiple learning formats, such as:

- Multiple-choice questions
- Numeric input responses
- Interactive graphing exercises
- Written responses
- Online instructional modules

These tools allow instructors to evaluate student understanding and adapt instruction to individual learning needs.

Program Oversight and ICE Support

To support the continued development and implementation of the education program, ICE will deploy an Education Subject Matter Expert (SME) to the DIPC at the end of March 2026.

During this visit, the SME will:

- Review current education program operations
- Provide technical guidance regarding compliance with FRS education standards
- Assist with program development and implementation
- Provide recommendations for strengthening assessment, instruction, and documentation practices

ICE is also working through logistics to deploy an educational SME to the facility monthly following the March visit.

These recurring visits are intended to provide ongoing:

- Technical assistance
- Program evaluation
- Implementation support
- Compliance monitoring

The monthly SME visits are expected to continue until the next Joint Status Report (JSR) is submitted to the Court in June 2026.

Conclusion

The DIPC is committed to developing and maintaining an education program that supports the academic development and well-being of minors residing at the facility.

The implementation of facility teachers beginning March 2026, along with ongoing program development and ICE technical assistance, represents significant progress toward strengthening educational services.

Through continued program development and oversight, DIPC expects to have a fully structured and operational education program by Spring 2026, with continued monitoring and refinement through the next JSR submission to the Court in June 2026.

Recreation

Recreation services at DIPC are provided in accordance with the 2020 FRS and applicable FSA requirements. Residents are afforded daily access to indoor and outdoor recreational opportunities designed to support physical activity, stress reduction, and age-appropriate engagement for minors and families.

Programming includes structured and unstructured activities such as outdoor play, sports, fitness activities, and child-focused recreational programming. Recreation schedules are adjusted as necessary based on population levels, weather conditions, and operational considerations, and are subject to supervisory oversight and inspection review.

Throughout the reporting period, no systemic deficiencies related to recreation access were identified through inspection, grievance monitoring, or independent oversight mechanisms.

Please see the Indoor and Outdoor Gym Activities Schedule on the following page for a detailed outline of structured recreation opportunities available during the reporting period.



Indoor/Outdoor Gym Activities Schedule

🕒 Schedule: 8:00 A.M. - 08:00 P.M.

INDOOR/OUTDOOR GYM ACTIVITIES	
TIME	ACTIVITY
08:00 A.M.-09:00 A.M.	SAND ACTIVITIES
09:00 A.M.-10:00 A.M.	PLAYSCAPES
10:00 A.M.-11:00 A.M.	SOCCER
11:00 A.M.-12:00 P.M.	KARAOKE
12:00 P.M.-01:00 P.M.	BASKETBALL/DRIBBLE
01:00 P.M.-02:00 P.M.	BINGO/LOTERIA
02:00 P.M.-03:00 P.M.	COLORING
03:00 P.M.-04:00 P.M.	VOLLEYBALL
04:00 P.M.-05:00 P.M.	BOARD GAMES
05:00 P.M.-06:00 P.M.	FOOTBALL THROW
06:00 P.M.-07:00 P.M.	CORN HOLE
07:00 P.M.-08:00 P.M.	EXERCISES (WALKING, JOGGING, STRECHING)

BLUE GYM INDOOR/OUTDOOR ACTIVITIES (Females Only)	
TIME	ACTIVITY
08:00 A.M.-09:00 A.M.	BASEBALL
09:00 A.M.-10:00 A.M.	KICKBALL
10:00 A.M.-11:00 A.M.	SOCCER
11:00 A.M.-12:00 P.M.	KARAOKE
12:00 P.M.-01:00 P.M.	BASKETBALL/DRIBBLE
01:00 P.M.-02:00 P.M.	BINGO/LOTERIA
02:00 P.M.-03:00 P.M.	COLORING/WORD SEARCH
03:00 P.M.-04:00 P.M.	VOLLEYBALL
04:00 P.M.-05:00 P.M.	BOARD GAMES
05:00 P.M.-06:00 P.M.	FOOTBALL THROW
06:00 P.M.-07:00 P.M.	CORN HOLE
07:00 P.M.-08:00 P.M.	EXERCISES (WALKING, JOGGING, STRECHING)

Schedule can be subject to change.

Indoor/Outdoor Gym Activities Schedule | Daily Schedule 8:00 A.M. - 08:00 P.M.

Food and Nutritional Services

Food service operations at DIPC are conducted in accordance with the 2020 FRS, applicable FSA requirements, and governing public health regulations. Nutritional services are structured to provide balanced, age-appropriate meals; accommodate medical necessary and religious dietary needs; and maintain documented food safety and sanitation controls.

