



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
Follow-Up Compliance Inspection
2023-002-174**

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

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

September 12-14, 2023

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

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead	ODO
Senior Inspections and Compliance Specialist	ODO
Senior Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
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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 September 12 to 14, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of PISPC from April 4 to 6, 2023. The facility opened in 1977 and is owned by ICE and operated by AKIMA. 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 (FOD) in San Antonio (ERO San Antonio). As of August 2021, PISPC houses detainees under the oversight of ERO’s FOD in Harlingen (ERO Harlingen). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

[REDACTED] A PISPC administrator handles daily facility operations and manages [REDACTED] personnel. AKIMA provides food services, STG International provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in September 2022 and the American Correctional Association in June 2021. 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 September 12, 2023)	[REDACTED]
Adult Female Population (as of September 12, 2023)	[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 and medium-low security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List as of September 11, 2023.

³ *Ibid.*

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.⁴

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which may 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 uniform corrective action plan (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.

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
Funds and Personal Property	0
Hold Rooms in Detention Facilities	1
Special Management Units	0
Staff-Detainee Communication	0
Tool Control	0
Use of Force and Restraints	0
Sub-Total	1
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Sub-Total	0
Part 5 - Activities	
Recreation	0
Visitation	0
Sub-Total	0
Total Deficiencies	1

⁵ For greater detail on ODO's findings, see the *Follow-up 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 RELATIONS

ODO interviewed 17 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

HOLD ROOMS IN DETENTION FACILITIES (HRDF)

ODO observed 19 detainee hold rooms and found in 6 out of 19 hold rooms, no floor drains in hold rooms 1 and 2 of the processing section nor in hold rooms 8, 9, 10, and 11 in the staging section (**Deficiency HRDF-11⁷**). **This is a repeat deficiency.**

CONCLUSION

During this follow-up inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 17 of those standards. ODO found one deficiency in the remaining standard. Since PISPC's last full inspection in April 2023, the facility has shown improvement. PISPC went from 9 deficient standards and 16 deficiencies in April 2023, to 1 deficient standard which was a repeat deficiency during this most recent inspection. The facility's improved performance likely resulted from completing the UCAP for ODO's last inspection of PISPC in April 2023. For the hold rooms deficiency that is a repeat deficiency from the previous inspection, the reported corrective action on the UCAP was that the facility submitted work orders to the maintenance department for each hold room that is required to have a floor drain, and the projected completion date was estimated to be August 2, 2023. ODO will follow-up on this corrective action during the facility's next inspection in FY 2024. ODO recommends ERO Harlingen work with the facility to resolve any deficiencies that remain outstanding in accordance with the contractual obligations.

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

Compliance Inspection Results Compared	FY 2023 Full Inspection PBNDS 2011 (Revised 2016)	FY 2023 Follow-up Inspection PBNDS 2011 (Revised 2016)
Standards Reviewed	25	18
Deficient Standards	9	1
Overall Number of Deficiencies	16	1
Priority Component Deficiencies	0	0
Repeat Deficiencies	2	1
Areas Of Concern	1	0
Corrective Actions	0	0
Facility Rating	Good	N/A