



OIDO

Office of the Immigration
Detention Ombudsman

**OIDO INSPECTION
OF PORT ISABEL
SERVICE
PROCESSING
CENTER**

OIDO-24-005

September 30, 2024



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MEMORANDUM FOR: Patrick J. Lechleitner
Deputy Director and Senior Official
Performing the Duties of the Director
U.S. Immigration and Customs Enforcement

FROM: Michelle Brané MICHELLE N BRANE
Ombudsman Digitally signed by
Office of the Immigration Detention Ombudsman MICHELLE N BRANE
Date: 2024.09.30
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SUBJECT: OIDO-24-005
Port Isabel Service Processing Center
July 18–20, 2023

Attached is the Office of the Immigration Detention Ombudsman's final report based on its inspection of Port Isabel Service Processing Center (PISPC) in Los Fresnos, Texas, on July 18–20, 2023. We reviewed the facility's performance as well as compliance with the 2011 Performance-Based National Detention Standards as revised in 2016 (hereafter 2011 PBNDS) and contract terms.

The report contains six recommendations aimed at improving PISPC and its compliance with the 2011 PBNDS and contract terms. Your office concurred with all recommendations provided herein. Based on information provided in your response to the draft report, we consider two recommendations addressed and closed and four recommendations addressed and open.

Attachment



**OIDO INSPECTION
OF
PORT ISABEL SERVICE PROCESSING CENTER
Los Fresnos, Texas**

Executive Summary

In July 2023, the Office of the Immigration Detention Ombudsman (OIDO) conducted an unannounced inspection of Port Isabel Service Processing Center (PISPC) in Los Fresnos, Texas, to assess its performance and compliance with U.S. Immigration and Customs Enforcement (ICE) detention standards and contract terms. OIDO also followed up on issues found during prior inspections of the facility. Overall, OIDO reviewed the facility's compliance with specific criteria related to the following 12 areas: (1) environmental health and safety, (2) admission and release, (3) Special Management Unit (SMU), (4) staff–detainee communication, (5) use of force and restraints, (6) custody classification system, (7) food service, (8) personal hygiene, (9) telephone access, (10) grievance system, (11) law libraries and legal material, and (12) detention files.

OIDO's inspection led to 20 findings, including 13 areas of compliance and seven areas of non-compliance. The facility's deficiencies were in the following areas: preventive maintenance, fire and safety inspections, ICE Enforcement and Removal Operations (ERO) visitation, use-of-force training, fire safety in the food service area, background investigation documentation, and training hours.

OIDO made six recommendations designed to improve operations at the facility and meet ICE detention standards and contract terms.

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Introduction

Pursuant to its statutory responsibilities, the Department of Homeland Security (DHS) Office of the Immigration Detention Ombudsman (OIDO) Detention Oversight Division conducts independent, objective, and credible inspections of Immigration and Customs Enforcement (ICE) facilities throughout the United States. During its inspections, OIDO often completes follow-up assessments to determine whether a facility has taken corrective action to resolve violations or concerns identified during a prior inspection. OIDO also reviews, examines, and makes recommendations to address concerns with or violations of contract terms regarding immigration detention facilities and services.

In July 2023, OIDO conducted an unannounced inspection of Port Isabel Service Processing Center (PISPC) to examine compliance with the 2011 Performance-Based National Detention Standards as revised in 2016 (hereinafter referred to as the 2011 PBNDS) and contract terms. OIDO also followed up on several issues found during the DHS Office of Inspector General (OIG) inspection of the facility in April 2022.¹

Background

ICE Enforcement and Removal Operations (ERO) oversees the detention of noncitizens at facilities throughout the United States, which it manages directly or in conjunction with private contractors or federal, state, or local governments. ICE uses several detention standards to regulate conditions of confinement, program operations, and management expectations within the agency's detention system.²

PISPC, located in Los Fresnos, Texas, provides detention management services in accordance with the 2011 PBNDS. From 1977 to 2003, the United States Immigration and Naturalization Service (INS) owned and operated the facility. When INS dissolved in 2003, ICE took over ownership of the facility. Currently, the facility is under the oversight of the Harlingen ERO's Field Office Director.

PISPC is currently operated under contract by Akima Infrastructure Protection, LLC (AIP). ICE ERO has assigned a Detention Service Manager, Assistant Field Office Directors (AFODs), Deportation Officers (DOs), and Supervisory Detention and Deportation Officers (SDDOs) to the facility. An AFOD handles daily facility operations and manages AIP personnel. AIP provides food services; ICE Health Service Corps (IHSC) 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 by the National Commission on Correctional Health Care (NCCHC) in July 2019. PISPC has a

¹ See Office of the Inspector General, Violations of Detention Standards at ICE's Port Isabel Service Processing Center (OIG-23-13), dated February 1, 2023, <https://www.oig.dhs.gov/reports/2023/violations-detention-standards-ices-port-isabel-service-processing-center/oig-23-13-feb23>.

² ICE currently has four detention standards in use at adult detention facilities throughout the United States. These include [2000 National Detention Standards](#), [2008 Performance-Based National Detention Standards](#), [2011 Performance-Based National Detention Standards](#), and [2019 National Detention Standards](#).

maximum capacity of 1,200 and a contracted guaranteed minimum bed space for 800 detainees. At the time of OIDO's inspection, there were 761 adult detainees. The facility had an average daily population of 811 in fiscal year 2023.³

In April 2022, OIG conducted an unannounced inspection of the facility. OIG found multiple violations of standards for detainee segregation, such as unsafe conditions, lack of required services, and inappropriate handcuffing practices. In addition, OIG found poor conditions in the housing units and violations of standards related to use of force, requests and grievances, and classification documentation, and medical staffing.⁴

In preparing for an inspection, OIDO Detention Oversight Division reviews OIDO Case Management Division (CMD) case complaints to identify inspection topics. At the time of inspection, OIDO had two case managers assigned to the facility who visited four times a month.

Objective, Scope, and Methodology

During its July 2023 inspection of PISPC, OIDO evaluated whether ICE and its contractors had taken corrective actions to fix prior violations and performed a general inspection to determine whether the facility was compliant with the 2011 PBNDS and contract terms. OIDO reviewed the following areas during the inspection: environmental health and safety, admission and release, Special Management Unit (SMU), staff-detainee communication, use of force and restraints, custody classification system, food service, personal hygiene, telephone access, grievance system, law libraries and legal material, and detention files.

The inspection was executed by 11 personnel, including eight inspectors, one auditor, one management and program analyst, and one immigration detention specialist. The inspection team conducted interviews with ICE ERO employees, facility staff, and detainees, made direct observations of facility conditions and operations, and reviewed documentary evidence, including but not limited to the contract, facility policies and procedures, reports and records, video surveillance, and logbooks.

Results of Inspection

OIDO's inspection led to 20 findings, including 13 areas of compliance and seven areas of non-compliance. PISPC complied with corresponding standards or contract terms for handling hazardous materials, conducting fire drills, posting evacuation maps, processing releases, classifying detainees, updating the segregation restraint policy, keeping records of use-of-force incidents, issuing and exchanging clothing and hygiene items, keeping records of attorney calls, shredding detention files, maintaining staffing levels, conducting audits of operations, and keeping training records. However, the facility had deficiencies in the following areas: preventive maintenance, fire and safety inspections, ICE ERO visitation, use-of-force training, fire safety in the food service area, background investigation documentation, and training hours.

Inspection results are divided into two sections: areas of compliance and areas of non-compliance.

³ See ICE, FY 2023 Detention Statistics, https://www.ice.gov/doclib/detention/FY23_detentionStats.xlsx.

⁴ OIDO reviewed medical staffing at the facility during a separate inspection. The report is forthcoming.

A. Areas of Compliance

The Facility Complied with Standards for Handling Hazardous Materials

The 2011 PBNDS section 1.2 on environmental health and safety requires the facility to maintain a current inventory of 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. In addition, every department or other area of the facility using hazardous substances shall maintain a file of Material Safety Data Sheets (MSDS) that includes a list of the locations where hazardous substances are stored, along with a diagram and legend of these locations. Designated staff from each department or area shall provide a copy of each file to the maintenance supervisor.