Meal Service Structure

Residents are provided with three regularly scheduled meals per day—breakfast, lunch, and dinner—served at established times to ensure consistency and orderly distribution. In addition, snacks are available for children, pregnant residents, and individuals with medically prescribed diets.

- Dietary requirements as clinically indicated.
- Additional servings are permitted consistent with operational procedures and food availability.
- Drinking water is available throughout housing units and dining areas.

Menus are developed to meet age-appropriate caloric and nutritional standards and are designed to provide balanced dietary components at each meal. Meal planning incorporates:

- Lean protein sources

- Whole grain or enriched grain options
- Fresh or cooked vegetables
- Fruit selections
- Dairy or dairy-alternative options
- Age-appropriate portion sizes
- Child-friendly meal modifications where appropriate

Menu cycles are periodically reviewed to ensure nutritional adequacy, cultural familiarity, and dietary variety. Adjustments may be made based on seasonal availability, resident feedback, and operational considerations.

Special Diets and Medical Accommodations

Special dietary accommodations are provided when medically or religiously indicated. Requests for medical diets are evaluated through the facility's medical unit and documented in the resident's medical record.

Common accommodations include:

- Diabetic or controlled-carbohydrate diets
- Low-sodium diets
- Allergy-related substitutions
- Pregnancy-related dietary modifications
- Religious dietary requests

Medical dietary orders are formally documented and communicated between healthcare staff and food service personnel to ensure proper implementation. Coordination procedures include tracking of special diet rosters and supervisory verification of compliance.

Housing Unit Milk, Juices, Fruits, and Assorted Snacks







Infant and Child Nutrition

Infants and toddlers are provided with age-appropriate nutrition consistent with pediatric standards. Available items include:

- Infant formula (including soy-based formula when medically indicated)
- Stage-appropriate baby food
- Whole milk for age-eligible children
- Modified meal portions appropriate for developmental needs

Parents may request formula and age-appropriate food items as needed.

Food Safety and Sanitation Controls

Food preparation and service operations are conducted under established sanitation protocols, including:

- Temperature monitoring of hot and cold food storage
- Routine cleaning and disinfecting schedules
- Refrigeration inspections
- Pest control monitoring
- Compliance with applicable local health standards

Food service areas are subject to routine oversight by facility supervisors, CSOs, and independent inspection entities. During the reporting period, inspections did not identify systemic food safety deficiencies.

Oversight and Monitoring

Food service operations are subject to layered oversight, including:

- Compliance Standards Officer monitoring
- Independent inspections
- Internal quality assurance review
- Grievance tracking and resolution processes
- Resident food satisfaction surveys

Residents maintain access to grievance procedures to raise concerns regarding food quality, quantity, or dietary accommodations. Any substantiated issues are reviewed and addressed through supervisory follow-up.

Overall Assessment

During the November 2025 through February 2026 reporting period, food and nutritional services operated consistently with the 2020 FRS and applicable public health requirements. Oversight mechanisms, inspection findings, and resident feedback did not reflect systemic deficiencies in meal adequacy, sanitation, dietary accommodation, or food safety practices.

The updated breakfast, lunch, and dinner menus, effective January 1, 2026, including child-friendly options, are provided below.



Week 1-6
Rotational Menus.p

Infant and Toddler Nutrition

Infants and toddlers are provided with age-appropriate nutrition consistent with pediatric standards.

Available items include:

- Infant formula
- Baby food (pureed and stage-appropriate)
- Whole milk (as age-appropriate)
- Toddler-appropriate meal modifications

Parents are permitted to request formula and age-appropriate food items as needed. Please refer to the child-friendly foods section below for alignment with FSA 12A and 19.

Child-Friendly Foods – Alignment with Flores Settlement Agreement ¶¶12A and 19

Dilley Immigration Processing Center – Menu as of January 8, 2026

Flores Paragraph	Flores Requirement (Plain-Language Alignment)	Menu Items Identified at Dilley IPC
¶12A	Requires facilities to provide minors with appropriate care and conditions of confinement, including access to adequate and appropriate food.	Eggs; pancakes; French toast; muffins; hot cereal; cold cereal; rice; beans; pinto beans; charro beans
¶12A	Requires meals that are suitable for children and consistent with basic nutritional needs.	Chicken tenders; chicken nuggets; fried chicken; hamburgers; meatballs in sauce; Salisbury steak
¶19	Requires age-appropriate food for minors, including snacks and meals suitable for children.	Taquitos; tornados; burritos; hot dogs; corn dog nuggets; corn dog on a stick; crispitos
¶12A, ¶19	Requires regular access to meals that are appropriate for minors and reflect variety and familiarity.	Chicken tacos; beef tacos

Compliance Summary

- ✓ **Variety:** Menu includes breakfast, lunch, and dinner items with diverse protein sources, grains, and familiar foods
- ✓ **Age-Appropriate:** Child-friendly items include chicken tenders, nuggets, hot dogs, corn dogs, tacos, and burritos
- ✓ **Nutritional Balance:** Protein sources (eggs, chicken, beef), carbohydrates (rice, beans, cereal), and culturally familiar options
- ✓ **Flores Alignment:** Menu demonstrates compliance with ¶12A (adequate and appropriate food) and ¶19 (age-appropriate meals)

Food Safety and Sanitation Controls

Food preparation and service areas operate under established sanitation and safety protocols.

