



U.S. Department of Homeland Security
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 Harlingen Field Office**

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

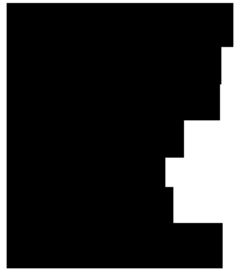
March 1-3, 2022

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

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	6
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES.....	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	8
SAFETY.....	8
Environmental Health and Safety	8
SECURITY	8
Admission and Release	8
Custody Classification System	9
Use of Force and Restraints	9
CARE	9
Food Service	9
Medical Care.....	10
ADMINISTRATION AND MANAGEMENT	10
Detention Files	10
CONCLUSION	11

COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead	ODO
Inspections and Compliance Specialist	ODO
Senior Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections

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 1 to 3, 2022.¹ The facility opened in June 1977 and is owned and operated by ICE. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at PISPC in May 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).

ERO has assigned an officer-in-charge (OIC), supervisory detention and deportation officers, and deportation officers to the facility. An OIC handles daily facility operations and manages [REDACTED] support personnel. Ahtna Support and Training Services, LLC provides food services, STG provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association (ACA) in June 2021 and the National Commission on Correctional Health Care in July 2019. In July 2021, 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 1, 2022)	[REDACTED]
Adult Female Population (as of March 1, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2021, ODO found 10 deficiencies in the following areas: Admission and Release (2); Custody Classification System (1); Food Service (1); and Funds and Personal Property (6).

¹ This facility holds male and female detainees with security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List as of February 22, 2022.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 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 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 its 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 (PBNDS) 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDS 2011 (Revised 2016) Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	3
Sub-Total	3
Part 2 - Security	
Admission and Release	2
Custody Classification System	1
Funds and Personal Property	0
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Use of Force and Restraints	0
Sub-Total	3
Part 4 - Care	
Food Service	3
Hunger Strikes	0
Medical Care	1
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	4
Part 5 - Activities	
Correspondence and Other Mail	0
Marriage Requests	0
Trips for Non-Medical Emergencies	0
Voluntary Work Program	0
Sub-Total	0
Part 6 - Justice	
Legal Rights Group Presentations	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	2

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

⁶ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

Detainee Transfers	0
Interview and Tours	0
Sub-Total	2
Total Deficiencies	12

DETAINEE RELATIONS

ODO interviewed 25 detainees, who each voluntarily agreed to participate. Due to an upgrade of the facility's telephone and internet system during the inspection week, the detainee interviews took place over the entire 3-day period of the inspection. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concern listed below. One detainee indicated thoughts of self-harm during the interview, and ODO immediately referred him to ERO Harlingen and facility medical staff for evaluation.

Medical Care: One detainee stated he had thoughts of harming himself because the facility detained and housed him in a unit with other detainees who did not speak the same language as himself.

- Action Taken: On March 3, 2022, ODO requested ERO Harlingen speak with the detainee to determine if the detainee required immediate medical attention. The detainee stated to ERO Harlingen staff that he previously felt a lot of anxiety and depression regarding his detention and living in a housing unit with other detainees of various nationalities. On March 3, 2022, ERO Harlingen staff updated ODO regarding the detainee and stated the facility moved the detainee to a permanent pod with other detainees who spoke the same language and the detainee no longer suffered from anxiety and depression. The detainee spoke with the facility chaplain for spiritual guidance, and the chaplain offered services to the detainee anytime he felt the need for spiritual guidance. ERO Harlingen also followed up with the detainee on the status of his asylum case. ODO also requested the health services administrator (HSA) to assess the detainee for anxiety and depression. On March 3, 2022, the HSA notified ODO the facility scheduled the supervisory behavioral healthcare provider (BHP) to assess the detainee. The BHP assessment provided the detainee with information on helping him sleep better and placed him on a weekly wellness check and a biweekly BHP assessment for his mental health. Additionally, on the same day, the facility staff scheduled the mental health nurse practitioner (MHNP) to assess the detainee and address any need for psychotropic medication.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the supply of hot and cold running water in the facility and found the hot water temperature did not meet the ACA recognized standards of hygiene, requiring facilities to provide detainees operable showers that are thermostatically controlled to temperatures between 100 and 120 Fahrenheit (F) degrees, to ensure safety and promote hygienic practices. Specifically, one housing pod had hot water temperatures of 78.5 F degrees at the washbasin and 91 F degrees at the shower unit. A second housing pod had hot water temperatures of 72 F degrees at the washbasin and 74.5 F degrees at the shower unit. A third housing unit had hot water temperatures of 90 F degrees at the washbasin and 77 F degrees at the shower unit. Additionally, the health services department had hot water temperatures of 90.5 F degrees at the washbasin and 66 F degrees at the shower unit (**Deficiency EHS-1⁷**).

