



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

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Office of Detention Oversight  
Compliance Inspection

Enforcement and Removal Operations  
ERO San Antonio Field Office

Port Isabel Service Processing Center  
Los Fresnos, TX

February 11-13, 2020

**COMPLIANCE INSPECTION**  
**of the**  
**PORT ISABEL SERVICE PROCESSING CENTER**  
Los Fresnos, TX

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## COMPLIANCE INSPECTION TEAM MEMBERS



Lead Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Section Chief	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections

## FACILITY OVERVIEW

The Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Port Isabel Service Processing Center (PISPC) in Los Fresnos, Texas, from February 11 to 13, 2020.<sup>1</sup> The facility opened in 1977 and is owned and operated by the U.S. Immigration and Customs Enforcement (ICE). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at SDC in 2003 under the oversight of ERO’s Field Office Director in San Antonio (ERO San Antonio). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned Deportation Officers and a Detention Services Manager to the facility. An Officer in Charge handles daily facility operations and is supported by █ personnel. Ahtna Support and Training Services, LLC provides food services, ICE Health Service Corps provides medical care, and Keefe Group provides commissary services at the facility. The facility was accredited by the American Correctional Association on August 21, 2017, and by the National Commission on Correctional Health Care on July 19, 2019.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	1175
Average ICE Detainee Population <sup>3</sup>	943
Male Detainee Population (as of 2/11/2020)	939
Female Detainee Population (as of 2/11/2020)	N/A

During its last inspection, in FY 2018, ODO found 5 deficiencies in the following areas: Environmental Health and Safety (1); Use of Force and Restraints (1); Disability, Identification, Assessment and Accommodation (1); Food Service (1); and Medical Care (1).

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

<sup>2</sup> Data Source: ERO Facility List Report as of February 3, 2020.

<sup>3</sup> *Ibid.*

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.<sup>4</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components,” which are considered critical to facility security and the legal and civil rights of detainees. ODO also highlights instances in which the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES

PBNDS 2011 Standards Inspected <sup>5</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 – Security</b>	
Admission and Release	1
Custody Classification System	0
Funds and Personal Property	0
Sexual Abuse and Assault Prevention and Intervention	2
Special Management Units	0
Staff-Detainee Communication	1
Use of Force and Restraints	2
<b>Sub-Total</b>	<b>6</b>
<b>Part 4 – Care</b>	
Food Service	1
Medical Care	0
Personal Hygiene <sup>6</sup>	1
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 5 – Activities</b>	
Recreation	1
Religious Practices	0
Telephone Access	0
Visitation	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 6 – Justice</b>	
Grievance Systems	0
Law Libraries and Legal Materials	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>9</b>

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

<sup>6</sup> Personal Hygiene standard was not inspected in its entirety.

## DETAINEE RELATIONS

ODO interviewed 18 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services except for the concerns listed below.

*Medical Care:* One detainee complained he is a diabetic, and his diet consisted mostly of bread. The detainee is not satisfied with his medical care and stated the facility nurses did not let him speak with the facility doctor.

- Action Taken: ODO spoke with the PISPC medical staff, reviewed the detainee's medical file, and interviewed the Assistant Health Services Administrator and determined diabetics received a different diet. The diet did not just consist of bread but was supplemented with more salads and proteins. The detainee received the required and indicated medical care and he was seen by the facility doctor on February 2, 2020. A follow-up appointment was already scheduled, with the facility doctor, for February 17, 2020.

*Medical Care:* One detainee stated he has chronic headaches from a prior accident and the PISPC medical staff evaluated him and concluded he did not need any further follow-up medical care. The detainee stated he requested a further medical evaluation from an outside medical provider, but the facility denied his request.

- Action Taken: ODO reviewed the detainee's medical record and found on December 2, 2019, the detainee was involved in a car accident on his way to another detention center and was taken to a hospital. He arrived to PISPC on December 19, 2019, with a black eye and complained about eye pain. The PISPC medical staff administered analgesics to the black eye, performed a physical exam and found no other health issues. On January 2, 2020, while playing basketball, the detainee reinjured his eye by being hit in the same eye by another detainee. The PISPC medical staff evaluated the detainee during sick call, prescribed painkillers for his eye, and found no other health issues. Additionally, the detainee's medical record did not have a submitted request from the detainee requesting for an outside medical provider to perform a follow up evaluation on him for his headaches. The PISPC medical staff evaluations of the detainee indicated there were no further reasons to justify the additional services for the detainee's complaint.

*Religious Practices:* One detainee complained his religious diet was not being honored. The detainee also stated the Halal meal served at the facility was not real.

- Action Taken: ODO reviewed the detainee's detention file, medical record, and interviewed the facility staff and found the detainee was not on a religious diet but was on a prescribed medical diet. The facility's medical staff informed ODO all medical diets supersede religious diets. ODO notified the detainee Halal meals are delivered to the facility pre-packaged and pre-certified as Halal meals; however, the detainee had to remain on the medical diet prescribed by the facility medical staff.

# COMPLIANCE INSPECTION FINDINGS

## SECURITY

### ADMISSION AND RELEASE (A&R)

ODO reviewed 18 detainee detention files and found four files did not contain Orders to Detain (Form I-203) and one file had a Form I-203, but the form was not signed (**Deficiency A&R-1**<sup>7</sup>).

### SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO inspected the facility's lobby area and found the facility had not made the SAAPI policy available to the public (**Deficiency SAAPI-1**<sup>8</sup>).

*Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action on February 13, 2020, by posting the SAAPI policy in the facility's lobby area (**C-1**).