OIDO reviewed the facility's General Directive #11, which provides a policy overview for handling hazardous materials. OIDO found that it aligned with and expanded on the 2011 PBNDS. The directive defines inventory control of all chemicals and access to Safety Data Sheets (SDS), specifying that staff and detainees have ready and continuous access to SDS.⁵ PIDC policy 3.2.5, Safety and Emergency Procedures, provides an overview of department managers' responsibilities in using hazardous materials and proper procurement, storage, and inventory.⁶ OIDO reviewed the chemical logs located at the custody officer's station. The chemical logbook contained individual pages for each chemical, which were organized in alphabetical order. Every log sheet was signed by the incoming custody officer verifying that chemicals were accounted for and under the supervision of the custody officer on shift. OIDO also observed that the chemical logs contained in binders at custody officer workstations included an emergency roster with emergency phone numbers. Further, OIDO observed facility maps marked with chemical locations.

OIDO observed Alpha and Bravo housing units as well as the laundry, kitchen, and medical areas had SDS binders in view and accessible to detainees and employees (*See Exhibit 1*).⁷ The SDS binders were yellow and labeled "SAFETY DATA SHEETS" in bold red print. All binders were in metal wire document holders attached to a solid door associated with the closet containing the chemicals.

⁵ The Hazard Communication Standard (29 CFR 1910.1200(g)), revised in 2012, standardized hazard communication with Safety Data Sheets (SDSs) replacing MSDS.

⁶ Note internal policy documents may refer to PIPSC as Port Isabel Detention Center (PIDC).

⁷ The facility has a total of four housing units; there are four pods within each unit. Housing units are named Alpha, Bravo, Charlie, and Delta. Pods are numbered 1 through 4.



Exhibit 1. Safety Data Sheets in the food service area (left), and Safety Data Sheets in the medical clinic area (right), as observed by OIDO on July 19, 2023.

Source: OIDO

The Facility Complied with Requirements to Conduct Fire Drills

The 2011 PBNDS section 1.2 on environmental health and safety requires that fire drills are conducted and documented at least quarterly in all facility locations, including administrative areas. It also requires these drills to be conducted in housing units, medical clinics, and other areas occupied or staffed during non-working hours so employees on each shift can participate in an annual drill. Further, detainees shall be evacuated during fire drills, except in areas where security would be jeopardized, in medical areas where patient health could be jeopardized, or in individual cases when the evacuation of patients or detainees is logistically not feasible. Staff shall simulate drills in areas where detainees are not evacuated.

The Collateral Duty Safety Officer (CDSO) stated he works with the Medical Safety Officer to ensure fire drills are completed on all shifts, including in administrative areas where detainees are not held and areas where detainees' health or security may be impacted. OIDO reviewed the facility's fire drill reports for the first three quarters of fiscal year 2023. The fire drill reports showed where and when the fire drill was performed and whether the fire drill included evacuation or was simulated. OIDO found the facility had conducted quarterly simulated fire drills and evacuation fire drills in all facility locations, with the exception only of the Special Management Unit (SMU) after February 7, 2023, because it was closed. OIDO reviewed documentation related to the simulated fire drills and found that the context of each simulated drill met one of the three PBNDS exceptions for simulated fire drills. Finally, OIDO reviewed the facility's emergency plan, which provided guidance on the actions staff should take in the event of a drill or actual fire. The emergency plan instructed staff on how to escort detainees in the event of evacuation and ensured that diagrams of evacuation routes are visible.

The Facility Complied with Requirements to Post Evacuation Maps Throughout the Facility

The 2011 PBNDS section 1.2 on environmental health and safety requires the facility to have evacuation maps posted. The facility’s emergency plan states the CDSO is responsible for maintaining charts showing locations of all fire hydrants, water valves, and fire extinguishers while ensuring copies are attached to all fire plans. The plan also states that all staff members should familiarize themselves with firefighting equipment and evacuation routes in their assigned areas in case of a fire.

OIDO directly observed emergency evacuation plan maps posted on the walls while touring one pod each in the Alpha and Bravo housing units, laundry room, kitchen, and medical department (See Exhibit 2). OIDO also observed fire evacuation maps posted in the processing hallways and visitation area. OIDO found each area had signage in multiple languages so non-English- reading detainees could navigate their way out of the facility in the event of an evacuation.

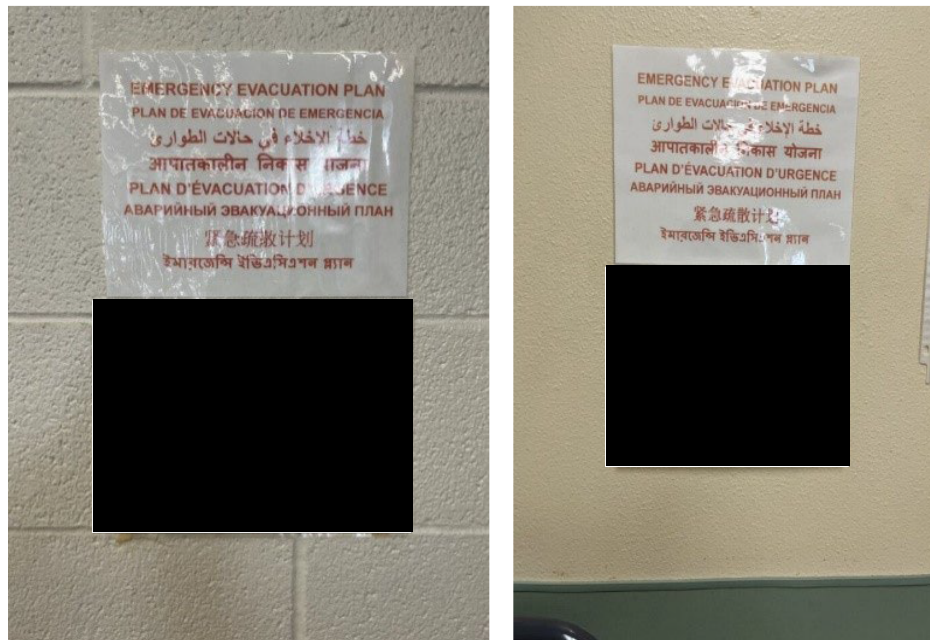


Exhibit 2. Evacuation map posted in Alpha housing unit, pod 4 (left) and the medical unit (right), as observed by OIDO on July 19, 2023.

Source: OIDO

The Facility Complied with Initial Out-Processing Release Requirements

The 2011 PBNDS section 2.1 on admission and release requires that facility staff assigned to processing complete certain procedures and required forms before any detainee’s release, removal, or transfer from the facility. Release requirements specify that a detainee’s out-processing begins when processing staff receive Form I-203, “Order to Detain or Release,” signed by an authorizing official.

OIDO reviewed 20 Form I-203s for the last 20 detainees released from the facility: 17 from July 17, 2023, and three from July 18, 2023. The requested documents were originally sent electronically to OIDO staff. Upon review of the electronic version, it was noted that three of the

forms did not contain signatures. However, upon review of the hard copy form contained in the official A-file, OIDO found all Form I-203s were properly signed by the authorizing official. Local ICE ERO had a checklist to ensure that the I-203s are signed as part of the process. Facility staff stated that if an I-203 is found unsigned by the facility, ICE ERO will be notified, and corrective action will be taken to ensure the form is properly signed prior to a release from custody.

The Facility Classified Detainees in a Timely Manner

The 2011 PBNDS section 2.2 on custody classification system states the initial classification process and initial housing assignment shall be completed within 12 hours of admission to the facility. If the process takes longer, documentation shall be maintained to explain the cause of the delay and to indicate that the detainee shall be housed appropriately.

