Flores ICE Juvenile Coordinator's Report 2026

Reporting Period: June 1, 2025, through May 31, 2026

Executive Summary

This annual report outlines ICE's compliance with the Flores Settlement Agreement (FSA) regarding minors detained by ICE, both overall and for specific data points at ICE facilities. Unless otherwise indicated, quantitative data in this report covers the period June 1, 2025, to May 31, 2026. Certain sections reference events or changes after May 31, 2026, for context and forward-looking compliance planning. During this period, three ICE juvenile detention facilities and one ICE Family Residential Center (FRC) housed minors. The juvenile detention facilities are Blount County Juvenile Detention Center in Tennessee, Grand Forks Juvenile Detention Center in North Dakota, and Northwest Regional Juvenile Detention Center in Virginia. The ICE FRC is the Dilley Immigration Processing Center (DIPC) in Texas. This report includes the required data points as ordered by the court and provides a discussion of compliance, with a primary focus on compliance and conditions at DIPC.

1. Data

1.1 The overall census of minors in the ICE facilities, including a monthly census from June 2025 to May 2026.

Because daily admissions and releases cause census data to fluctuate, ICE tracks the overall monthly census by compiling monthly book-ins, monthly releases, and the monthly average daily population (ADP).

ICE juvenile detention facilities:

Monthly Book-In Count from 6/1/2025 – 5/31/2026

Facility	06/25	07/25	08/25	09/25	10/25	11/25	12/25	01/26	02/26	03/26	04/26	05/26	Total
Blount Co.	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Grand Forks	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0
Northwest Regional	0.0	2.0	0.0	1.0	3.0	0.0	0.0	1.0	1.0	0.0	0.0	0.0	8.0

Monthly Release Count from 6/1/2025 – 5/31/2026

Facility	06/25	07/25	08/25	09/25	10/25	11/25	12/25	01/26	02/26	03/26	04/26	05/26	Total
Blount Co.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Grand Forks	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0

Northwest Regional	1.0	0.0	4.0	2.0	0.0	2.0	1.0	2.0	1.0	1.0	0.0	1.0	15.0

Monthly ADP from 6/1/2025 – 5/31/2026

Facility	06/25	07/25	08/25	09/25	10/25	11/25	12/25	01/26	02/26	03/26	04/26	05/26	Total
Blount Co.	0.0	0.0	0.0	0.0	0.0	0.0	0.4	1.0	1.0	1.0	1.0	1.0	0.5
Grand Forks	0.0	0.1	1.0	1.0	1.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.3
Northwest Regional	6.6	6.1	5.6	2.4	4.2	4.9	3.2	2.0	1.9	1.4	1.0	2.3	3.5

ICE FRC:

Monthly Book-In Count from 6/1/2025 – 5/31/2026

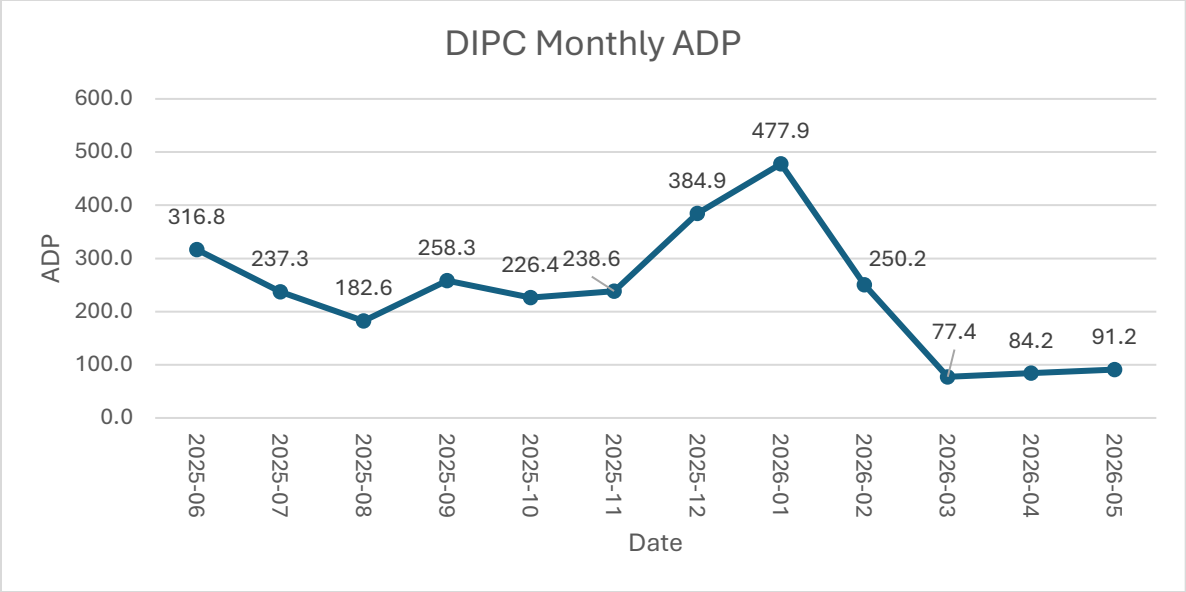
Facility	06/25	07/25	08/25	09/25	10/25	11/25	12/25	01/26	02/26	03/26	04/26	05/26	Total
DIPC	467.0	283.0	277.0	433.0	343.0	226.0	403.0	310.0	71.0	73.0	99.0	30.0	3015.0

Monthly Release Count from 6/1/2025 – 5/31/2026

Facility	06/25	07/25	08/25	09/25	10/25	11/25	12/25	01/26	02/26	03/26	04/26	05/26	Total
DIPC	288.0	411.0	308.0	374.0	358.0	186.0	193.0	368.0	351.0	139.0	88.0	109.0	3173.0

Monthly ADP from 6/1/2025 – 5/31/2026

Facility	06/25	07/25	08/25	09/25	10/25	11/25	12/25	01/26	02/26	03/26	04/26	05/26	Total
DIPC	316.8	237.3	182.6	258.3	226.4	238.6	384.9	477.9	250.2	77.4	84.2	91.2	235.5



1.2 The average length of stay (ALOS) in ICE custody for minors currently housed in ICE facilities, as well as for those released between June 2025 and May 2026.