Oversight includes:

- Regular sanitation inspections
- Temperature monitoring of hot and cold food storage
- Cleaning and disinfecting schedules
- Pest control inspections
- Compliance with local health standards

During the reporting period, inspections did not identify systemic food safety deficiencies.

Resident Food Satisfaction Surveys

December 2025 – January 2026

Resident food satisfaction surveys were conducted in December 2025 and January 2026 to gather feedback on meal preferences, children’s food options, awareness of second servings, and overall satisfaction with food service operations.

December 2025 Survey Findings

Survey responses reflected positive feedback regarding meal quality and service.

Meals most frequently identified as preferred included:

- Seasoned chicken and taquitos
- Beef tacos with cake and salad
- Chicken alfredo pasta with mixed vegetables
- Enchilada chicken breast and beef alfredo pasta

Children's preferred foods included:

- Fish sticks with tartar sauce
- Chicken nuggets
- Hamburgers
- Chicken tenders
- Oatmeal with milk

Regarding second servings, some respondents indicated awareness that they could return to the serving line for additional food, while others were unaware of this option, suggesting variability in resident understanding.

Responses to improvement questions were positive, including comments such as "Everything is good", "Everything is excellent", and "No complaints". No responses indicated systemic dissatisfaction with food quality or quantity.

January 2026 Survey Findings

January 2026 responses similarly reflected overall satisfaction with food services.

Preferred meals included:

- Chicken taquitos with salad
- Fried chicken with mashed potatoes
- Pollo asado
- Stir-fried loin

Children's preferred foods included:

- Fish sticks
- Chili-mac
- Chicken nuggets
- Beef taquitos

Most respondents reported being unaware that they could return for additional servings, indicating an opportunity to reinforce communication regarding meal service procedures.

Feedback regarding service improvements remained positive, with comments such as "Everything is good" and "Everything is very good." One response noted a preference for additional fresh fruit options.

No responses during the January 2026 survey period indicated systemic concerns related to food safety, sanitation, or meal adequacy.

Supporting documentation, including the December and January food surveys and Halal surveys, is provided below



12. December
Questions 2025.pub



December 2025
Survey.pdf



January Halal
Survey 2026.pub



January 2026
Survey.pdf

In addition to structured meal service operations, DIPC relies on municipal utilities to support food preparation, sanitation, and daily living needs. The following section summarizes independent microbial water quality monitoring conducted by the City of Dilley during the reporting period.

City of Dilley, TX Water Inspections Microbial Water Quality

Microbial water quality monitoring was conducted monthly during this review period. Over the five-month reporting period:

- Total Coliform: Absent in 100% of samples
- E. coli: Absent in 100% of samples
- Chlorine Residuals: Absent in 100% of samples
- Regulatory Compliance Status: Compliant for all reporting months



December Water
Report.pdf



January Water
Report.pdf



February Water
Report.pdf

The City of Dilley’s public water system maintained full compliance with TCEQ microbial water quality standards throughout the November 2025 through February 2026 reporting period. The system continues to demonstrate effective disinfection control, distribution system integrity, and regulatory adherence.

In addition to maintaining compliant municipal water systems and environmental safeguards, DIPC ensures residents have access to essential personal care items and age-appropriate supplies. The following section outlines clothing distribution, hygiene provisions, and infant care resources available during the reporting period.

Clothing, Hygiene, and Infant Care

Clothing, hygiene items, and infant care supplies are provided at DIPC in accordance with the 2020 FRS and applicable FSA requirements. These items are issued upon intake and replenished as necessary throughout a resident’s stay.

Clothing Distribution

Upon arrival, residents are issued appropriate clothing and footwear. Additional clothing may be provided as needed based on wear, seasonal conditions, or documented need.

Laundry facilities are available within housing areas, allowing residents to wash clothing regularly. Laundry detergent and related supplies are also provided.

Clothing distribution may be adjusted as necessary to ensure residents maintain appropriate attire for seasonal conditions.