During OIDO's inspection, the AIP Classification Officer explained that the classification and initial housing assignment process begins when the detainee is transported to the facility. The Classification Officer receives a manifest on Form I-216, "Record of Person and Property Transfer," and begins preliminary record checks. OIDO reviewed 20 Form I-203s, "Notice to Detain or Release," and found that each form had the time of the detainee's arrival at the facility annotated.

The Classification Officer explained he then fills out the ICE Detainee Classification System Primary Assessment Form, annotating the time and date the classification is complete. Once the intake processes are complete, the detainee is transferred to the facility's housing pods. A member of the intake staff notes the date and time the detainee is placed in a housing pod on Form I-385, "Alien Booking Record." The Classification Officer informed OIDO the classification process takes two hours on average. When asked about issues that might delay classifications, the Classification Officer stated that medical X-rays, extensive detainee records, a high number of detainees being processed in, and/or overtaking with releases (which take priority) are factors that could contribute to delays.

OIDO reviewed ten files of recently admitted detainees: one admitted on July 15, 2023; four admitted on July 16, 2023; and five admitted on July 17, 2023. A review of the intake documentation showed that facility staff classified all ten detainees within the 12-hour timeframe.

The Facility Updated the Special Management Unit Restraint Policy to Align with Standards

The 2011 PBNDS section 2.15 on use of force and application of restraints states that placement in an SMU does not constitute a valid basis for the use of restraints while in the SMU or during movement around the facility. OIG found during its April 2022 inspection that the facility inappropriately handcuffed detainees on a routine basis, which contradicts standards.⁸

The AIP Chief of Security (COS) stated that the facility revised its policy on SMU operations after the OIG inspection so that it complied with the 2011 PBNDS. OIDO reviewed PIDC policy 3.4.1 and confirmed that the updated policy conforms to the PBNDS standard for use of force and application of restraints.

⁸ See OIG-23-13, <https://www.oig.dhs.gov/reports/2023/violations-detention-standards-ices-port-isabel-service-processing-center/oig-23-13-feb23>.

The AIP COS reported the facility’s SMU had been closed for renovations since February 7, 2023, to correct other deficiencies identified during OIG’s April 2022 inspection. The AIP COS told OIDO that should the facility need to assign a detainee to the SMU, AIP would forward the request to ICE ERO and that detainees would be transferred to another ICE ERO facility with an active SMU. OIDO notes that the last entry made in the SMU logbook was on February 7, 2023.

The Facility Complied with Use-of-Force Recordkeeping Requirements

The 2011 PBNDS section 2.15 on use of force and restraints requires that staff prepare detailed documentation of all incidents involving use of force. A copy of the report shall be placed in the detainee’s detention file with follow-up reporting requirements. Facilities shall record any calculated use-of-force incident and assign a designated individual to maintain use-of-force documentation.

OIDO reviewed all four use-of-force incident records that had taken place at PISPC from January 18 through July 18, 2023. OIDO found that detailed documentation of all the incidents had been prepared and placed in each detainee’s detention file. The files contained incident reports and compact discs with video recordings. OIDO observed the facility’s storage files for use-of-force incidents and found that PISPC had maintained records of all use-of-force incidents for the past six years (*See Exhibit 3*).



Exhibit 3. File storage for all use-of-force-incidents over the past six years, as observed by OIDO on July 18, 2023.

Source: OIDO

OIDO found the facility had assigned the AIP COS as the designated individual for maintaining use-of-force documentation at PISPC. The COS reported that PISPC staff had access to six hand-held audiovisual cameras that were used for recording use-of-force events. There was one camera in each of the four housing units and one in the facility control office. The COS was contacted by email after the inspection on February 9, 2024, and confirmed that the sixth camera is located with the medical department in the infirmary.

The SDDO stated the Field Office Director (FOD) was immediately notified via phone or text message when ICE ERO at PISPC approved a request from AIP for use of force. However, local ICE ERO was unable to provide any recent documentation of said notifications to the FOD upon request.⁹

The Facility Complied with Requirements to Regularly Issue and Exchange Clothing, Bedding, Linens, Towels, and Personal Hygiene Items

The 2011 PBNDS section 4.5 on personal hygiene requires each detention facility to have written policy and procedures for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items. Detainees shall be provided with clean clothing, bedding, linen, and towels.

OIDO reviewed PISPC's written policy addressing the regular issuance and exchange of clothing, bedding, linens, and towels, PIDC policy 4.4.4, Sanitation and Hygiene: Detainee Clothing, Bedding, and Linen Supplies, and found that the policy aligned with standards.

An AIP warehouse staff member reported that PISPC purchased 500 new mattresses for detainees in the housing units after an OIG inspection found unserviceable mattresses in a detainee housing unit.¹⁰ OIDO reviewed quotes and purchase invoices showing that 500 mattresses were purchased in February 2023. OIDO observed the current inventory of mattresses in a PISPC warehouse and found that there were five mattresses available for exchange.

The AIP shift captain on duty stated that any staff member can report a mattress unserviceable and make a request through their chain of command to the shift lieutenant, who would ask him to complete a service request for a mattress exchange from the warehouse. Detainees could also report a mattress unserviceable and submit a request. The shift captain indicated that there had not been any requests to replace mattresses since February 2023.

The Facility Complied with Standards for Keeping Records of Attorney Phone Calls

The 2011 PBNDS section 5.6 on telephone access states telephone access procedures shall foster legal access and ensure confidential communications with attorneys. The facility shall take and deliver telephone messages to detainees as promptly as possible.

OIDO reviewed a copy of the Control Center 1-3 Area of Responsibility Orders, which described facility procedures for documenting detainee calls. OIDO found the section on incoming calls provided clear instruction for Detention Officers to deliver telephone messages to detainees as promptly as possible. Further, the Orders stated that messages will be logged and delivered to detainees no less than three times per day or until the detainee has received the message.

OIDO reviewed detainee telephone access records and found the facility complied with requirements for keeping records of attorney calls by operating a multilayered process to provide detainees with phone messages. The Compliance Officer stated that two AIP Detention Officers operated the Main Control Center during eight-hour shifts, 24 hours a day, seven days a week. The

⁹ Section 2.15 requires that the facilities notify the FOD of all use of force. At this location, the facility notifies local ERO, who then makes the notification to the FOD.

¹⁰ See OIG-23-13.

Officers were responsible for logging attorney calls and messages for detainees in chronological order into a logbook. After calls and messages were documented, they verified the detainee’s housing location, relayed the attorney’s message to the housing unit officer, who recorded the message, and then they physically contacted the detainee to provide message details. OIDO reviewed the call logbook and found accurate and chronological entries for detainee–attorney calls.

Finally, OIDO reviewed electronic detainee grievances between January 1 and July 1, 2023, and found that no grievances related to attorney calls had been submitted.

The Facility Complied with Requirements for Shredding Detention Files

The 2011 PBNDS section 7.1 on detention files requires the facility to 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.

OIDO observed a contracted shredder truck in operation outside the facility and locked paper bins in the intake and outbound areas where defective and/or extra photocopies not placed in a detainee’s detention file could be placed to be shredded or otherwise destroyed (*See Exhibit 4*). Facility staff reported that only one staff member and one contractor of the shredding company had keys to the locked bins.



Exhibit 4. Shredding truck outside the facility (left), locked shredding bin in the outbound area (middle), and locked shredding bin in the intake area (right), as observed by OIDO on July 18, 2023.

Source: OIDO

The Facility Staffing Plan and Staffing Levels Complied with Contract Terms

The Performance Work Statement (PWS) requires the contractor to provide a staffing plan that addresses the minimum staffing requirements.¹¹ Key personnel and staffing levels must not fall below 85 percent of the total ICE-approved staffing plan. OIDO reviewed the contract staffing plan and a revised facility staffing plan. Both plans showed the minimum authorized total staffing number was 302.5. The revised facility staffing plan also listed the actual staffing on board at PISPC as 394, or a 130 percent staffing level. Further, the Contracting Officer Representative

¹¹ Performance Work Statement for Contract Number 70CDCR22D00000002 (April 1, 2022).

(COR) stated that a shift roster is periodically requested throughout the week to ensure that shifts have adequate staffing levels.