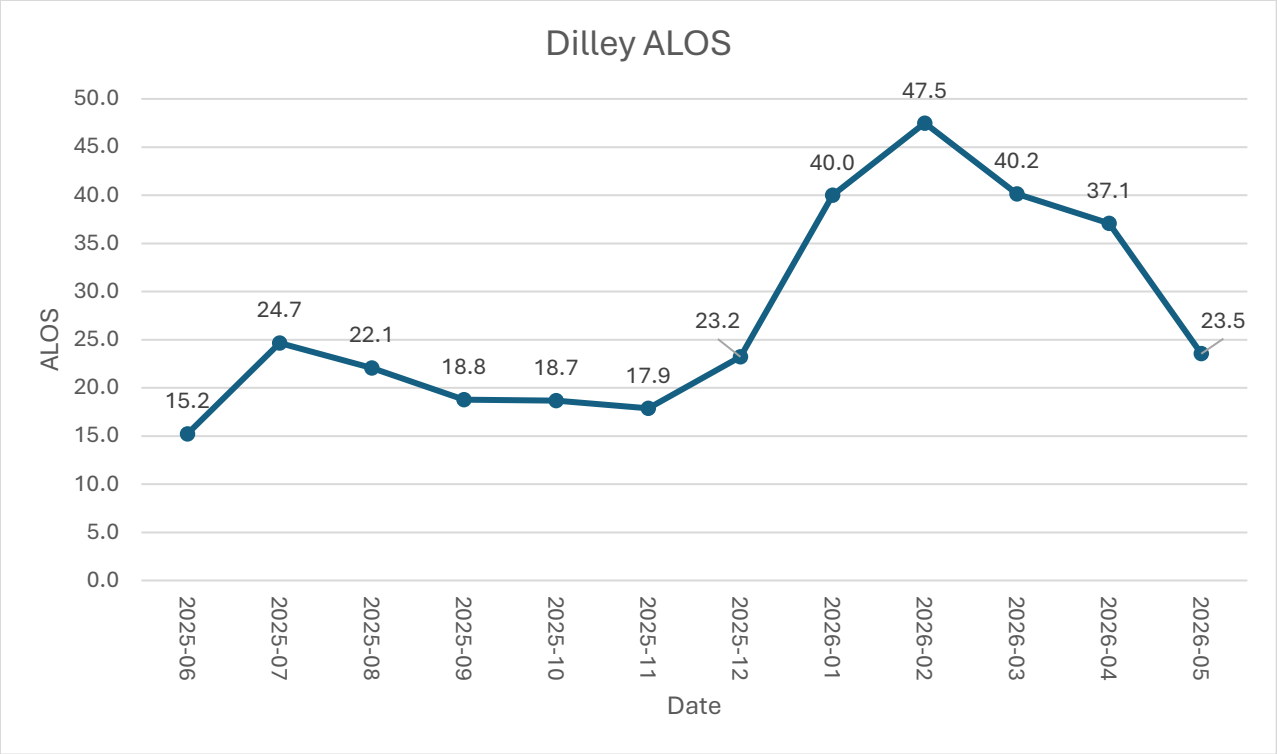
The current population as of June 18, 2026, and the corresponding ALOS are as follows:

Facility	# of minors	ALOS
Blount County	1	181
Grand Forks	0	0
Northwest Regional	2	38
DIPC	74	23.74

Minors who have been released during the period from June 2025 to May 2026. Average Length of Stay (ALOS) is the average length of stay for aliens that have been booked out. ALOS is not calculated for aliens who are currently detained.

Monthly Average Length of Stay (ALOS) from 6/1/2025 – 5/31/2026

Facility	06/25	07/25	08/25	09/25	10/25	11/25	12/25	01/26	02/26	03/26	04/26	05/26	Total ALOS
Blount County	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Grand Forks	0.0	0.0	0.0	0.0	0.0	104.0	0.0	0.0	0.0	0.0	0.0	0.0	104.0
Northwest Regional	141.0	0.0	254.0	77.5	0.0	111.5	70.0	143.0	37.0	25.0	0.0	387.0	247.6
DIPC	15.2	24.7	22.1	18.8	18.7	17.9	23.2	40.0	47.5	40.2	37.1	23.5	27.4


Dilley ALOS
ALOS
50.0
45.0
40.0
35.0
30.0
25.0
20.0
15.0
10.0
5.0
0.0
15.2
24.7
22.1
18.8
18.7
17.9
23.2
40.0
47.5
40.2
37.1
23.5
2025-06
2025-07
2025-08
2025-09
2025-10
2025-11
2025-12
2026-01
2026-02
2026-03
2026-04
2026-05
Date

At the June 1, 2026, status conference, the ICE Juvenile Coordinator explained that the ALOS for the facility had been significantly impacted by a small number of family units with extended stays due to exceptional circumstances. Specifically, two families were considered national security risks. In addition to having final orders of removal, these families were subject to national security holds and could not be released due to public safety and security concerns. The extended stays for these families were necessary to ensure that their removal was conducted in a manner consistent with national security protocols and public safety requirements.

