



**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  
Follow-Up Compliance Inspection**

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

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

**August 16-20, 2021**

**FOLLOW-UP COMPLIANCE INSPECTION**  
**of the**  
**PORT ISABEL SERVICE PROCESSING CENTER**  
Los Fresnos, Texas

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## **FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS**



Team Lead  
Contractor  
Contractor  
Contractor  
Contractor

ODO  
Creative Corrections  
Creative Corrections  
Creative Corrections  
Creative Corrections

## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a follow-up compliance inspection of the Port Isabel Service Processing Center (PISPC) in Los Fresnos, Texas, from August 16 to 20, 2021.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of PISPC from March 22 to 26, 2021. 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, supervisory deportation and detention officers (SDDO), and a detention services manager to the facility. A PISPC officer in charge handles daily facility operations and manages █████ support personnel. Ahtna Support and Training Services, LLC provides food services, ICE Health Service Corps provides medical care, and Keefe Supply Group provides commissary services at the facility. The facility was accredited by the American Correctional Association in August 2017 and the National Commission on Correctional Health Care in July 2019. In March 2015, PISPC was audited by the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	█████
Average ICE Detainee Population <sup>3</sup>	█████
Male Detainee Population (as of August 16, 2021)	█████
Female Detainee Population (as of August 16, 2021) <sup>4</sup>	█████

During its last inspection, in Fiscal Year (FY) 2021, ODO found 10 deficiencies in the following areas: Admission and Release (1); Custody Classification System (1); Facility Security and Control (1); Food Service (1); Funds and Personal Property (1); and Grievance System (5).

<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 August 16, 2021.

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

<sup>4</sup> PISPC is a 100% male facility; however, must maintain the capability to house females but has not housed females since FY19. As such, ODO reviewed Medical Care-Women during the FY21 compliance inspection but not the follow-up inspection.

## **FOLLOW-UP COMPLIANCE INSPECTION PROCESS**

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's UCAP, and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

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.

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

<b>PBNDS 2011 (Revised 2016) Standards Inspected<sup>5</sup></b>	<b>Deficiencies</b>
<b>Part 1 – Safety</b>	
Emergency Plans	0
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 – Security</b>	
Admission and Release	2
Custody Classification System	1
Facility Security and Control	0
Funds and Personal Property	6
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>9</b>
<b>Part 4 – Care</b>	
Food Service	1
Hunger Strikes	0
Medical Care	0
Significant Self-harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 6 – Justice</b>	
Grievance System	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>10</b>

<sup>5</sup> For greater detail on ODO’s findings, see the *Follow-Up 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, or abuse. During the interview, one detainee stated that he and several other detainees were on a hunger strike, and ODO immediately referred him to ERO San Antonio and facility medical staff to address his concerns. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted the detainee interviews via video teleconference.

*Hunger Strikes:* One detainee stated he and several other detainees initiated a hunger strike on August 15, 2021, due to their dissatisfaction with ERO San Antonio pertaining to their immigration concerns and wanted to speak directly with ICE management.

- Action Taken: On August 16, 2021, ODO interviewed the SDDO, who spoke with the detainee about his complaint. The SDDO stated the detainee received an update on his immigration status and scheduled removal, but the detainee's assignment to a COVID-19 cohort delayed his departure. The facility staff rescheduled the detainee for removal on August 20, 2021. On September 2, 2021, ODO followed-up with the facility and verified the detainee's removal on August 20, 2021. Regarding the alleged multiple detainee hunger strikes, the SDDO stated no other detainees entered a hunger strike but were awaiting case status updates.

*Medical Care:* One detainee stated he submitted a sick call request for poor vision and medical staff informed him to purchase reading glasses from the commissary; however, the detainee did not receive a prescription number for the glasses.

- Action Taken: ODO interviewed the facility's registered nurse (RN) and reviewed the detainee's medical record review, which indicated the detainee was evaluated and issued a +2-magnification prescription for readers on June 3, 2021. ODO confirmed with the RN the detainee purchased his readers from the commissary as instructed.

## FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### ADMISSION AND RELEASE (AR)

ODO reviewed [REDACTED] detainee detention files and found [REDACTED] of the files contained the Order to Detain or Order to Release (Form I-203 or I-203a) (**Deficiency AR-54**<sup>6</sup>). **This is a repeat deficiency.**

ODO interviewed the intake lieutenant and SDDO, reviewed five released detainee files, and found

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<sup>6</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 (Revised 2016), Standard, Admission and Release, Section (V)(E).

files did not contain the Form I-203 (**Deficiency AR-80**<sup>7</sup>).

