



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

**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
ERO San Antonio Field Office**

**Port Isabel Service Processing Center
Los Fresnos, Texas**

March 22-26, 2021

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

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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Port Isabel Service Processing Center (PISPC) in Los Fresnos, Texas, from March 22 to 26, 2021.¹ The facility opened in 1977 and is owned and operated by ICE. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at PISPC 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 service manager to the facility. An assistant officer in charge handles daily facility operations and is supported by [REDACTED] personnel. Ahnta 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 ²	1200
Average ICE Detainee Population ³	[REDACTED]
Male Detainee Population (as of March 22, 2021)	[REDACTED]
Female Detainee Population (as of March 22, 2021)	0

During its last inspection, in Fiscal Year (FY) 2020, ODO found nine deficiencies in the following areas: Admission and Release (1); Sexual Abuse and Assault Prevention and Intervention (2); Staff-Detainee Communication (1); Use of Force and Restraints (2); Food Service (1); Personal Hygiene (1); and Recreation (1).

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

² Data Source: ERO Facility List Report as of March 15, 2021.

³ *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.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” 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.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

**FINDINGS BY PERFORMANCE-BASED NATIONAL
DETENTION STANDARDS 2011 (REVISED 2016)
MAJOR CATEGORIES**

PBND Standards 2011 (Revised 2016) Standards Inspected⁵	Deficiencies
Part 1 – Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	1
Custody Classification System	1
Facility Security and Control	1
Funds and Personal Property	1
Population Counts	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	4
Part 4 – Care	
Food Service	1
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	1
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	5
Law Libraries and Legal Material	0
Sub-Total	5
Total Deficiencies	10

⁵ For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, nor abuse. All detainees interviewed reported satisfaction with facility services. ODO conducted detainee interviews via video teleconference.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed 15 detention files and found 15 out of 15 files did not have an Order to Detain or Order to Release (Form I-203 or I-203a) (**Deficiency AR-54⁶**). **This is a repeat deficiency.**

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed the facility's CCS program and found the facility's detainee handbook did not provide an explanation of the classification levels with the conditions and restrictions applicable to each (**Deficiency CCS-66⁷**).

Corrective Action: ODO reviewed revisions made in an addendum to the local detainee handbook. The addendum provides an explanation of the classification levels with the conditions and restrictions applicable to each level. The facility incorporated the addendum into their detainee handbook and provided to newly arriving detainees. The facility communicated the update to the detainees already housed and the facility staff by posting the update on bulletin boards inside the housing units, adding to designated post orders, and posting in other prominent areas (**C-1**).

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the facility's FSC program and found the main gate logbook did not contain log entries for vehicle contents nor the purpose of the visit for all vehicles entering the facility (**Deficiency FSC-59⁸**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed 657 detainee logbook entries and found 60 out of 657 instances in which the facility did not respond to detainee requests within three business days of receipt of the request (**Deficiency**

⁶ "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 (Revised 2016), Standard, Admission & Release, Section (V)(E).

⁷ "The ICE Detainee Handbook standard section on classification shall include: An explanation of the classification levels, with the conditions and restrictions applicable to each." See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(K).

⁸ "The post officer shall log the following information regarding every vehicle: tag number, driver's name, firm represented, purpose of the visit, (e.g., repairs, delivery, etc.), vehicle contents, date, time in, time out and facility employee responsible for the vehicle on-site." See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(C)(2)(b).

SDC-16⁹).

CARE

FOOD SERVICE (FS)

ODO reviewed the FS program and found the facility does not have their kitchen fire-suppression system connected to the fire annunciator panel in their control center (**Deficiency FS-406¹⁰**). **This is a Repeat Deficiency.**

ODO reviewed the facility's last annual food service inspection report, which and independent external auditor conducted on March 4, 2020. The report indicated the facility complied with federal, state, and local food service regulations and there were no violations noted. However, the food service manager (FSM) stated, due to the COVID-19 pandemic, an independent external auditor has not conducted a more recent inspection. The FSM advised ODO the facility is working with the independent auditor to have an inspection conducted by April 30, 2021. ODO cited the absence of an annual food service inspection as an **Area of Concern**.

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility's GS program and found the facility's detainee handbook did not provide notice to detainees of the procedures for filing and resolving a grievance through the electronic tablet process (**Deficiency GS-14¹¹**).

ODO reviewed 21 level two grievances and found 9 out of 21 cases in which the Grievance Appeal Board (GAB) did not provide a decision within 5 days of receipt of the appeal (**Deficiency GS-60¹²**).

⁹ "The ICE/ERO staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no later than within three (3) business days of receipt." See ICE PBNDS 2011 (Revised 2016), Standard Staff-Detainee Communication, Section (V)(B)(1)(a).

¹⁰ "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 control room's annunciator panel." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(12)(f).

¹¹ "The facility shall provide each detainee, upon admittance, a copy of the detainee handbook and local supplement (see also standard '6.1 Detainee Handbook'), in which the grievance section provides notice of the following: ...

4. The procedures for filing and resolving a grievance, including the availability of assistance in preparing a grievance (assistance for detainees with impairments or disabilities, interpretation/translation services for detainees with limited English proficiency (LEP) and assistance for detainees with limited literacy)." See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(B)(4).

¹² "The designated members of the GAB shall review and provide a decision on the grievance within five days of receipt of the appeal." See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(C)(3)(b)(2)(b).

ODO reviewed 21 level-two grievances and found 9 out of 21 cases in which the GAB did not issue a written decision to detainees regarding their appeal (**Deficiency GS-62¹³**).

ODO reviewed 21 level-two grievances and found 9 out of 21 cases in which the GAB did not issue a written decision to detainees regarding their appeal (**Deficiency GS-64¹⁴**).

ODO reviewed the facility's GS program and found one instance in which the facility did not forward the written decision to ERO San Antonio (**Deficiency GS-69¹⁵**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 21 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 15 of those standards. ODO found 10 deficiencies in the remaining 6 standards. Additionally, ODO cited 1 **Area of Concern** regarding the facility's FS program annual inspection. ODO commends facility staff for their responsiveness during this inspection and notes there was one instance where the facility's 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.

Compliance Inspection Results Compared	FY 2020 (PBNDS 2011) (Revised 2016)	FY 2021 (PBNDS 2011) (Revised 2016)
Standards Reviewed	19	21
Deficient Standards	7	6
Overall Number of Deficiencies	9	10
Repeat Deficiencies	1	2
Areas of Concern	0	1
Corrective Actions	3	1

¹³ "The GAB shall issue a written decision to the detainee in all cases." *See* ICE PBNDS 2011 (Revised 2016), Standard Grievance System, Section (V)(C)(3)(b)(2)(c).

¹⁴ "Officials previously involved in adjudicating the grievance shall not participate on the GAB." *See* ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(C)(3)(b)(2)(e).

¹⁵ "3) Appellate Review...

b) ...A written decision shall be issued to the detainee in all cases and forwarded to the Field Office Director." *See* ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(C)(3)(b)(3)(b).