In addition to the national security cases, several other family units were classified as Failure to Comply (FTC) cases. These FTC families were subject to final orders of removal after completing all immigration proceedings, but their continued presence in the facility was due to their refusal to cooperate with the repatriation efforts. Examples of non-cooperation included refusing to depart the facility, refusing to board removal flights, and declining to complete required travel document applications. For instance, one family unit with a final order refused to sign documents necessary to obtain travel documents for their child, while at least two other family units with final orders refused to assist with the travel document process altogether. Release is also not appropriate in these cases as the lack of cooperation demonstrates that these families are flight risks.

These exceptional FTC and national security cases were outliers that disproportionately increased the facility's overall ALOS. ICE made every effort to facilitate repatriation in accordance with the law, but the lack of cooperation from these families and the presence of national security holds presented circumstances outside of the agency's control. Although most of these families have now been released from the facility, their extended stays significantly impacted the facility's ALOS during the reporting period. When these families had long stays and the facility population was otherwise low and comprised of family units with shorter stays, the average length of stay for the facility appeared longer than would otherwise be expected.

2. Food, Water, Clothing, Bedding, Hygiene, Laundry, and Sanitation

DIPC provides proper physical care through regular meals, snacks, potable water, clothing, bedding, hygiene supplies, infant-care supplies, laundry access, and sanitation procedures. The commissary is treated as supplemental or preferred access and is not intended to replace necessities provided by the facility.

2.1 Food Service and Nutrition

- Residents receive three scheduled meals per day. Dining-room meal periods are 6:00 to 8:00 a.m., 11:00 a.m. to 1:00 p.m., and 4:00 to 6:00 p.m., with residents able to request additional servings while in the dining room.
- Menus are designed to provide balanced, age-appropriate meals with lean proteins, grains, vegetables, fruit, dairy or dairy alternatives, and developmentally appropriate portions.

- The annual menu materials include a six-week, pork-free menu reviewed for nutritional adequacy and intended to meet applicable dietary reference intakes for adults and youth up to age 18. The menu provides at least three hot meals per day, includes child-friendly entree options, and provides 2,600 to 3,000 calories per day depending on selections. Supporting menu and nutrition materials are included as Exhibits A and B.
- For 2026, DIPC provided a general diet menu and a halal menu. The halal menu is a modification of the regular menu and includes separate cooking equipment, utensils, food storage, and an assigned cook for meal preparation. The 2026 general diet and halal menu materials are included as Exhibits B and C.
- Food is purchased through Sysco Foods and inspected upon arrival for quality and freshness. Food-service managers and shift supervisors are ServSafe-trained. Oversight includes receipt, storage, preparation, holding, service, and post-service review.
- Food-service controls include temperature monitoring, sanitation schedules, refrigeration checks, pest-control monitoring, supervisory inspection, daily food-service area review, and retained samples from breakfast, lunch, and dinner.
- The Year-to-Date Grievance Summary identified 18 Food Service grievances from June 2025 through April 2026; all 18 were determined to be unfounded, with no founded or non-grievance Food Service entries reported in the summary.

2.2 Child-Appropriate Food, Snacks, and Infant Nutrition

- Vegetables are offered with every meal; fruit rotates regularly; a salad bar with fresh vegetables is prepared for every meal; and fresh fruit is offered daily in housing complexes.
- Snacks such as cookies, milk, juice, and apples are available in each complex from 8:00 a.m. to 8:00 p.m. and are replenished by counselors at least twice daily or more often as needed. Earlier materials also describe residential pantries and snack/hydration availability.
- Infant formula, soy-based formula when medically indicated, stage-appropriate baby food and purees, whole milk for age-eligible children, modified portions, baby bottles, bottle liners, sippy cups, and related infant-feeding supplies are available through facility processes.
- The record notes that after consultation with the dietician, ICE determined food options should better accommodate residents from outside South America and began transitioning toward a more inclusive international menu.

2.3 Special Diets

Special diets are identified during intake, the initial physical examination, or later in the resident's stay if medically indicated. Religious diets may be requested through a form, Talton, or the Chaplain. Medical, religious, halal, vegetarian, allergy-based, soft-food, dental-mechanical, pregnancy-related, diabetic, lactose-related, low-sodium, and other individualized restrictions are reflected in the source materials. Special diet documentation, including entries for minors, is included as Exhibit D.

Special Diet / Accommodation Category	Annual-Report Support
Low sodium / hypertension-related	Special-diet log includes two minors / three orders, including a duplicated low-sodium order and one hypertension/renal-related order.
Lactose intolerance	Special-diet log identifies one minor with a diet-for-health order.
Constipation / no fried foods	Special-diet log identifies one minor with a diet-for-health order.
Gluten / lactose / sugar intolerance	Special-diet log identifies one minor with a diet-for-health order.
Type 1 diabetes	Special-diet log identifies one minor with a diet-for-health / HS snack order.
Infant nutrition support	Special-diet log identifies one minor with breastfeeding/baby-food nutrition support.
Religious diets	Halal menu available; religious diets requested through established facility processes.

2.4 Water

- Residents have access to potable water in housing units.
- Brita filters have been installed in living-suite sinks or housing units to support free access to filtered water. Flyers identify filtered-water sinks in multiple languages.
- Bottled water is provided at no cost for infants under 12 months for formula preparation without requiring a medical order.
- Residents reporting gastrointestinal symptoms are evaluated and treated by medical staff as clinically appropriate.

2.5 Clothing, Footwear, Bedding, and Laundry

- At intake, minors are issued age-appropriate clothing, footwear, and seasonal outerwear. During earlier reporting, ICE noted residents receive three sets of clothing, six undergarments, six pairs of socks, applicable bras, two pairs of shoes, shower shoes, seasonal outerwear, pajamas, caps or beanies, gloves, and hair ties for girls.
- Following the May 29, 2026 Facility Administrator meeting, the facility modified intake issuance so residents will begin receiving six sets of clothing at intake.