ODO inspected the facility maintenance area and found PISPC did not maintain a current inventory of hazardous substances (flammable, toxic, or caustic). Specifically, the facility did not log the inventory on a separate card and alphabetically file by substance (**Deficiency EHS-39⁸**).

ODO inspected 15 gallons of gasoline stored in a chemical storage area and found the facility staff did not store all liquids and aerosols labeled as “flammable” or “combustible” at this location. Specifically, ODO found gasoline stored in a chemical shed, which the facility had not designated nor was designed to store flammable or combustible liquids, behind the facility maintenance area. Additionally, ODO inspected three, 55-gallon drums, which had an extensive amount of rust on each, stored outside the shed, and found the weathered labels unreadable (**Deficiency EHS-54⁹**).

SECURITY

ADMISSION AND RELEASE (AR)

ODO interviewed a facility lieutenant, reviewed [REDACTED] detention files of released detainees, and found [REDACTED] out of [REDACTED] files did not contain an Order to Detain or Release (Form I-203), signed by an authorizing official before the detainee’s release, removal, or transfer from the facility

⁷ “Environmental health conditions shall be maintained at a level that meets recognized standards of hygiene, including those from the: ...

a. American Correctional Association.”

See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(A)(1)(a).

⁸ “Every area shall maintain a current inventory of the hazardous substances (e.g., flammable, toxic or caustic) used and stored there. Inventory records shall be maintained separately for each substance. Entries for each shall be logged on a separate card (or equivalent), and filed alphabetically by substance. The entries shall contain relevant data, including purchase dates and quantities, use dates and quantities and quantities on hand.” See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(B)(3).

⁹ “As required by the Federal Hazardous Substances Labeling Act, any liquid or aerosol labeled “flammable” or “combustible” must be stored and used as prescribed on the label.” See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(B)(7)(a).

(Deficiency AR-80¹⁰). This is a repeat deficiency.

Since the five files did not contain Form I-203, signed by an authorizing official before the detainee's release, removal, or transfer from the facility, the documentation required for a detainee's release or transfer was incomplete and not ready for the out-processing officers to use **(Deficiency AR-81¹¹)**.

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed [REDACTED] detainee files, interviewed a facility intake lieutenant, and found in [REDACTED] out of [REDACTED] files, the facility did not identify and document the detainee's special vulnerability (sexual orientation, sexual victimization, and youthful detainee) on the Custody Classification Form **(Deficiency CCS-14¹²)**.

USE OF FORCE AND RESTRAINTS (UOFR)

ODO observed bolt cutters, handcuffs, leg irons, waist chains, and flex cuffs stored in a locked closet in the admission-and-receiving department near shower and common areas. In addition, the facility stored several gear bags containing use-of-force team protective equipment, such as riot helmets, protective vests, protective shields, etc., in the same area. The facility needs to secure and keep these items inaccessible to detainees to prevent a security breach. Although the facility stored these UOFR items in a locked closed, the closet is in a common area, and ODO noted the location of the locked closet as an **Area of Concern**.

CARE

FOOD SERVICE (FS)

ODO inspected the food service department and found some food service equipment and utensils did not meet the National Sanitation Foundation International standard, which requires the facility to use equipment and utensils that are designed and constructed so that parts do not break and end up in food as foreign objects or present injury hazards to consumers. Specifically, the facility cut and altered five sheet pans from their original state, and used those pans during food service operations **(Deficiency FS-332¹³)**.