The Facility Complied with Requirements to Develop a Quality Control Plan and Conduct Audits of Operations

The PWS requires the contractor to provide a Quality Control Plan (QCP) that addresses the critical operational standards for services. The contractor must review and update the QCP policies and procedures on an annual basis. In addition, the contractor must audit facility operations monthly for compliance with the QCP and notify the government 48 hours in advance of the audit to ensure the COR is available to participate.

OIDO reviewed the QCP and found it addressed key topics, including planning and executing a quality control and assurance process; contract quality control methodology; process control standards; meeting and/or exceeding PBNDS and ACA standards; ensuring compliance with safety requirements and other standards; inspection; quantitative performance measurements; qualitative performance measurements; internal audits; sustaining high-quality standards; evaluation approach; identification of discrepancies; reporting improvements; and more.

OIDO reviewed the QCP and found the quality control team reviewed and updated the QCP at least annually to maintain currency, and AIP notified the government 48 hours in advance of monthly audits to facilitate COR participation. The COR also stated the quality assurance team did provide the 48-hour notice in advance of the monthly facility audits so that the COR was able to participate. At the time of the inspection, the COR unit was awaiting an audit schedule from the contractor to ensure a COR could be present for all upcoming audits.

Finally, OIDO reviewed the five most recent facility audits from February to June 2023 and found that they had been completed monthly as required.

The Facility Complied with Contract Requirements for Keeping Training Records

The PWS requires that the contractor submit a training forecast and lesson plans to the COR or ICE at least 30 days prior to all training. The training forecast shall provide the date, time, and location of scheduled training and afford the COR observation/evaluation opportunity. The contractor shall certify and submit the training hours, type of training, date and location of training, and name of the instructor monthly for each employee to the COR or ICE designee.

OIDO reviewed the AIP training forecast, revised on March 21, 2023, and noted it had provisions for all training required by contract to include 180 hours of initial training and 40 hours of annual refresher training. The plan included details for supervisory, PBNDS, ACA, basic first aid, and cardiopulmonary resuscitation (CPR) training. OIDO examined the AIP ACA course syllabus and noted it was 40 hours of training offered over five eight-hour days. Training included standards of conduct, code of ethics, direct supervision, communication skills, contraband, key and lock control, first aid, CPR, ICE security procedures, PBNDS, emergency plans, critical incident stress management, emergency response, suicide prevention, Prison Rape Elimination Act/sexual abuse and assault, defensive tactics, and disturbance control tactics.

OIDO reviewed the contractor's training matrix and found it showed the scheduled and completion dates for the refresher training. The COR reported that AIP's Training Manager submitted the

forecast and course syllabus at least 30 days in advance of training. The AIP Training Manager submitted the training matrix showing the type of training, scheduled dates, and training hours for each employee to the COR. AIP used the matrix to keep record of employee training. All training was offered at the off-site training facility, and the AIP Training Manager and Training Officer conducted 2011 PBNDS, ACA, and all refresher trainings.

The COR reported that the contractor provided the training forecast and lesson plans unit at least 30 days prior to all training. The COR also explained that the contractor submitted the name of the instructor as well as training hours and type, date, and location of training for each employee monthly.

B. Areas of Non-Compliance

The Facility Performed Regular Inspections but Failed to Complete Preventive Maintenance

The 2011 PBNDS section 1.2 on environmental health and safety requires that preventive maintenance and regular inspections be performed to ensure timely emergency repairs or replacement to prevent dangerous and life-threatening situations. The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness. In addition, PIDC General Directive #1 requires custody officers to maintain the safety, security, and sanitation of assigned posts in accordance with written procedures. The directive requires immediate reporting to supervisors all potentially hazardous conditions, safety concerns, and security breaches.

OIDO reviewed multiple testing results from the facility. This included the facility's maintenance/inspection on facility regulated waste and water system testing. In addition, OIDO was provided documentation by the facility showing completion of required inspections for biomedical equipment, emergency equipment, and testing of negative-pressure isolation rooms. Finally, OIDO reviewed documentation regarding the testing of the generators, fire extinguishers, and the kitchen suppression system. OIDO found that the facility completed testing at the required interval for each item reviewed.

OIDO reviewed the Occupational Safety and Health (OSH) Workplace Inspection Reports from January to June 2023. The monthly OSH Workplace Inspection Report completed on June 30, 2023, showed seven actions had been placed on the abatement action log: (1) kitchen—missing or damaged corner bumper plates (one corner pending); (2) kitchen—missing or damaged floor tile (pending quote from outside vendor); (3) Bravo Pod 3—water damage to the right corner of the roof; (4) Bravo Pod 1—major water damage to ceiling area due to large water leak (work order resubmitted; initial report was denied by maintenance); (5) Bravo Pod Core—uneven surfaces; (6) laundry—no fire alarm; and (7) commissary—leaking roof. OIDO notes that action items 3, 4, 5, and 7 were being addressed during its July inspection. However, abatement action log items 1, 2, and 6 had not been addressed. Related to item 6, on August 10, 2023, the ICE ERO AFOD reported the Safety Officer had added a battery-operated detector into the laundry facility. Related to items 1 and 2, the Compliance Officer, Food Service Supervisor, and CDSO reported during OIDO's inspection that food services would be moving to a new building. However, as of July 29, 2024, the facility had not moved into the new food service building.

During its inspection, OIDO observed various areas within the facility, including one pod each in

two units as well as laundry, food service, and medical areas. OIDO found the facility was organized, free from clutter, and clean. However, OIDO observed hard-water stains and buildup in the toilet areas of the two housing pod units and a black substance on the flooring and crevasse between the floor and privacy wall (See Exhibit 5).



Exhibit 5. Hard-water stains, buildup, and black substance on the floor in housing pod unit toilet area (left), and white hard-water stains and black substance around the floor drain, floor toilet, and crevasse between the floor and privacy wall (right), as observed by OIDO on July 19, 2023.

Source: OIDO

In addition, OIDO observed spots on the floor with missing laminate in the food service cart storage area, missing/broken tiles, and visible rust spots on the older kitchen equipment (See Exhibit 6).

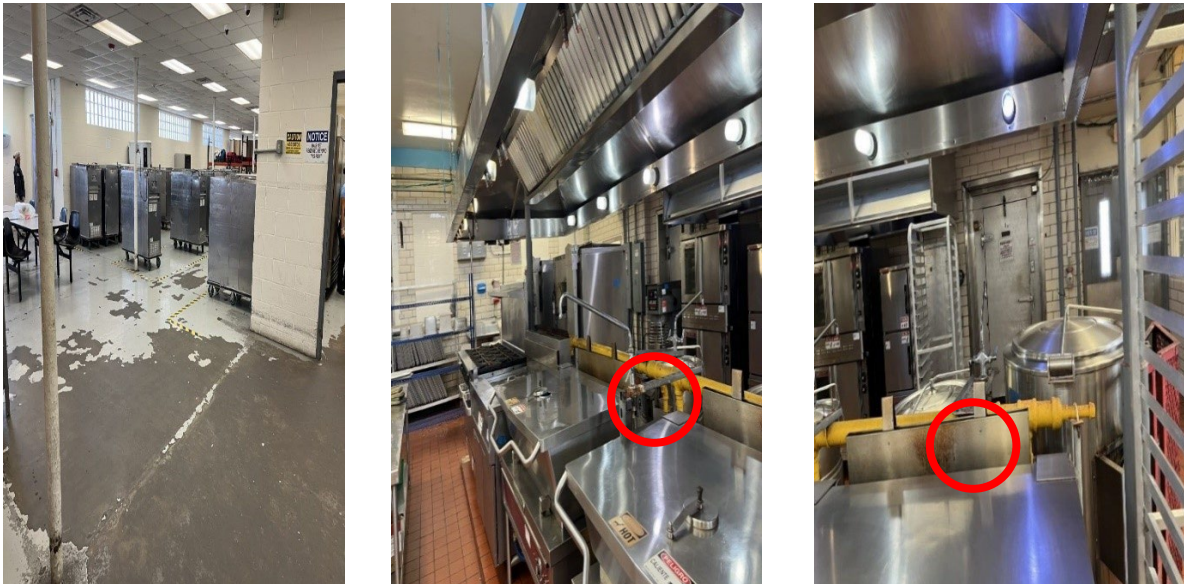


Exhibit 6. Food service cart storage area with missing laminate flooring (left), kitchen faucet in between grills with rust (middle), and kitchen grill with rust noted on splash guard on the back of the grill (right), as observed by OIDO on July 19, 2023.