- Children are not limited to one pair of shoes. Children receive two pairs of shoes and one pair of shower shoes, with replacement shoes available for wet, muddy, damaged, ill-fitting, or unusable footwear.
- Residents may request additional or replacement clothing based on wear and tear, fit, damage, seasonal conditions, or documented need.
- Bedding and linen issue includes one blanket, two sheets, one pillow, one pillowcase, two towels, and two washcloths.
- Laundry facilities are located within housing units, and detergent and related supplies are provided at no cost. Laundry logs and product Safety Data Sheets are maintained for laundry products in use.

2.6 Personal Hygiene and Sanitation

- Hygiene items are issued at intake and replenished upon request or as needed.
- Routine hygiene items include toothbrushes, toothpaste, hand/body lotion, alcohol-free deodorant, sanitary napkins, facial tissue, toilet paper, paper towels, lip balm, and related supplies.
- Infants and children receive age-appropriate hygiene products, including diapers, baby wipes, cornstarch-based baby powder, tearless baby shampoo/body wash, baby lotion, fluoride-free children's toothpaste, child-sized toothbrushes, pediatric comb/brush sets, diaper cream, baby bottles, liners, and sippy cups.
- Diapers are available in sizes newborn through size seven and distributed as needed.
- The resident soap was changed from a cranberry-scented product to a citrus foaming wash, which may be used as a three-in-one body wash, shampoo, and hand soap. The product is available in every shower within the housing units.
- Cleaning schedules identify a 7:00 a.m. to 5:00 p.m. daily cleaning period, including deep cleaning showers and restrooms; replenishing paper towels, toilet paper, and soap; removing trash; cleaning restrooms and showers as needed; and maintaining common areas, laundry rooms, and suites.
- During the reporting period, inspection and operational materials continued to demonstrate compliance with personal hygiene standards and broader safe and sanitary condition requirements.
- Sanitation was monitored through regular Compliance Standards Officer (CSO) inspections, as well as compliance and activity reviews. Hygiene items were routinely issued and replenished, and resident supervisors evaluated and addressed the need for additional cleaning.
- Residents may submit cleaning requests to resident managers to obtain additional cleaning supplies or services.

3. Medical, Dental, Medication, Special Diet, Mental-Health, and Accommodation Services

DIPC maintains onsite medical, dental, and behavioral-health capacity, including intake screening, health assessments, medication administration, sick call, chronic care, emergency response, specialty referrals, behavioral-health services, and disability-accommodation review. The facility reports consistently describe timely child health assessments, 24-hour medical access, and mental-health screening and follow-up.

3.1 Medical and Dental Infrastructure

- The medical unit includes 14 medical examination rooms, eight mental-health examination rooms, five treatment rooms, one triage/urgent-care room, secured pharmacy and medical-records areas, medical housing rooms, negative-pressure isolation rooms, and a dental suite with x-ray capability and four dental chairs.
- Medical staffing includes 24 hour, seven-day-a-week onsite nursing coverage, onsite provider presence until 7:00 p.m., and Advanced Practice Providers who are available on call at all times.
- All exam and treatment rooms provide patient privacy, and medical records are maintained securely and confidentially.

3.2 Intake Screening and Complete Examination Within 48 Hours

- Upon arrival, residents receive medical pre-screening, medical consent procedures, preliminary health testing as applicable, documentation of medical history and vital signs, and full medical assessment before housing clearance.
- Initial screening covers medical, dental, vulnerability, and mental-health considerations, including suicide-risk review, pregnancy review when applicable, medication review, and pediatric/developmental screening.
- Child/minor health assessments are completed within 48 hours. Adult comprehensive health assessments are completed within 14 days.
- Residents with chronic conditions identified at intake receive provider evaluation within 48 hours and are enrolled in chronic-care tracking as clinically indicated.
- Dental screening is part of the timely intake screening record, and the facility maintains a dental suite with x-ray capability to support dental assessment and treatment needs.

3.3 Sick Call, Emergency Care, Referrals, and Chronic Care

- Sick calls are available daily, urgent cases are evaluated promptly, and non-urgent cases are scheduled according to facility procedures.
- Medical services are available 24 hours per day, seven days per week. Nursing staff are onsite 24 hours per day, seven days per week, and Advanced Practice Providers are on call when not onsite.

- Emergency response equipment and procedures support urgent medical needs, and offsite referrals, hospital referrals, emergency-room transports, specialty appointments, and chronic-care follow-up occur when clinically indicated.
- Chronic-care protocols include evaluation, laboratory testing when ordered, Clinical Director review, and follow-up scheduling based on clinical necessity.

3.4 Administration of Prescribed Medication

- Medication administration is conducted through structured pill-line windows: 5:00 to 6:00 a.m. for fasting medications, 7:00 to 9:00 a.m., 1:00 to 3:00 p.m., and 7:00 to 9:00 p.m.
- Three of the four pill-pass periods allow two-hour administration windows.
- Keep-on-person medications are restricted for child-safety reasons in housing areas except for emergency rescue inhalers; children may carry inhalers if clinically appropriate.
- Medication continuity, pharmaceutical controls, prescription authorization follow-up, alternative medication when appropriate, and resident education regarding medication status and refill processes are documented in the source materials.
- Pill carts have also been implemented to deliver medications directly to residents, particularly those attending school, as an operational enhancement.

