

Office of Professional Responsibility

Port Isabel Service Processing Center Compliance Inspection 2025-001-118

March 25-27, 2025



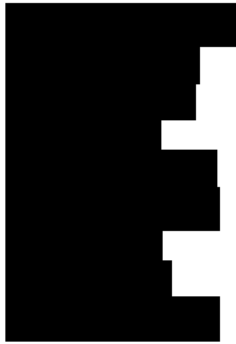
U.S. Immigration
and Customs
Enforcement

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

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COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
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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 follow-up compliance inspection of the Port Isabel Service Processing Center (PISPC) in Los Fresnos, Texas, from March 25 to 27, 2025.¹ The facility opened in 1977 and is owned by ICE and operated by Akima Global Services (AGS). 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 Harlingen (ERO Harlingen). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

[REDACTED] A facility administrator handles daily operations and manages [REDACTED] support personnel. AGS provides food services, STG International provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in June 2021 and the National Commission on Correctional Health Care in February 2023. In June 2024, PISPC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of March 25, 2025)	[REDACTED]
Adult Female Population (as of March 25, 2025)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 7 deficiencies in the following areas: Food Service (1); Grievance System (2); Medical Care (1); and Significant Self-harm and Suicide Prevention and Intervention (3).

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

² Data Source: ERO Custody Management Division Authorized Facility List as of March 24, 2025.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.⁴

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

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

PBNDS 2011 (Revised 2016) Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Transportation (By Land)	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Contraband	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	2
Key and Lock Control	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Tool Control	0
Use of Force and Restraints	0
Sub-Total	2
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	1
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	1
Part 5 - Activities	
Recreation	0
Visitation	0
Sub-Total	0

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

⁶ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

Part 6 - Justice	
Detainee Handbook	0
Grievance System	0
Legal Rights Group Presentations	0
Sub-Total	0
Part 7 - Administration and Management	
Interview and Tours	0
Staff Training	0
Sub-Total	0
Total Deficiencies	3

DETAINEE RELATIONS

ODO interviewed 39 detainees, who each voluntarily agreed to participate. ODO requested interviews with five additional detainees; however, all five detainees declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

COMPLIANCE INSPECTION FINDINGS

SECURITY

HOLD ROOMS IN DETENTION FACILITIES (HRDF)

ODO observed 19 detainee hold rooms (HRs) and found in 6 out of 19 HRs, no modesty panels for the lavatory/toilet fixtures. Specifically, HRs 1 and 2 of the processing section and HRs 8 through 11 in the staging section (**Deficiency HRDF-10.⁷**). **This is a repeat deficiency.**

ODO observed 19 detainee HRs and found in 6 out of 19 HRs, no floor drains. Specifically, HRs 1 and 2 of the processing section and HRs 8 through 11 in the staging section (**Deficiency HRDF-11.⁸**). **This is a repeat deficiency.**

⁷ "Each hold room shall be equipped with stainless steel, combination lavatory/toilet fixtures with modesty panels, in compliance with the Americans with Disabilities Act of 1990. Consistent with the International Plumbing Code:

- a. each small hold room (up to 14 detainees) shall have one combination unit; and
- b. each large hold room (15 to 49 detainees), shall have at least two combination units. (The Hold Room Design Standards A-E, HDR Architecture, recommends a third combination unit for a hold room with 30 or more detainees, or one combination unit for every 15 detainees.)"

See ICE PBNDS 2011 (Revised 2016), Standard, Hold Rooms in Detention Facilities, Section (V)(A)(6)(a-b).

⁸ "Each hold room shall have floor drain(s)." See ICE PBNDS 2011 (Revised 2016), Standard, Hold Rooms in Detention Facilities, Section (V)(A)(7).

CARE

FOOD SERVICE (FS)

ODO observed the food service safety equipment and found the facility did not connect the kitchen fire suppression system to the control room's fire annunciator panel (**Deficiency FS-408⁹**). **This is a repeat deficiency.**

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 28 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 26 of those standards. ODO found three deficiencies in the remaining two standards. Since PISPC's last rated inspection in April 2024, the facility's overall compliance with PBNDS 2011 (Revised 2016) has trended upward. PISPC went from 4 deficient standards and 7 deficiencies in April 2024 to 2 deficient standards and 3 deficiencies during this most recent rated inspection, all of which were repeat deficiencies..¹⁰ ODO received PISPC's completed uniform corrective action plan for its last rated inspection in April 2024, which likely resolved previous deficiencies ODO cited. ODO recommends ERO Harlingen continue to work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2025 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	29	28
Deficient Standards	4	2
Overall Number of Deficiencies	7	3
Priority Component Deficiencies	0	0
Repeat Deficiencies	1	3
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Good	Good

⁹ f. 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).

¹⁰ The HR deficiencies are repeat deficiencies from ODO's full inspection in April 2023. Because they are structural in nature, they will remain as repeat deficiencies until resolved.



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