Source: OIDO

OIDO notes that a new building was added to the Port Isabel facility in 2007. The newer building contains the immigration court area, administration, processing, staging, and medical services. Yet the housing units, laundry, and food services continue to operate in older buildings. Some of the facility's issues, such as damaged flooring, staining, leaks, and rust, appear to directly relate to the age of the facility and its natural deterioration.

Preventive maintenance is a proactive approach that identifies and resolves potential issues before they escalate. Failure to regularly perform preventive maintenance could result in costly repairs or replacements, decrease life span of equipment, and increase the likelihood of accidents or injury.

The Facility Failed to Correctly Perform Weekly Fire and Safety Inspections of the Special Management Unit

The 2011 PBNDS section 1.2 on environmental health and safety requires facility maintenance safety staff to conduct weekly fire and safety inspections. Further, the PIDC Emergency Plan, Facility Fire/Fire Prevention Plan, states that it will be the responsibility of the CDSO to collect the weekly fire and safety inspections from a designated staff member from each department.

OIDO reviewed copies of the weekly fire and safety inspection sheets from January 3 to July 17, 2023, a 28-week period, and found the facility completed inspections routinely and provided clear and concise input and follow-up on corrective actions each month.¹² However, OIDO could not verify if the facility conducted any inspections on April 23 or May 14, 2023; one inspection sheet was missing, and one did not have a date on it. Out of the other 26 inspections sheets, 16 showed the SMU was not inspected. After the SMU was closed on February 7, 2023, it was inspected only four times. During the other 16 weeks, the facility included a notation on the inspection sheet indicating "closed" or "N/A" in the space next to SMU.

OIDO notes the SMU is a standalone building and was officially closed due to structural issues on February 7, 2023.¹³ Even though the building is not in use, it is still located within the secured facility where personnel, visitors, and detainees walk past throughout the day. The SMU is not exempt from weekly fire and safety inspections. Moreover, existing structural issues could worsen and become a fire or safety hazard, making it important to monitor regularly. It is important that all buildings within the facility have routine inspections completed to prevent fire and/or safety issues from occurring or developing.

ICE ERO Deportation Officers Failed to Make Weekly Visits

The 2011 PBNDS section 2.13 on staff-detainee communication states that ICE ERO detainees shall not be restricted from having frequent informal access to and interaction with key facility staff members. The local supplement to the Detainee Handbook shall include scheduled hours and days for ICE ERO staff visits.

¹² OIDO notes two different documents were used to report findings to the CDSO between January 1 and April 23, 2023. After April 23, 2023, OIDO found the CDSO and/or designee performed weekly inspections using one standardized form (ICE OSH Form 100) to document their findings and track the progress of recommended corrective actions.

¹³ In its report dated February 1, 2023, OIG recommended ICE ERO discontinue use of the building housing the segregation unit at the facility. See [OIG-23-13](#).

OIDO reviewed AIP's QCP and the facility's Quality Assurance Monthly Report from June 2023. The Report showed one deficiency regarding staff-detainee communication. The Quality Assurance Manager (QAM) reported that an internal review audit of housing unit visitation logbooks revealed a lack of ICE ERO case management visits to pod 1 of the Charlie housing unit and pod 3 of the Delta housing unit. OIDO reviewed the facility's local supplement to the Detainee Handbook and found that it specified a set visitation schedule for ICE Deportation Officers of 8:30 a.m. to 11:30 a.m., Monday through Friday. The Deportation Officers were scheduled to be in the Charlie housing unit on Wednesdays and the Delta housing unit on Thursdays. However, OIDO reviewed photocopies of logbook entries for pod 1 of the Charlie unit for the period of May 21 to June 4, 2023, and found no entries noting ICE ERO staff visited the housing unit during that timeframe. OIDO also reviewed photocopies of the logbook for pod 3 of the Delta unit from May 21 to June 10, 2023, and found one entry noting ICE ERO staff visited the housing unit on June 8, 2023.

OIDO spoke with the ICE ERO SDDO, who was assigned to case management, about the lack of visitations to the two pods. The SDDO provided a response via email stating that one set of Deportation Officers went to the wrong housing unit on their assigned day, and another set of Officers forgot to send their Facility Liaison Checklist to document their visit. However, the Facility Liaison Checklists that the SDDO provided were for visits conducted to the Delta unit on June 29 and July 3, 2023. These dates were outside the timeframe OIDO requested.

ICE ERO did not ensure that housing unit visitation was conducted as assigned by internal case management personnel. Failure of ICE ERO management to ensure all housing units are visited, as required by the PBNDS, prevents detainees from having frequent informal access to and interaction with key ICE case management staff members.

The Facility Did Not Comply with Requirements for Use-of-Force Training

The 2011 PBNDS section 2.15 on use of force and PIDC policy 3.1.8, Use of Force and Restraints, revised January 2023, state that all new officers shall be sufficiently trained during their first year of employment and that all detention facility staff must be made aware of their responsibilities to effectively handle situations involving aggressive detainees through ongoing, at least annual, training.

OIDO reviewed the facility's use-of-force training presentation and training materials and found they were outdated by more than 20 years. Specifically, the training presentation was dated June 17, 2003. Further, training materials contained the term "interim" on the performance objective slides, referring to the newly created status of ICE in 2003 with the dissolution of the former INS. OIDO found the training materials and staff training acknowledgment forms were missing required subjects, including the use-of-force continuum, cultural diversity, approved methods of self-defense and defensive tactics, forced cell move techniques, and reporting procedures. OIDO notes that these subjects are mentioned in the facility's use-of-force policy but were not included in the trainings.

OIDO also reviewed a separate presentation for the facility's disturbance control training and noted it did not include specific training for the use of chemical agents. As such, staff assigned to the facility Disturbance Control Team did not receive the specialized training required for specialized use-of-force teams, such as the use of chemical agents.

The facility did not review and revise training materials in accordance with current standards. Further, ICE ERO did not complete proper compliance oversight to ensure that training content is within the current minimum requirements.

PISPC staff may have the possibility of involvement in a use-of-force incident and need to have current minimum training. Staff members tasked to participate in use-of-force incidents must be aware of these subjects that can further help them de-escalate a hostile or uncooperative situation with a detainee that can contribute toward ensuring the safety of staff and detainees. Failure to review and revise training materials in accordance with current standards can create risks to staff and detainees in a use-of-force incident. Further, failure to incorporate specialized training leaves staff vulnerable in situations where expertise is needed.

The Fire-Suppression System in the Kitchen Was Not Connected to the Control Room's Annunciator Panel

The 2011 PBNDS section 4.1 on food service requires that an approved, fixed fire-suppression system 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.

OIDO reviewed the PIDC OSH Workplace Monthly Inspection Report from January to June 2023 and found it did not mention that the fire-suppression system was not attached to the control room annunciator panel. OIDO observed a label attached to the ventilation hood showing the Fire Marshall had inspected the system on June 28, 2023, and had noted: "Cleaned to comply with National Fire Protection Association 96 and local fire codes." However, OIDO observed during its inspection that the fire-suppression system in the ventilation hoods over all grills, deep fryers, and open-flame devices were connected to the food service fire-suppression control panel located in the exit hallway, in the kitchen area; this system was not connected to the main control annunciator panel.

The Food Service Supervisor (FSS) stated the building that houses the kitchen is old and deteriorating, but the facility is only performing limited repairs in the existing kitchen because the new food service building was completed, and they are waiting for a date to move in. The FSS stated the fire-suppression system should be resolved once food service moves to the new building. As of July 29, 2024, the facility had not moved into the new food service building.