3.5 Mental-Health Measures and Counseling Access

- Mental-health screening is included in intake. Children receive an initial comprehensive mental-health assessment within seven days of intake, or within 24 hours if an acute concern is identified.
- Mental-health services are available onsite from 7:00 a.m. to 10:00 p.m., with overnight on-call coverage available when needed.
- Children receive weekly mental-health wellness checks, with additional follow-up when clinically indicated. Medical staff may refer children to mental-health for further evaluation and support when concerns, such as sleep disruption, anxiety, depression, self-harm concerns, trauma responses, or other behavioral-health needs, are identified.
- Therapeutic approaches include Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), trauma-focused CBT and DBT, somatic experiencing, and brain spotting.
- Mental-health staff conduct weekly wellness checks and address concerns as they arise. In addition to weekly wellness checks, services include family sessions, group sessions, psychoeducation, parenting education, and therapeutic or wellness-related programming such as Zumba and crochet. There are no eligibility criteria limiting resident access to mental-health care. Residents may access mental-health care whenever needed, and all mental-health treatment is documented in Allscripts.
- Mental-health staffing includes two onsite psychologists providing a combined 80 hours per week, including one psychologist who specializes in adolescent care; two onsite social workers providing a combined 80 hours per week; eleven Licensed Professional Counselors providing a combined 440 hours per week; three staff members, including the reporting staff

member, who are also credentialed as licensed substance abuse counselors; one onsite psychiatric nurse practitioner providing 40 hours per week; and one remote child psychiatrist available 20 hours per week.

3.6 Disability and Special Accommodations

- Disability accommodations are reviewed through a designated Disability Compliance Manager and multidisciplinary accommodation-review process.
- Residents may request accommodation formally or informally. Later materials state that no unresolved disability-accommodation issues were identified in the reviewed materials.
- Special diets, medically approved sensory items, mobility aids, bunk accommodations, and related support may be provided based on clinical and operational need.

4. Intake Orientation and Resident Entry.

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 Family Residential Standards, 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 forms, and a list of free legal services.

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.

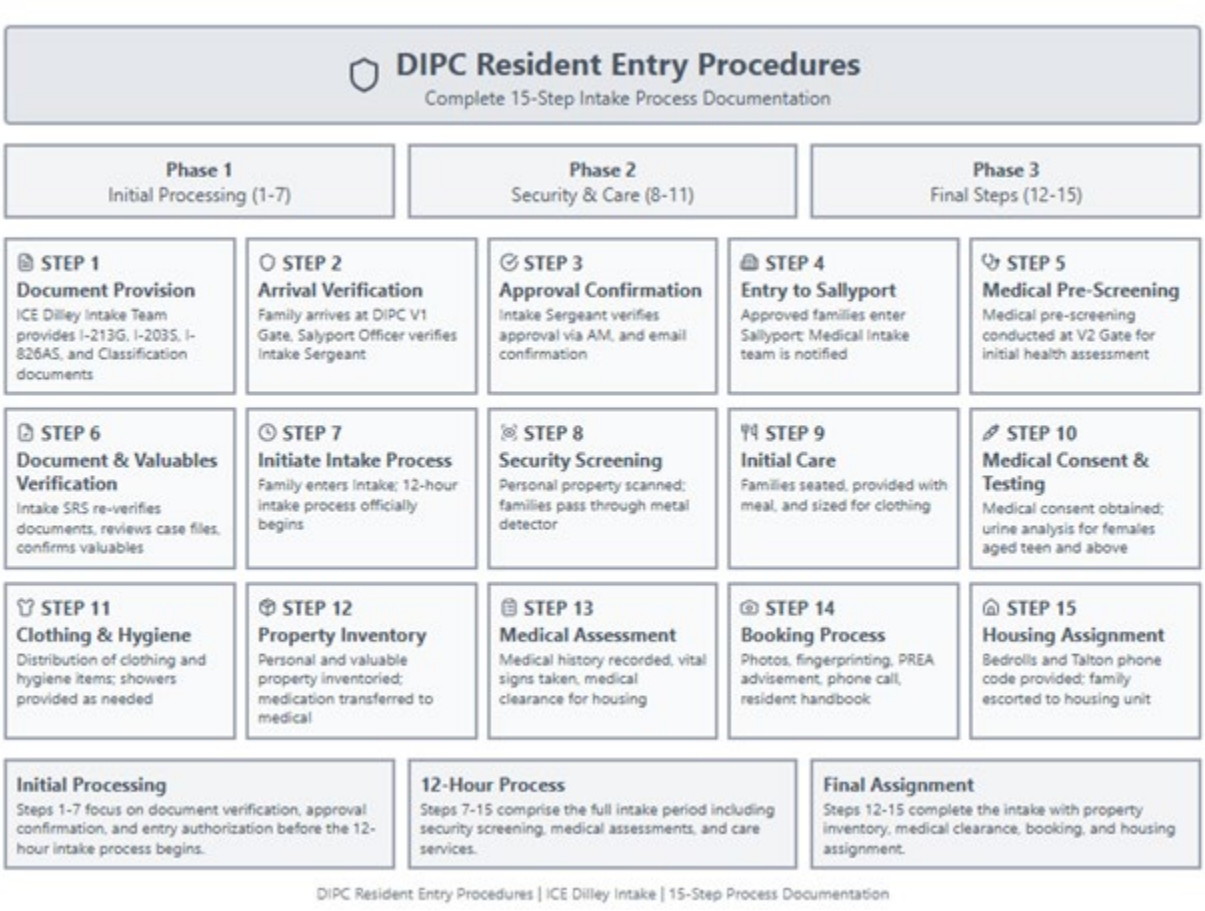
Phase 3 – Final Steps (Steps 12–15)

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 photographing, 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 Family Residential Standards (FRS) and the Flores Settlement Agreement (FSA).



4.1 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.