Clothing, Hygiene, and Infant Care for Minors

Minors residing at the facility are provided with age-appropriate clothing and care items, including:

- Age-appropriate clothing
- Seasonal outerwear
- Footwear
- Infant formula (including soy-based formula when medically indicated)
- Bottles, liners, and sippy cups
- Diapers, wipes, and diaper cream
- Hygiene supplies
- Brita water filters installed in housing units

Adult Hygiene Supplies

The following hygiene items are routinely available to adult residents:

- Individually wrapped vented hairbrush
- Toothbrush with flexible handle
- Anticavity toothpaste (1.5 oz)
- Single-blade razor
- Hand and body lotion (2 oz)
- Alcohol-free deodorant (0.5 oz stick)
- Sanitary napkins (maxi pads)
- Facial tissue (2-ply)
- Toilet paper
- Multifold paper towels
- Lip balm

Items are replenished upon request in accordance with facility distribution procedures.

Infant and Child Hygiene Supplies

Infants and children are provided with age-appropriate hygiene products, including:

- Cornstarch-based baby powder
- Tearless baby shampoo and body wash
- Baby lotion
- Fluoride-free children's toothpaste
- Child-sized toothbrush
- Pediatric comb and brush set

Diapers are available in sizes newborn through size 7 and are distributed as needed.

Sanitation and Oversight

The availability and distribution of clothing and hygiene supplies are subject to routine oversight through:

- Compliance Standards Officer inspections
- Independent inspections
- Grievance monitoring mechanisms

During the reporting period, no systemic deficiencies related to clothing or hygiene supply availability were identified through inspection or oversight processes.

Residents retain access to facility grievance procedures to report concerns related to clothing or hygiene needs. Substantiated concerns are reviewed by supervisory staff and addressed through appropriate corrective action.

Representative examples of hygiene and infant care items available to residents in the attached and picture below.



Hygiene Items -
Adult.pdf



Hygiene Items -
Baby.pdf



Hygiene Items -
Infant Care Package

**XX. FRS PHASE II – STAFF–RESIDENT COMMUNICATION (SECTION 2.8)
PHASE II TRAINING SUMMARY
March 3–4, 2026**

On March 3–4, 2026, ICE conducted Phase II in-person training for 53 personnel to strengthen staff–resident communication practices in accordance with FRS Section 2.8. The training emphasized accountability in managing resident requests, consistent documentation practices,

and structured engagement between staff and residents. Scenario-based exercises reinforced timely response protocols, proper routing of concerns, and supervisory oversight to ensure operational transparency and compliance with communication standards.

XXI. GOOD FAITH IMPLEMENTATION STATEMENT

ICE has implemented and continues to operate the DIPC in good faith compliance with the FSA and the 2020 FRS. Throughout the reporting period, ICE maintained multiple layers of oversight, including facility-level management review, daily monitoring by ICE personnel, Compliance Standards Officer inspections, independent third-party inspections, headquarters-level oversight, and an independent medical evaluation conducted by ICE Health Service Corps.

ICE also engaged in regular communication with class counsel and participated in the January 20, 2026, court-mediated meet and confer process. Allegations raised during the reporting period were preserved and evaluated through contemporaneous documentation review, electronic medical record analysis, operational policy review, and consultation with subject matter experts.

Where isolated operational or administrative issues were identified, the facility implemented timely corrective measures, which were verified through follow-up monitoring and documentation. ICE continues to review operational practices, strengthen communication protocols, refine documentation standards, and enhance oversight mechanisms as part of its ongoing commitment to maintaining compliance with governing standards.

Consistent with the statutory and regulatory framework governing family residential operations, ICE remains committed to maintaining safe, sanitary, and appropriate conditions of confinement, preserving family unity where appropriate, and ensuring that residents have access to medical care, educational programming, legal resources, and grievance procedures.

XXII. CONCLUSION

The Juvenile Coordinator Status Report provides a comprehensive account of operations at the DIPC from November 2025 through February 2026. During this period, the facility operated under sustained oversight and demonstrated overall compliance with the 2020 FRS and applicable FSA requirements.

The compliance record reflects multiple oversight mechanisms, including ICE operational monitoring, Compliance Standards Officer inspections, independent third-party inspections, grievance system tracking, and an independent clinical evaluation conducted by ICE Health Service Corps. These reviews consistently found that core operational systems—including medical care, behavioral health services, sanitation, environmental health, grievance procedures, and conditions of confinement—were functioning in accordance with applicable standards. Issues identified during the reporting period were limited, administrative, or incident-specific in nature and were promptly addressed through corrective action and follow-up verification. No

inspection or independent review identified systemic multi-standard non-compliance, structural deficiencies, or failures in core service delivery systems.

ICE will continue to monitor operations at the DIPC through established mechanisms, maintain transparent documentation practices, and respond promptly to any issues identified through inspections, grievances, or external review. Ongoing monitoring and program refinement will guide facility operations as ICE continues to improve upon existing FSA and the 2020 FRS.