OIDO requested copies of the reports documenting inspections of the fire-suppression system. The FSS indicated that they had requested the report from the Safety Manager. On August 7, 2023, OIDO followed up with the FSS via email about the inspection reports for the fire-suppression system. OIDO received copies of the bi-annual Fire-suppression system for the past two years; however, OIDO was unable to determine if the system is attached to the control room annunciator panel.

The food service building is in a separate building on the north side of the facility and not the control room's direct view. As such, the annunciator panel is critical to alerting operating personnel to abnormal events or conditions, such as fire. The annunciator panel includes a main warning lamp or audible signal to draw the attention of operating personnel and will indicate the zone and approximate physical location of the source of a fire alarm in the building. Because the

fire suppression system in the food service building is not connected to the control room's annunciator panel, however, the control room would not be immediately notified of a fire there and operating personnel would have difficulty locating and responding timely to the fire. Therefore, the control room would not be immediately notified of a fire in the food service building because the fire-suppression system is not attached to the annunciator panel.

The Facility Did Not Maintain Documentation for Contractor Background Investigations

The facility's contract requires that contractor employees undergo a position sensitivity analysis, which shall identify the appropriate background investigation (BI) to be conducted. The BI will be processed through the Personnel Security Unit (PSU). Contractor employees who have an adequate, current investigation by another Federal Agency may not be required to submit complete security packages; the investigation may be accepted under reciprocity. An adequate and current BI is one where the investigation is not more than five years old and meets the contract risk level. In addition, the applicant cannot have a break in service of more than two years.

OIDO randomly selected 20 employees from the facility's employee roster and requested the documentation showing that BIs had been completed before entry on duty (EOD). The QAM stated the employees selected were transferred from the previous contract held by Ahtna Government Services Corporation to the AIP contract on February 1, 2023, and requested the BI documentation from the ICE ERO COR unit. OIDO reviewed email correspondence from the COR unit, which stated that all previous contractor employees were simply transferred to the AIP contract. There was only one new employee, and that individual received a fitness determination on June 14, 2023. As such, OIDO could not verify that the appropriate BI were completed for 19 of the 20 contract employees.

The COR informed OIDO that the PSU did not keep BI data for contract employees, only for federal employees. According to the PSU, it was the responsibility of the contractor to keep the BI data. However, the previous contractor left with all the BI records for the employees who were transferred to the AIP contract on February 1, 2023.

The purpose of BI data is to gather information about suitability and fitness of individual for a particular role of responsibility. Because the ICE PSU does not keep the BI data for contract employees, the contractor's failure to maintain sufficient documentation could result in misinformed hiring decisions. Contract employees who do not have an adequate and current federal background check may not be fit to work at a detention facility. This could lead to potential harm to the safety and welfare of detainees.

Training Hours Were Not in Compliance with Contract Terms

The PWS for the contract requires the contractor to ensure all facility employees are trained in accordance with the current edition of the 2011 PBNDS and the ACA standards. First aid and CPR are required. All new detention officers are to receive 60 hours of basic training prior to EOD and 40 hours of on-the-job training. Further, after completion of the first 100 hours of training, the contractor has 60 days to complete an additional 40 hours of training for each employee. During the remainder of the first year, the employee shall complete an additional 40 hours of training for a total of 180 hours. All new supervisors must complete a minimum of 40 hours of formal supervisory training prior to assuming duties. The contractor shall conduct 40 hours of refresher

training for all facility staff every year.

OIDO randomly selected 20 employees from the employee roster and requested the training documentation for the initial training. However, the Training Manager reported that when AIP took over the contract on February 1, 2023, those employees were transferred from the previous contractor and, therefore, AIP did not have the initial training documentation showing the required 180 hours. The COR provided OIDO with an employee training roster from the previous contractor that showed dates for employee initial training. However, the training roster did not contain the courses or the number of hours for each course. Therefore, OIDO was unable to verify how many training hours had been completed.

ICE ERO does not keep a copy of the contractor training record showing the initial and refresher training hours completed. The Training Manager reported contract employees can be transferred from one contractor to another; however, their full training files were not transferred to the new contractor. Contract employees who have not received adequate training to work with detainees may not have the knowledge or skills to handle certain situations or to deal with certain detainees. This could lead to potential harm to both detainees and contract employees.

Conclusion

OIDO's inspection led to 20 findings. Though PISPC complied with standards and contract terms in several areas, the facility had seven violations related to preventive maintenance, fire and safety inspections, ICE ERO visitation, use-of-force training, fire safety in the food service area, background investigation documentation, and training hours. OIDO made six recommendations designed to improve operations at the facility and meet ICE detention standards and contract terms. Complying with the 2011 PBNDS and contract terms is essential to ensuring the health, safety, and rights of detainees.

Recommendations

Recommendation 1: Regarding environmental health and safety, the facility should establish and implement internal controls, training, and oversight that ensures:

- a) repairs are made in the kitchen, to include the replacing the missing or damaged corner bumper plates and missing or damaged floor tiles; and
- b) weekly fire and safety inspections are conducted and documented, to include inspections of the SMU, as required.

Recommendation 2: Regarding staff–detainee communication, the facility should establish and implement internal controls to ensure ICE ERO staff are documenting and conducting visits to housing units according to the scheduled hours and days outlined in PISPC's local supplement to the Detainee Handbook.

Recommendation 3: Regarding use of force, the facility should establish and implement internal controls and oversight to ensure:

- a) all personnel authorized to use chemical agents receive required training and that it is appropriately documented; and

- b) orientation and annual training materials are current, finalized, and meet minimum training requirements of 2011 PBNDS.

Recommendation 4: Regarding food service, the facility should establish and implement internal controls, training, and oversight to ensure:

- a) the fire-suppression system in the kitchen is connected to the control room's annunciator panel and is operable; and
- b) inspection reports for the fire-suppression system are available for inspection and review.

Recommendation 5: Regarding contractor employee background investigations, ICE should maintain up-to-date copies of BI records for all contract staff to ensure compliance with contract requirements, as needed.

Recommendation 6: Regarding training hours, the facility should establish and implement internal controls, training, and oversight to ensure all training hours, training topics, and completion dates are documented in detail to ensure compliance with contract requirements, as needed.

Response from Inspected Component and OIDO Analysis

ICE officials concurred with all six recommendations and identified corrective actions to address the issues identified during the OIDO inspection. OIDO considers two recommendations addressed and closed and four recommendations addressed and open. Below is a summary of ICE's response and OIDO's analysis of each response.

Component Response to Recommendation 1(a): Regarding kitchen repairs, including replacement of missing/damaged corner bumper plates and missing/damaged floor tiles, ICE concurs with the recommendation. ICE indicated that PISPC uses Fiix, an electronic request system, to notify facility maintenance of a need for repairs. ICE noted that the facility submitted several requests through Fiix for the repair or replacement of missing tiles and damaged bumper plates. ICE provided these work requests as evidence of its actions to resolve these problems.

OIDO Analysis: OIDO finds these corrective actions to be responsive to the recommendation; however, ICE did not provide documentation that work orders were completed. OIDO considers the matter addressed and open until ICE provides evidence that the work orders were completed.

Component Response to Recommendation 1(b): Regarding weekly fire and safety inspections and inspections of the SMU, ICE concurred with the recommendation. ICE reported that on February 7, 2023, the AFOD ordered closure of the SMU due to the building's condition. The intention was to demolish the SMU building. On November 2, 2023, the entryway into the SMU was removed, and a perimeter fence was erected to prevent access to the unit. ICE noted that PISPC completes and documents weekly fire and safety inspections on all other areas of the facility. ICE provided a memo sent by the AFOD, a logbook, and a photo as evidence of the SMU shutdown. ICE also provided documents showing evidence of weekly fire and safety inspections.