4.2 Rights, Language, and Legal Orientation

- Residents receive rights-related information during orientation, including a rights video and review of facility rules, expectations, and the grievance process with language support.
- Form I-770, Notice of Rights and Request for Disposition, is provided as part of intake and advises the recipient of the right to use the telephone, the right to be represented by a lawyer, and the right to a hearing before an immigration judge.
- The Exhibit 6 of the FSA Notice of Rights is provided by ICE with a certificate of service documenting that the notice was served and read in a language understood by the family.
- Residents sign a 17-100A Orientation Checklist upon completion of orientation. Facility rules and expectations are posted in activity rooms and included in the Resident Handbook.
- Legal orientation materials are provided through an updated video shown to new residents and available on demand. The video explains rights, immigration procedures, access to legal counsel and pro bono services, facility rules, support services, and complaint processes.
- Language Line and Voyce Interpretation Services are available 24/7. The handbook is available in Arabic, Bengali, Creole, English, French, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, and Vietnamese.

5. Educational Services

Education services have been rated as Compliant with Issues and will continue to be prioritized for enhancements. The annual reporting record shows educational services evolving from limited

packets and transition programming in 2025 toward classroom-based instruction and a new education-services contract in 2026.

Date / Period	Education Status or Milestone
August-September 2025	Education department overseen by a Texas-certified teacher; families provided age-appropriate educational packets and materials; juveniles had access to workbooks, books, puzzles, and games; comprehensive education program was not yet in place.
November 1, 2025	ICE issued a contract modification to reverse FRS 5.2 Education Policy and FRS 5.6 Recreation to original Flores-related requirements, supporting comprehensive education and recreation.
January 5, 2026	Earlier source materials identified this as an expected start date for full implementation of education/recreation modifications.
February-March 2026	Education remained in transition; ramp-up services and educational services planning continued.
March 2, 2026	Classroom instruction began at DIPC using facility-employed teachers while the program continued to develop.
March 12, 2026	Enhanced education model implemented, consisting of three academic teachers, one art teacher, one physical education teacher, and one instructional supervisor.
April 15, 2026	Contract Modification P00038 signed, incorporating Successful Practices Network education proposal and implementation timeline.
May 1, 2026	Special Needs Program (SPN) transition scheduled to begin.
July 15, 2026	SPN scheduled to fully perform; this is the key milestone for confirming full implementation of new education services.

5.1 Current Program Description

- Educational services are provided Monday through Friday from 9:00 a.m. to 4:00 p.m., with lunch from 12:00 p.m. to 1:00 p.m.
- Classes include Language Arts, Mathematics, Social Studies, Physical Education, Art, and Science.
- Instruction is separated by age, English-language learning services are provided, and educational materials are available in Spanish and other requested languages.

- The program uses Texas State Standards and Texas Early Learning Guidelines, and materials include:
- **Khan Academy**
  Online instructional platform used to provide supplemental practice and instruction.
- **Evermore**
  Evermore instructional resources used to supplement core classroom instruction.
- **Spectrum**
  Spectrum practice materials used to provide additional skill reinforcement for students.
- **K5**
  Materials designed for students in kindergarten through grade 5.
- **TEKS-aligned resources**
  Instructional resources aligned with the Texas Essential Knowledge and Skills (TEKS) standards.
- **Manipulatives**
  Hands-on instructional tools (such as counters, blocks, and models) used to support concept understanding.
- **Art materials**
  Classroom art supplies used for creative and instructional activities.
- The facility reported an average of approximately 100 children per month participating in educational services during the reporting period.
- Educational level and needs are assessed using Dynamic Indicators of Basic Early Literacy Skills. Attendance is recorded throughout the day on an attendance form maintained in each student's file. Special education needs are identified through the medical department pending full implementation of the enhanced education services model and related special education infrastructure.
- Classroom observations in later reports showed students engaged, classroom supplies, smart boards, white boards, computers, and a library with approximately 32,000 books, including English, Spanish, and other-language materials.

5.2 Known Gaps and Corrective Areas

- Education has been rated Compliant with Issues in prior filings.
- Observed issues include limited instructional time, attendance controls for older students, computer monitoring, curriculum delivery, overreliance on worksheets, inconsistent use of classroom materials for hands-on or project-based learning, and incomplete special education infrastructure.
- The required Special Education Team had not yet been formally established in the reviewed materials. Current assessments were described as limited and primarily focused on English letters, words, and reading comprehension rather than a fuller educational evaluation.

- The new SPN model is expected to add special education support, a school counselor, a principal, and additional certified teachers. July 15, 2026, should be treated as the validation date for full performance under the new education services model.

6. Recreation and Structured Leisure

DIPC provides recreational and structured leisure activities for children consistent with age, safety, supervision, weather, and operational requirements. Recreation was identified as compliant .

- Indoor and outdoor recreation is available daily from 8:00 a.m. to 8:00 p.m.
- Every minor must participate in at least one hour of large-muscle activity each day, such as running, sports, fitness activities, or other significant physical movement.
- Minors also receive one hour of structured leisure time daily. On non-school days, outdoor and leisure activities increase to a total of three hours.
- The facility has three gymnasiums, including two for families and one for single women. Outdoor recreation includes playground areas and sand volleyball courts.
- The facility has a full-time Activity Coordinator and provides structured activities, monthly calendars, daily schedules, indoor gymnasiums, toys, games, arts and crafts, and outdoor play areas.
- Activities include bead bracelet making, jewelry box construction and decorating, birdhouse building, yarn weaving, crocheting, canvas painting, journaling, sports and game tournaments, relay races, hula hoop activities, tug-of-war, Zumba, karaoke, bingo, and chalk art.
- Young children have access to outdoor play structures, age-appropriate toys, multilingual books, cribs, and coloring pages. Toys are sanitized nightly, and residents may check out library books for five days.
- Recreational opportunities are also available for residents with disabilities.

7. Visitation, Family Contact, Attorney Access, and Legal Services

DIPC maintains visitation, attorney-access, and family-contact procedures consistent with safety, privacy, supervision, and facility rules.