### **CUSTODY CLASSIFICATION SYSTEM (CCS)**

ODO reviewed classification staff training files, interviewed the intake lieutenant and training coordinator, and found staff did not receive on-site training on the facility's classification process (**Deficiency CCS-6**<sup>8</sup>).

### **FUNDS AND PERSONAL PROPERTY (FPP)**

ODO reviewed detainee files with signed G-589 or equivalent and found of the files had G-589s or equivalent signed by the detainee and two processing officers with copies distributed as noted in the standard. Specifically, ODO interviewed the intake lieutenant who confirmed the detainee, and two staff signed the G-589s or equivalent; however, the facility had not inserted the third copy into a secured envelope nor place the envelope in their drop safe or similarly secured depository (**Deficiency FPP-65**<sup>9</sup>).

ODO interviewed both the intake officer and lieutenant, reviewed photos of luggage and excess property in the property room, and found the facility had not secured detainee luggage and excess property in a tamper-resistant manner (**Deficiency FPP-84**<sup>10</sup>).

ODO interviewed both the facility's intake officer and lieutenant, reviewed photos of luggage and excess property in the property room, and found the facility had not secured detainee luggage and excess property in a tamper-resistant manner (**Deficiency FPP-97**<sup>11</sup>).

ODO reviewed the facility handbook policy 4.1.3, Detainee Property Processing, and found the policy did not indicate the official deciding the claim for loss or damage to properly receipted detainee property shall be at least one level higher in the chain of command than the official investigating the claim (**Deficiency FPP-156**<sup>12</sup>).

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<sup>7</sup> "A detainee's out-processing begins when release processing staff receive the Form I-203, "Order to Detain or Release," signed by an authorizing official." See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(H)(1).

<sup>8</sup> "Each facility administrator shall require that the facility's classification system ensures the following:  
2. All facility staff assigned to classification duties shall be adequately trained in the facility's classification process. Each staff member with detainee in-processing responsibilities shall receive on-site training." See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(A)(2).

<sup>9</sup> "The detainee and two processing officers shall sign the G-589 or equivalent with copies distributed as noted above in this standard." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(G)(2).

<sup>10</sup> "All detainee luggage and facility containers used for storing detainee personal property shall be secured in a tamper-resistant manner and shall only be opened in the presence of the detainee." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(I).

<sup>11</sup> "All detainee luggage and facility containers used for storing detainee personal property shall be secured in a tamper-resistant manner (e.g., by a tamperproof numbered tie strap) and shall only be opened in the presence of the detainee." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(I).

<sup>12</sup> "All facilities shall have and follow a policy for loss of or damage to properly receipted detainee property, as follows:

d. the official deciding the claim shall be at least one level higher in the chain of command than the official investigating the claim." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(L)(3)(d).



ODO reviewed the facility handbook and policy 4.1.3, Detainee Property Processing, and found the facility did not have a policy indicating the facility shall promptly reimburse detainees for all validated property losses caused by facility negligence (**Deficiency FPP-157**<sup>13</sup>).

ODO reviewed the facility handbook and policy 4.1.3, Detainee Property Processing, and found the facility did not have a policy indicating the facility may not arbitrarily impose a ceiling on the amount to be reimbursed for a validated claim (**Deficiency FPP-158**<sup>14</sup>).

## CARE

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

ODO interviewed the safety manager and food service manager, reviewed photos of the food service safety equipment, and found the facility had not connected their kitchen fire suppression system to the fire annunciator panel in the control center (**Deficiency FS-408**<sup>15</sup>).

## **CONCLUSION**

During this inspection, ODO assessed the facility’s compliance with 14 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 10 of those standards. ODO found 10 deficiencies in the remaining 4 standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO San Antonio work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ERO provided ODO with the uniform corrective action plan for ODO’s last inspection of PISPC on September 2, 2021.

<b>Compliance Inspection Results Compared</b>	<b>First FY 2021 (PBNDS 2011) (Revised 2016)</b>	<b>Second FY 2021 (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	19	14
Deficient Standards	6	4
Overall Number of Deficiencies	10	10
Repeat Deficiencies	0	1
Areas of Concern	0	0
Corrective Actions	4	0

<sup>13</sup> “All facilities shall have and follow a policy for loss of or damage to properly receipted detainee property, as follows:  
e. the facility shall promptly reimburse detainees for all validated property losses caused by facility negligence.”  
*See* ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(L)(3)(e).

<sup>14</sup> “All facilities shall have and follow a policy for loss of or damage to properly receipted detainee property, as follows:  
f. the facility may not arbitrarily impose a ceiling on the amount to be reimbursed for a validated claim.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(L)(3)(f).

<sup>15</sup> “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).