OIDO Analysis: OIDO finds these corrective actions to be responsive to the recommendation; however, ICE did not provide all the fire and safety inspections for the period November 5, 2023,

to March 3, 2024. Inspection documents for December 10 and 17, 2023, were missing. Therefore, OIDO considers the matter addressed and open until ICE provides evidence that all the inspections were completed.

Component Response to Recommendation 2: Regarding ensuring ICE ERO staff are conducting and documenting visits to housing units, ICE concurred with the recommendation. ICE indicated that ERO case management created a visitation schedule that denotes the days and hours ERO staff will visit detained noncitizens in ERO custody at PISPC. In addition, ERO case management implemented a daily email notification to ERO staff as a reminder of this obligation. The email reminder includes a form called Facility Liaison Inspection, which ERO staff are required to complete after every visit. ICE provided an example of the newly established visitation schedule and daily reminder email notifications sent to ERO staff.

OIDO Analysis: OIDO finds these corrective actions to be responsive to the recommendation and considers the matter addressed and closed.

Component Response to Recommendation 3(a): Regarding ensuring that all personnel authorized to use chemical agents receive required training and that this training be appropriately documented, ICE concurred with the recommendation. ICE indicated that authorized personnel who use chemical agents receive required training. ICE noted that the associated training syllabus consists of 128 annual training hours, composed of eight hours completed on a monthly basis, and one 40-hour weeklong training. ICE explained the facility maintains all training documentation in each employee's physical and electronic file. ICE provided examples of training rosters, materials, exams, and certifications.

OIDO Analysis: OIDO finds these corrective actions to be responsive to the recommendation; however, ICE needs to provide the unredacted copies of exhibits. The redaction of staff member names on the Record of Presence cannot be matched to the completed exams provided. The exams do not indicate if the staff member passed or failed the exam as an answer key was not provided. All exhibits showed that none of the staff members responded to question 28 of the exam. Due to the redactions, OIDO is unable to match the Record of Presence, Oleoresin Spray Training Matrix, or the exams to staff, especially if they are part of the Disturbance Control Team Members that require additional Use of Force specialized training on intermediate force devices. OIDO considers the matter addressed and open until ICE provides the unredacted exhibits.

Component Response to Recommendation 3(b): Regarding ensuring that orientation and annual training materials are current, finalized, and meet the training requirements of the 2011 PBNDS, ICE concurred with the recommendation. ICE indicated that AIP established and implemented internal controls, training, and oversight to ensure all training hours, topics, and completion dates are documented in compliance with contract requirements, and that AIP uses a spreadsheet to track all PISPC staff required to attend specific trainings. ICE noted that the dates of staff attending training are recorded. ICE provided documentation, including a training syllabus, the facility policy used in training, a training PowerPoint presentation, and a certificate showing completion of training.

OIDO Analysis: OIDO finds these corrective actions to be responsive to the recommendation; however, ICE did not provide sufficient information about the training or unredacted copies of the slides. For Unit 1 and 2 training, syllabuses were provided on Use of Force, Defensive Tactics,

Confrontation Avoidance, Report Writing and Collapsible Baton, However, no Power Point presentations were provided. For the Unit 3 syllabus on Oleoresin Spray, a Power Point presentation was provided but had 18 of the 76 slides redacted. OIDO considers the matter addressed and open until ICE provides the missing information and un-redacted slides.

Component Response to Recommendation 4(a): Regarding ensuring that the fire-suppression system in the kitchen is connected to the control room’s annunciator panel and is operable, ICE concurred with the recommendation. ICE indicated that the fire-suppression system in the kitchen is designated to send a signal to the control center and is operable. ICE provided system reports and an inspection and testing certificate.

OIDO Analysis: OIDO finds these corrective actions to be responsive to the recommendation; however, ICE did not provide documentation showing that the kitchen fire-suppression system is attached to the main control annunciator panel. OIDO considers the matter addressed and open.

Component Response to Recommendation 4(b): Regarding ensuring that inspection reports for the fire-suppression system are available for inspection and review, ICE concurred with the recommendation. ICE indicated that such reports are available in the food service area. ICE provided a kitchen hood suppression system report as well as an inspection and testing certificate.

OIDO Analysis: OIDO finds these corrective actions to be responsive to the recommendation and considers the matter addressed and closed.

Component Response to Recommendation 5: Regarding the need to maintain up-to-date copies of BI records for all contract staff, ICE concurred with the recommendation. ICE indicated that the Personnel Security Division (PSD) within the ICE Office of Professional Responsibility (OPR) maintains approval notifications and active roster reports that are sent to ICE CORs. These PSD records provide CORs a date for when contract staff are approved for Final Fitness. ICE noted that PSD did not send information on periodic re-investigations (PRs) until recently, as this contractual requirement is maintained at OPR. OPR granted CORs access to a Tableau site that provides information on PR determinations and completions. ICE also stated that PSD conducted user training on the Tableau site on April 11, 2024. In addition, ICE noted PSD will continue to maintain the PRs and send the initiations directly to the applicant, but this new site will ensure proper COR recordkeeping and compliance.

OIDO Analysis: OIDO finds these corrective actions to be responsive to the recommendation and considers the matter addressed and closed.

Component Response to Recommendation 6: Regarding ensuring all training hours, training topics, and completion dates are documented for contract compliance, ICE concurred with the recommendation. ICE indicated that AIP has established internal controls, training, and oversight to adhere to contract requirements in these areas. ICE noted that AIP utilizes a spreadsheet that lists all PISPC staff who are required to attend specific trainings annually. ICE provided documents, including a training syllabus, matrix, topics sheet, and sign-in sheet, as evidence of their compliance.

OIDO Analysis: OIDO finds these corrective actions to be responsive to the recommendation; however, ICE needs to provide the un-redacted copies of the training matrix and training



topics/sign-in sheets. OIDO considers the matter addressed and open until ICE provides the un-redacted documents.

Appendix A: Component Response

Enforcement and Removal Operations

U.S. Department of Homeland Security
500 12th Street, SW
Washington, DC 20536



**U.S. Immigration
and Customs
Enforcement**

MEMORANDUM FOR: Michelle Brané
Ombudsman
Office of the Immigration Detention Ombudsman

FROM: Daniel A. Bible
Executive Associate Director
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement

SUBJECT: ICE Response to OIDO's Draft Report, OIDO Inspection of Port Isabel Service Processing Center (Case No. 23-001117)

**DANIEL A
BIBLE**

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DANIEL A BIBLE
Date: 2024.07.08
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Purpose

This memorandum is in response to the Department of Homeland Security's Office of the Immigration Detention Ombudsman's (OIDO) draft inspection report, *OIDO Case No. 23-001117, Port Isabel Service Processing Center*. The inspection was held at the U.S. Immigration and Customs Enforcement (ICE) Port Isabel Service Processing Center (PISPC) in Los Fresnos, Texas, from July 18-20, 2023.

Background

ICE is a federal agency charged with enforcing the nation's immigration laws in a fair and effective manner. ICE identifies, apprehends, detains, and removes noncitizens who are amenable to removal from the United States. ICE Enforcement and Removal Operations (ERO) uses its immigration detention authority to effectuate this mission by detaining noncitizens while they await the outcome of their immigration proceedings and/or removal from the United States.

ICE has important obligations under the U.S. Constitution and other federal and state laws when it determines that a noncitizen is subject to detention. ICE requires detention facilities housing ICE detained noncitizens do so in accordance with ICE national detention standards. Each detention center must meet a set of specified standards. ICE national detention standards ensure detained noncitizens are treated humanely, protected from harm, provided with appropriate medical and mental health care, and receive the rights and protections to which they are entitled. These standards were developed in cooperation with ICE stakeholders, the American Correctional Association, and nongovernmental organizations, and were created to ensure that all noncitizens in ICE custody are treated with dignity and respect and provided appropriate care.

www.ice.gov

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ICE Response to OIDO Recommendations

Recommendation 1: Regarding environmental health and safety, establish and implement internal controls, training, and oversight that ensures:

- a) Repairs are made in the kitchen, to include replacing the missing or damaged corner bumper plates and missing or damaged floor tiles; and
- b) Weekly fire and safety inspections are conducted and documented, to include inspections of the SMU, as required.