7.1 Social Visitation Schedule and Rights

Housing Area	**Visitation Schedule**
Family Housing Units	Monday-Friday: 8:00 a.m.-8:00 p.m.; Saturday/Sunday/Holidays: 8:00 a.m.-12:00 p.m. and 4:00 p.m.-8:00 p.m.

Housing Area	Visitation Schedule
Single Female Housing Unit - Blue Butterfly	Saturday/Sunday/Holidays: 12:00 p.m.-4:00 p.m.; no visitation Monday-Friday.

- DIPC updated its visitation policy effective November 1, 2025, to authorize social visitation within the facility. The current visitation schedule is included as Exhibit E.
- The facility reported that family, friends of the family, attorneys, church groups, pastors, and consulates may visit.
- If a visitor knows the resident's A-number, has proper identification, and can identify themselves as a friend or family member, the visitor may visit with the resident.
- The facility reported 306 family visits since November 1, 2025, and some visits were denied, delayed, cancelled, or restricted due to resident refusals, resident releases, or offsite appointments.

7.2 Attorney Visits and Legal Calls

- Confidential legal visits remain available. Attorneys are encouraged to contact the facility at least 24 hours in advance to schedule visits and allow proper scheduling of a private meeting room.
- Walk-in attorney visits may occur when counsel presents a valid bar card and identification.
- Twelve rooms are available for private and virtual attorney visits. In-person legal visits are confidential and unmonitored; virtual legal visits are requested through facility email and conducted through a secure video/tablet system that is not recorded or monitored.
- Residents receive at least one free intake call. Indigent residents may request free domestic calls, including legal calls, through Unit Management at any time. Residents may also place direct or free calls to specified legal and governmental entities, subject to reasonable limits that do not unduly restrict legal representation.
- The facility reported an average of approximately 300 legal visits per month.

7.3 Legal Materials, Legal Orientation, and Counsel Information

- Pro bono legal services information is provided upon arrival and posted in activity rooms, phone rooms, the library, intake, courts, visitation, medical, dining areas, day rooms, the courtroom, gym, and private phone rooms.
- Know Your Rights and legal-orientation videos are shown during intake and available on demand. Legal information is reinforced through Talton tablets, library access, Channel 61 televisions, posted notices, town halls, and ICE open-door hours.
- The legal library is available from 8:00 a.m. to 8:00 p.m. Library staff can assist residents who need documents scanned or emailed to counsel.

- Gmail access was restored on March 6, 2026, through library computers. Internet access is permitted except for restricted categories such as social media and adult content. LexisNexis is available for legal research.

8. Reasonable Right to Privacy, Property, Mail, Phone, Internet, and Confidentiality

DIPC provides reasonable privacy consistently with safety, supervision, and facility operations. The source materials address privacy in attorney communications, legal calls, virtual legal visits, medical encounters, personal property handling, mail and correspondence, electronic access, and language access.

Privacy Area	**Documented Practice**
Attorney-client communication	Private attorney-client rooms are provided, legal visits are confidential and unmonitored, virtual legal visits are secure and not recorded or monitored, and residents may request free legal calls.
Medical privacy	All exam and treatment rooms provide patient privacy. Medical and mental-health information and records are maintained securely and confidentially.
Personal property	During intake, personal and valuable property is inventoried and documented. Search materials state resident property is to be respected and not carelessly discarded, misplaced, or broken.
Property storage	Every resident has access to two dresser drawers in the living suites to store their facility-issued property. Resident personal belongings are inventoried during the intake process and stored in property bags in a secured property room in the intake area. Any electronic devices are stored in locked file cabinets in the same secure property room.
Mail and correspondence	Residents are able to send and receive correspondence, including email, through library computers using Proton.me, Atomic.com, and Gmail. Residents may obtain writing paper and envelopes from officers, unit management, the library, or the mailroom. Indigent residents are provided postage free of charge. Legal mail is typically received in priority mail folders and is opened by the resident in the presence of mailroom staff. The contents are not read and are only handled for mailing purposes when residents sign and return documents for outgoing mail.

Privacy Area	Documented Practice
	Mail pickup and delivery occur through the Dilley Post Office, Monday through Friday. Incoming mail is distributed to residents within 24 hours, and outgoing mail is delivered to the post office the same day or no later than one business day after receipt. Mail is checked for contraband, and mail may be read at times when there is no name on the envelope to determine the intended recipient. The facility has two staff notaries available to residents.
Phone and electronic access	Residents receive at least one free intake call; legal calls may be requested; Gmail, LexisNexis, and filtered internet access are available through library computers and facility processes.
Language and understanding	Language Line and Voyce support confidential, understandable communication in medical, legal, disciplinary, and educational contexts. Interpreter usage is documented with staff, language, resident, interpreter, and session information.
Restroom, shower, and changing privacy	Privacy protections include restroom, shower, and changing procedures consistent with safety, supervision, and facility operations.

9. Grievances, Complaints, and Staff-Resident Communication

DIPC maintains grievance and complaint procedures to allow residents to raise concerns and receive responses. Grievances are tracked by category and disposition, and staff-resident communication systems are used to route requests and concerns to appropriate staff.

Grievance Summary Item	Count / Description
Total filed, June 2025-April 2026	386
Unfounded	339
Founded	26

Non-grievance issues	21
Largest categories	Facility Staff (132), Other (81), Housing (42), Commissary (21), Denied Access to Informal Resolution (17), Safety/Security (16)

- Residents may submit requests through Talton tablets or other designated channels, and staff-resident communication tracking is used to support accountability.
- Grievance information is provided during orientation and through handbook materials. Residents receive information on how to file grievances and what to expect from the process.
- CSO checklists verify that grievance procedures are followed, grievances are documented and tracked, and staff address resident issues without unnecessary delay.
- DIPC policies prohibit retaliation for filing grievances, and staff-conduct concerns may be raised through direct communication or formal grievance channels.
- DIPC should continue to track food, hygiene, medical, mental- health, staff conduct, education, recreation, visitation, legal access, property, safety, and other categories.

