



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

**Office of Detention Oversight
Compliance Inspection
2024-001-253**

**Enforcement and Removal Operations
ERO Harlingen Field Office**

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


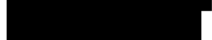
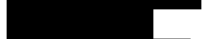
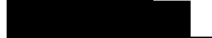
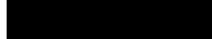
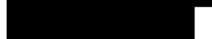
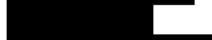
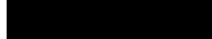
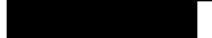
March 26-28, 2024

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

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COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	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 26 to 28, 2024.¹ The facility opened in 1977 and is owned by ICE and operated by Akima Global Services. 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 PISPC officer in charge handles daily facility operations and manages [REDACTED] support personnel. Akima Global Services provides food services, STG International provides medical care, and Keefe Commissary provides commissary services at the facility. The facility does not hold any accreditations from any outside entities. 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 26, 2024)	[REDACTED]
Adult Female Population (as of March 26, 2024)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 16 deficiencies in the following areas: Disciplinary System (4); Environmental Health and Safety (1); Food Service (1); Hold Rooms in Detention Facilities (2); Medical Care (4); Recreation (1); Tool Control (1); Use of Force and Restraints (1); and Visitation (1).

¹ This facility holds male and female 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 25, 2024.

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
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Population Counts	0
Post Orders	0
Searches of Detainees	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	0
Part 4 - Care	
Food Service	1
Hunger Strikes	0
Medical Care	1
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	3
Sub-Total	5
Part 5 - Activities	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Religious Practices	0
Telephone Access	0
Voluntary Work Program	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	
Grievance System	2
Law Libraries and Legal Materials	0
Sub-Total	2
Part 7 - Administration and Management	
Detention Files	0
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	7

DETAINEE RELATIONS

ODO interviewed 48 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All 48 detainees reported satisfaction with facility services.

COMPLIANCE INSPECTION FINDINGS

CARE

FOOD SERVICE (FS)

ODO interviewed the facility safety manager, toured the FS department, and found facility staff did not connect the locally audible alarm for the fire-suppression system to the control room's annunciator panel (**Deficiency FS-408**⁷). **This is a repeat deficiency.**

MEDICAL CARE (MC)

ODO toured the medical housing unit and found no available oxygen machine or automated external defibrillator (**Deficiency MC-201**⁸).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)

ODO inspected two facility suicide-watch bathrooms and two suicide-watch shower rooms and found bathroom and shower room #1 each contained a handicap handrail and shower room #2 contained a handicap handrail and two pipes extending from the wall (**Deficiency SSHSPI-36**⁹).

⁷ "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).

⁸ "Medical and safety equipment shall be available and maintained, and staff shall be trained in proper use of the equipment." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(T)(4).

⁹ "The isolation room must be suicide resistant, which requires that it be free of objects and structural elements that

ODO reviewed [REDACTED] medical files of detainees placed on suicide watch during the review period and found in [REDACTED] out of [REDACTED] files, interviewed facility staff, and found the facility allowed both detainees to shower and use the toilet behind a closed door and without continuous monitoring (**Deficiency SSHSPI-51**).¹⁰

ODO inspected two facility suicide-watch bathrooms and two suicide-watch shower rooms and found in two out of two bathrooms and in two out of two shower rooms, facility staff could not maintain direct observation of detainees because detainees using the toilet closed a steel door and shower curtains when drawn in the shower rooms restricted view of the detainees (**Deficiency SSHSPI-53**).¹¹

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility's grievance log and found in 7 out of 25 grievances, facility staff responded between 6 and 38 days of receipt of the grievance (**Deficiency GS-57**).¹²

ODO interviewed a facility deportation officer, reviewed eight detention files, and found in eight out of eight files, no copy of the grievance disposition (**Deficiency GS-83**).¹³

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 29 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 25 of those standards. ODO found seven deficiencies in the remaining four standards. Since PISPC's last full inspection in April 2023, the facility has trended upward. PISPC went from 9 deficient standards and 16 deficiencies in April 2023 to 4 deficient standards and 7 deficiencies during this most recent full inspection, which includes 1 repeat deficiency in FS for no connection between the audible alarm of the fire-suppression system and the control room's annunciator panel. ODO received the facility's completed uniform corrective action plan for ODO's last full inspection in April 2023 which resolved the noted deficiencies except for the audible alarm. ODO recommends ERO Harlingen continue to work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

could facilitate a suicide attempt." See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

¹⁰ "Suicidal detainees shall be allowed to shower, perform bodily functions, and change clothing with as much privacy as possible under the continuous observation of staff, and without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances." See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F)(2).

¹¹ "However, any privacy accommodations must be implemented in a way that does not pose a safety risk for the individual on suicide watch." See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F)(2).

¹² "Detainee shall be provided with a written or oral response within five days of receipt of the grievance." See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(C)(3)(b)(1)(b).

¹³ "A copy of the grievance disposition shall be placed in the detainee's detention file and provided to the detainee within five days." See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(D).

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	25	29
Deficient Standards	9	4
Overall Number of Deficiencies	16	7
Priority Component Deficiencies	0	0
Repeat Deficiencies	2	1
Areas Of Concern	1	0
Corrective Actions	0	0
Facility Rating	Good	Good. ¹⁴

¹⁴ ODO revised their rating system at the end of FY 2023, and beginning in FY 2024, facilities rated as “Superior” will have no or very minimal deficiencies and will have no repeat or priority component deficiencies.