Response: ICE concurs with this recommendation.

- a) PISPC utilizes an electronic request system (Fiix) to notify facility maintenance of all required repairs. Several requests were generated in Fiix, requesting the repair or replacement of missing tiles and damaged bumper plates.

Please refer to the following document in response to Recommendation 1(a):

- Exhibit #1 - Work requests submitted for missing or damaged corner bumper plates and missing or damaged floor tiles in Food Service.

- b) On February 7, 2023, the Assistant Field Office Director ordered the closure of the Special Management Unit (SMU) at PISPC due to the condition of the building. The intent was to demolish or remove the SMU. On November 2, 2023, the entryway into SMU was removed and a perimeter fence was erected effectively eliminating all access to the unit with a physical barrier. PISPC completes and documents weekly fire and safety inspections on all other areas of the facility.

Please refer to the following documents in response to Recommendation 1(b):

- Exhibit #1 - Assistant Field Office Director Memorandum
- Exhibit #2 - Logbook from Special Management Unit
- Exhibit #3 - Photograph of Special Management Unit
- Exhibit #4 - Weekly Fire and Safety Inspections

Recommendation 2: Regarding staff-detainee communication, establish and implement internal controls to ensure ICE ERO staff are documenting and conducting visits to housing units according to the scheduled hours and days outlined in PISPC's local supplement to the detainee handbook.

Response: ICE concurs with this recommendation. The ERO case management unit established an ERO housing unit visitation schedule outlining the days/hours ERO staff conducts detained noncitizen communications with detained noncitizens in ERO custody at PISPC. Furthermore, ERO case management implemented a daily email notification to ERO staff as a reminder of their detained noncitizen communication obligation. The email to ERO staff includes a *Facility*

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Liaison Inspection form that is completed after every visit. Attached is an example of the schedule and email notifications sent to ERO staff daily.

Please refer to the following documents in response to Recommendation 2:

- Exhibit #1 - PIDC Detainee Communication
- Exhibit #2 - Electronic Communication to Case Management Officers

Recommendation 3: Regarding use of force, establish and implement internal controls and oversight to ensure:

- a) All personnel authorized to use chemical agents receive required training and that it is appropriately documented; and
- b) Orientation and annual training materials are current, finalized, and meet minimum training requirements of 2011 PBNDS.

Response: ICE concurs with this recommendation.

- a) Authorized personnel who use chemical agents receive required training. The training syllabus consists of 128 annual training hours, composed of 8 hours completed on a monthly basis, and one 40-hour weeklong training. The training consists of Oleoresin Capsicum and Baton Certification, and documentation is maintained in the employee's physical and electronic file.

Please refer to the following documents in response to Recommendation 3(a):

- Exhibit #1 - Record of Presence
 - Exhibit #2 - Oleoresin Capsicum Training Matrix
 - Exhibit #3 - Oleoresin Capsicum Exams
 - Exhibit #4 - Oleoresin Capsicum Certifications
- b) Akima Infrastructure Protection, LLC (AIP) established and implemented internal controls, training, and oversight to ensure all training hours, training topics, and completion dates are documented in detail to ensure compliance with contract requirements. AIP utilizes a spreadsheet that lists all PISPC staff required to attend Initial/ART training annually. When staff attend training, the dates of training are recorded on the electronic spreadsheet *Training Matrix*. The presentation for the training includes specific training for the use of chemical agents.

Please refer to the following documents in response to Recommendation 3(b):

- Exhibit #1 - Training Syllabus
- Exhibit #2 - Facility Policy Utilized in Training
- Exhibit #3 - Training Power Point Presentation
- Exhibit #4 - Certificate of Training

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Recommendation 4: Regarding food service, establish and implement internal controls, training, and oversight to ensure:

- a) The fire-suppression system in the kitchen is connected to the control room's annunciator panel, and is operable; and
- b) The inspection reports for the fire-suppression system are available for inspection and review.

Response: ICE concurs with this recommendation.

- a) The fire-suppression system in the kitchen is designated to send a signal to the control center and is operable.

Please refer to the following documents in response to Recommendation 4(a):

- Exhibit #1 – Kitchen Hood Suppression System Reports
- Exhibit #2 - Kitchen Inspection and Testing Certificate

- b) The inspection reports for the fire-suppression system are available for inspection and review in the food service area.

Please refer to the following documents in response to Recommendation 4(b):

- Exhibit #1 - Kitchen Hood Suppression System Report & Inspection and Testing Certificate Available for Inspection and Review

Recommendation 5: Regarding contractor employee background investigations, ICE should maintain up-to-date copies of BI records for all contract staff to ensure compliance with contract requirements, as needed.

Response: ICE concurs with this recommendation. The Personnel Security Division (PSD) within the ICE Office of Professional Responsibility (OPR) maintains approval notifications and active roster reports that are sent to ICE Contracting Officer Representatives (CORs). These PSD records provide CORs a date for when contract staff are approved for Final Fitness. Until recently, PSD did not send information on periodic re-investigations (PR), as this contractual requirement was maintained at OPR. OPR granted CORs access to a Tableau site that provides information on PR determinations and completions. PSD conducted user training on the Tableau site on April 11, 2024.

PSD will continue to maintain the PRs and send the initiations directly to the applicant, but this new site will ensure proper COR record keeping and compliance.

Recommendation 6: Regarding training hours, establish and implement internal controls, training, and oversight to ensure all training hours, training topics, and completion dates are documented in detail to ensure compliance with contract requirements, as needed.

Response: ICE concurs with this recommendation. AIP established and implemented internal

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controls, training, and oversight to ensure all training hours, training topics, and completion dates are documented in detail to ensure compliance with contract requirements. AIP utilizes a spreadsheet which lists all PISPC staff required to attend Initial/ART training annually.

Please refer to the following documents in response to Recommendation 6:

- Exhibit #1 - Training Syllabus
- Exhibit #2 - Training Matrix
- Exhibit #3 - Training Topics/Sign-in-Sheets

Attachments:

ICE Uniform Corrective Action Plan:

- Recommendation 1(a): Exhibit #1- Submitted Work Requests
- Recommendation 1(b): Exhibit #1- Assistant Field Office Director Memorandum
- Recommendation 1(b): Exhibit #2 - Logbook from Special Management Unit
- Recommendation 1(b): Exhibit #3 - Photograph of Special Management Unit
- Recommendation 1(b): Exhibit #4 - Weekly Fire and Safety Inspections
- Recommendation 2: Exhibit #1 - PIDC Detainee Communication
- Recommendation 2: Exhibit #2 - Electronic Communication to Case Management Officers
- Recommendation 3(a): Exhibit #1 - Record of Presence
- Recommendation 3(a): Exhibit #2 - Training Matrix
- Recommendation 3(a): Exhibit #3 - Oleoresin Capsicum Exams
- Recommendation 3(a): Exhibit #4 - Oleoresin Capsicum Certifications
- Recommendation 3(b): Exhibit #1 - Training Syllabus
- Recommendation 3(b): Exhibit #2 - Facility Policy Utilized in Training
- Recommendation 3(b): Exhibit #3 - Training Power Point Presentation
- Recommendation 3(b): Exhibit #4 - Certificate of Training
- Recommendation 4(a): Exhibit #1 - Kitchen Hood Suppression System Reports
- Recommendation 4(a): Exhibit #2 - Kitchen Inspection and Testing Certificate
- Recommendation 4(b): Exhibit #1 - Kitchen Hood Suppression System Report & Inspection and Testing Certificate Available for Inspection and Review
- Recommendation 6: Exhibit #1 - Training Syllabus
- Recommendation 6: Exhibit #2 - Training Matrix
- Recommendation 6: Exhibit #3 - Training Topics/Sign-in-Sheets

Additional Information and Copies

To view any of our other reports,
please visit:
www.dhs.gov/OIDO.

For further information or questions, please contact the Office
of the Immigration Detention Ombudsman at:
detentionombudsman@hq.dhs.gov.