The Year-to-Date Grievance Summary provides additional detail regarding grievance activity from June 2025 through May 2026. Monthly activity was highest in December 2025, with 120 grievances, followed by January 2026, with 89 grievances. The largest overall grievance category was Facility Staff, followed by Other and Housing. The summary also reflects that Food Service accounted for 14 grievances, all of which were determined to be unfounded; Medical Services accounted for 9 grievances, including 7 unfounded matters and 2 non-grievance issues; Recreation accounted for 10 grievances, all unfounded; and Visitation accounted for 3 grievances, including 1 founded grievance and 2 non-grievance classifications.

In accordance with the DIPC resident handbook, the following matters are not grievable through the Center grievance procedure:

- State and Federal Court decisions.
- State and Federal laws and regulations.
- Final decisions on grievances.
- ICE policies, procedures, or decisions (e.g., institutional transfers, releases, removals).
- Disciplinary hearing decisions. Disciplinary appeals may be submitted on the disciplinary form after the hearing.
- Residents who demonstrate a pattern of filing nuisance complaints or otherwise abuse the grievance system may have those complaints returned unprocessed.

Month	Total	Unfounded	Founded	Non-Grievance
June 2025	24	11	8	5
July 2025	14	12	1	1
August 2025	14	12	1	1
September 2025	10	8	1	1
October 2025	8	3	0	5
November 2025	24	24	0	0
December 2025	120	113	5	2
January 2026	89	82	6	1
February 2026	26	23	1	2
March 2026	19	17	0	2
April 2026	13	10	2	1
May 2026	25	24	1	0

The separate Medical Grievance Log identifies 69 medical-grievance log entries from August 2025 through April 2026 and 2 additional entries in May 2026. Entries are recorded under grievance category 7, with department-head review by HSA/AHSA staff and no appeal dates identified in the log.

10. Safety, Supervision, Discipline, Incident Response, and Staff Training

The annual base materials report no use-of-force incidents involving minors, no restraint incidents involving minors, and no minors placed in isolation or room restriction during the period covered by facility questionnaire responses. Allegations of abuse, neglect, staff misconduct, or peer-on-peer harm are addressed through grievance and reporting mechanisms.

Training Area	Topics Documented
FSA and resident rights	FSA history, resident rights, and compliance requirements during pre-service and in-service training.

Training Area	Topics Documented
Child-sensitive care	Introduction to childhood development, childcare principles, non-violent crisis intervention, and recognizing child abuse.
Trauma-informed care	Acute trauma, PTSD, respectful treatment, and creating a culture of care.
Medical emergency response	CPR with (Basic Life Support) BLS, first aid, medical emergency response, medical referrals, and suicide prevention.
Language access and confidentiality	Language-line access, HIPAA, Code of Ethics, confidentiality, and legal-access expectations.
Safety and reporting	PREA, child/human trafficking, recognizing child abuse, reporting obligations, grievance procedures, and staff conduct expectations.

Staff are trained to provide age-appropriate care, maintain sanitary conditions, respond to resident needs, conduct welfare checks, minimize disruption during sleeping hours, and preserve confidentiality and legal-access protections.

Conclusion

The documentation reviewed for this Annual FSA Compliance Report reflects that DIPC maintained core services and safeguards for minors and family units during the reporting period. The record supports that DIPC provided physical care, food service, sanitation, medical and mental-health access, intake orientation, education, recreation, visitation, privacy protections, legal access, grievance processing, supervision, and staff training. Supporting exhibits, facility questionnaires, population reports, menus, special-diet records, visitation materials, grievance summaries, supplemental Juvenile Coordinator reporting, and hearing-preparation updates collectively demonstrate an operational framework designed to meet Flores-related care and access requirements.

The annual record also reflects continued oversight and follow-up through facility monitoring, Compliance Standards Officer review, independent inspection activity, medical and behavioral-health documentation, grievance tracking, and headquarters and Juvenile Coordinator review. Supplemental materials from the reporting period and subsequent update period show that DIPC continued to refine practices in response to identified issues, including improvements or additional documentation related to food and nutrition, special diets, potable and filtered water, clothing and hygiene supplies, medical access, mental health services, legal access, visitation, recreation, resident property, and grievance response.

Education remains the primary area requiring continued attention and validation. The record supports describing education services as being in active transition during the reporting period, with an enhanced education model implemented in March 2026 and contract modification establishing the Successful Practices Network transition beginning May 1, 2026, with full performance scheduled for July 15, 2026. DIPC should continue to document education implementation, instructional time, attendance controls, curriculum delivery, certified staffing, Special Education Team development, IEP/504 support, and other special education readiness measures to support future compliance review.

During the next reporting period, DIPC will continue maintaining and organizing supporting records that demonstrate implementation and sustained compliance. Priority documentation will include medical and dental examination tracking, mental-health wellness checks and treatment records, medication administration, emergency transport, special diets, grievance resolution, recreation schedules, visitation and legal-access logs, interpreter use, staff training, resident property procedures, and education implementation milestones. DIPC will also ensure that annual-period facts are clearly distinguished from post-reporting or subsequent updates.

Overall, the record supports the conclusion that DIPC has maintained core Flores-related services while continuing to strengthen documentation, oversight, and corrective-action follow-through. With continued attention to education implementation and the supporting documentation identified in this report, DIPC will be positioned to demonstrate sustained progress and continued compliance with applicable FSA requirements in future reporting and oversight reviews.