ODO reviewed the facility's SAAPI training and found the training did not include: instruction on sexual abuse and/or assault never being an acceptable consequence of detention; how to avoid inappropriate relationships with detainees; the investigation process and how to ensure evidence is not destroyed; and prevention, recognition and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities (**Deficiency SAAPI-2**<sup>9</sup>).

*Corrective Action:* Prior to the completion of the inspection, the facility completed corrective action on February 13, 2020, by updating the training material to include the missing elements required by the standard (**C-2**).

### STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the local supplement to the ICE National Detainee Handbook and found the local supplement did not provide detainees the contact information for the ICE/ERO San Antonio Field Office. Additionally, ODO found the contact information was not posted in all detainee housing units (**Deficiency SDC-1**<sup>10</sup>).

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<sup>7</sup> "An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official Signature, must accompany each newly arriving detainee." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(E).

<sup>8</sup> "Each facility shall also post its protocols on its website, if it has one, or otherwise make the protocol available to the public." See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section, (V)(A).

<sup>9</sup> "Training shall include: ... 3. instruction that sexual abuse and/or assault is never an acceptable consequence of detention; ... 6. how to avoid inappropriate relationships with detainees; ... 10. the investigation process and how to ensure that evidence is not destroyed; 11. prevention, recognition and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities;" See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section, (V)(E)(3)(6)(10) and (11). **This is a Priority Component.**

<sup>10</sup> "The local supplement to the detainee handbook shall include contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility. The same information shall be posted in the living areas (or "pods") of the facilities." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(A).



*Corrective Action:* Prior to the completion of the inspection, the facility completed corrective action on February 13, 2020, by updating the local supplement to the ICE National Detainee Handbook to include the ICE/ERO San Antonio Field Office contact information and posting the contact information in each housing unit (C-3).

## **USE OF FORCE AND RESTRAINTS (UOF&R)**

ODO reviewed documentation of 31 calculated UOF incidents and found nine incidents, which were not audio-visually recorded with the hand-held video camera (**Deficiency UOF&R-1<sup>11</sup>**). ODO interviewed the facility staff and found the hand-held video camera failed to operate due to the lack of battery power and no replacement camera or battery being readily available. However, portions of the UOF incidents were captured by the facility stationary cameras.

ODO reviewed 25 audiovisual recordings of calculated UOF incidents and found two instances where staff did not record the medical examination showing PISPC medical staff performing the medical assessment at the conclusion of the UOF incident (**Deficiency UOF&R-2<sup>12</sup>**).

## **CARE**

### **FOOD SERVICE (FS)**

ODO inspected the fire suppression system for the kitchen and found the system was not connected to the fire annunciation panel in the PISPC Control Center (**Deficiency FS-1<sup>13</sup>**). ODO confirmed the PISPC security staff conducted and recorded visual fire checks of the kitchen every 30 minutes. It is critical the fire-suppression system annunciate in the facility's [REDACTED] to expedite a response in the event of a fire in the kitchen. The PISPC safety officer reported construction of a new food service facility will begin in April 2020 and will include the proper annunciation system required by the standard.

### **PERSONAL HYGIENE (PH)**

ODO inspected the housing pods and found only five washbasins in each pod, which did not meet the industry standard requirement of one washbasin for every 12 detainees (**Deficiency PH-**

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<sup>11</sup> “While ICE/ERO requires that all use-of-force incidents be documented and forwarded to ICE/ERO for review, for calculated use of force, it is required that the entire incident be audio visually recorded. The facility administrator or designee is responsible for ensuring that use of force incidents are audio visually recorded. Staff shall be trained in the operation of audiovisual recording equipment. There shall be a sufficient number of cameras appropriately located and maintained in the facility. The audiovisual record and accompanying documentation shall be included in the investigation package for the after-action review described below.” See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I)(2).

<sup>12</sup> “Calculated use-of-force incidents shall be audio visually-recorded in the following order: ... e. Take close-ups of the detainee’s body during a medical exam, focusing on the presence/absence of injuries. Staff injuries, if any, are to be described but not shown.” See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I)(2)(e).

<sup>13</sup> “An approved, fixed fire-suppression system shall be installed in ventilation hoods over all grills, deep fryers, and open flame devices. A qualified contractor shall inspect the system every six months. The fire-suppression system shall be equipped with a locally audible alarm and connected to the [REDACTED] annunciator panel.” See ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(12)(f). **This is a Repeat Deficiency.**

1<sup>14</sup>).

## **ACTIVITIES**

### **RECREATION (R)**

ODO reviewed housing unit logs and found the facility did not consistently provide detainees with at least four hours a day of outdoor recreation, when weather permitted (**Deficiency R-1**<sup>15</sup>).

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 19 standards under PBNDS 2011 and found the facility in compliance with 12 of those standards. ODO found nine deficiencies in the remaining seven standards. ODO commends facility staff for their responsiveness during this inspection and notes there were three instances where staff initiated immediate corrective action during the inspection.

ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2018 (PBNDS 2011)</b>	<b>FY 2020 (PBNDS 2011)</b>
Standards Reviewed	17	19
Deficient Standards	5	7
Overall Number of Deficiencies	5	9
Deficient Priority Components	0	1
Repeat Deficiencies	0	1
Corrective Actions	1	3

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<sup>14</sup> "Detainees shall be provided: ...

2. an adequate number of washbasins with temperature controlled hot and cold running water 24 hours per day. ACA Expected Practice 4-ALDF-4B-08 requires one washbasin for every 12 detainees." See ICE PBNDS 2011, Standard, Personal Hygiene, Section (V)(E)(2).

<sup>15</sup> "Detainees in the general population shall have access at least four hours a day, seven days a week to outdoor recreation, weather and scheduling permitted." See PBNDS 2011, Standard, Recreation, Section (V)(B).