ODO inspected the facility kitchen equipment and found food buildup and debris on multiple pieces of FS department equipment. ODO inspected one range hood, one stand mixer guard, and

¹⁰ "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, Standard, Admission and Release, Section (V)(H)(1).

¹¹ "The requesting ICE/ERO official is responsible for having all documentation required for the detainee's release or transfer complete and ready for use by out-processing officers." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(H)(2).

¹² "Special consideration shall be given to any factor that would raise the risk of vulnerability, victimization or assault." See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(C).

¹³ "All food service equipment and utensils shall meet the National Sanitation Foundation International (NSF) standards or equivalent standards of other agencies." See ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(7)(a).

six equipment and utensil drying racks that did not contribute to cleanliness and sanitation (**Deficiency FS-340**¹⁴).

ODO interviewed the facility safety manager and the facility food service manager, observed the food service safety equipment, and found the facility had not connected the kitchen fire suppression system to the fire annunciator panel in the control center (**Deficiency FS-408**¹⁵). **This is a repeat deficiency.**

MEDICAL CARE (MC)

ODO observed thermostatically controlled water did not range from the required 100 to 120 degrees Fahrenheit. Specifically, ODO measured the temperature in the medical housing unit at 90.5 degrees Fahrenheit for the washbasin and 66 degrees Fahrenheit for the shower (**Deficiency MC-85**¹⁶).

ADMINISTRATION AND MANAGEMENT

DETENTION FILES (DF)

ODO observed the facility's detention file storage location and found the facility does not immediately shred defective and extra photocopies. Instead, the facility uses an unsecured bin to collect documents and photocopies meant for shredding (**Deficiency DF-6**¹⁷).

ODO found no locked container to store photocopies of documents for shredding. Instead, the facility used an unsecured bin to place defective and/or extra photocopies for facility staff to destroy (**Deficiency DF-8**¹⁸).

Corrective Action: During the inspection, the facility installed a locked container in the detention file storage location for the facility staff to place the defective and/or extra photocopies for facility staff to destroy. Also, during the inspection, the facility distributed a memo, dated March 3, 2022, to the admissions staff detailing the new procedures for destroying defective or extra copies of documents containing sensitive information. The facility provided ODO with a copy of the memo dated March 3, 2022, stating the new

¹⁴ "Upkeep of equipment surfaces shall contribute to cleanliness and sanitation." See ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(7)(c)(2).

¹⁵ "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, Standard, Food Service, Section (V)(J)(12)(f).

¹⁶ "2) Sufficient bathing facilities shall be provided to allow detainees to bathe daily, and sufficient bathing facilities shall be physically accessible for detainees with disabilities, as required by the applicable accessibility standard. Water shall be thermostatically controlled to temperatures ranging from 100 to 120 F degrees." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(F)(3)(b)(2).

¹⁷ "The facility shall always have on hand a paper shredder where defective and/or extra photocopies not placed in the detainee's detention file should be shredded, or a locked paper bin in which such defective and/or extra photocopies that are not placed in the detention file should be placed to be shredded or otherwise destroyed." See ICE PBNDS 2011, Standard, Detention Files, Section (V)(A)(4).

¹⁸ "Defective or extra copies shall be disposed of properly." See ICE PBNDS 2011, Standard, Detention Files, Section (V)(B)(1).

procedure (C-1).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 24 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 18 of those standards. ODO found 12 deficiencies in the remaining 6 standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO 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 December 16, 2021.

Compliance Inspection Results Compared	Second FY 2021 PBNDS 2011 (Revised 2016)	First FY 2022 PBNDS 2011 (Revised 2016)
Standards Reviewed	14	24
Deficient Standards	4	6
Overall Number of Deficiencies	10	12
Repeat Deficiencies	1	2
Areas Of Concern	0	1
Corrective Actions	0	1
Facility Rating	N/A	Superior