



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Houston Field Office

IAH Secure Adult Detention Facility
Livingston, Texas

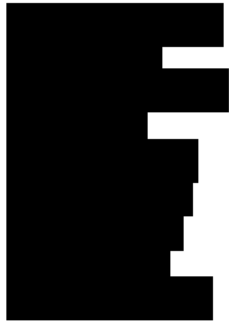
February 11-13, 2020

COMPLIANCE INSPECTION
of the
IAH SECURE ADULT DETENTION FACILITY
Livingston, Texas

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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 compliance inspection of the IAH Secure Adult Detention Facility (ISADF) in Livingston, Texas, from February 11 to 13, 2020.¹ The facility opened in 2007 and is owned by the County of Polk and operated by the Management and Training Corporation (MTC). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at ISADF in June 2007 under the oversight of ERO's Field Office Director (FOD) in Houston (ERO Houston). The facility operates under the National Detention Standards (NDS) 2000.

ERO has assigned Deportation Officers (DOs) and a Detention Services Manager (DSM) to the facility. The ISADF warden handles daily facility operations and is supported by █ personnel. MTC provides food services and medical care, and Lone Star Commissary provides commissary services at the facility. The facility was re-accredited by the American Correctional Association in January 2020.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	1,054
Average ICE Detainee Population ³	439
Male Detainee Population (as of 2/11/2020)	244
Female Detainee Population (as of 2/11/2020)	N/A

During its last inspection, in Fiscal Year (FY) 2018, ODO found 22 deficiencies in the following areas: Admission and Release (2); Detainee Grievance Procedures (1); Detainee Handbook (1); Food Service (5); Funds and Personal Property (1); Staff-Detainee Communication (2); Environmental Health and Safety (1); Special Management Unit (Administrative Segregation) (1); Use of Force (4); Medical Care (2); and Sexual Abuse and Assault Prevention and Intervention (2).

¹ This facility holds male detainees with low, medium-low, medium-high, and high security classification levels for periods longer than 72 hours. This facility does not house female detainees.

² Data Source: ERO Facility List Report as of February 3, 2020.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, 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.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which 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 NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ⁵	Deficiencies
Part 1 – Detainee Services	
Access to Legal Material	1
Admission and Release	0
Detainee Classification System	0
Detainee Grievance Procedure	0
Food Service	0
Funds and Personal Property	0
Recreation	0
Religious Practices	0
Staff-Detainee Communication	0
Telephone Access	1
Visitation	1
Sub-Total	3
Part 2 – Security and Control	
Environmental Health and Safety	1
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	0
Sub-Total	1
Part 3 – Health Services	
Medical Care	0
Suicide Prevention and Intervention	0
Sub-Total	0
Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016) Standard Inspected	
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	4

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

DETAINEE RELATIONS

ODO interviewed 19 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

Detainee Classification System: One detainee stated he was incorrectly classified as a medium-high level detainee when he should be classified as a low-level detainee. He stated he was previously classified as a low-level detainee but because of an injury sustained by another detainee while working in the kitchen, he was reclassified as a medium-high level detainee. He further stated he was not involved in the incident and believes he is being unfairly punished for another detainee's carelessness.

- Action Taken: ODO reviewed the detainee's detention file and disciplinary records, and spoke with facility staff. ODO found the detainee was reclassified as a medium-high level detainee due to "horseplay" with another detainee while both were assigned to the kitchen, resulting in an abrasion to the other detainee's head. ODO's examination of disciplinary records found the facility's disciplinary process followed ICE standards, as did the reclassification. Additionally, disciplinary records showed he admitted to his involvement in the incident.

Staff-Detainee Communication: Three detainees stated they were unaware of ICE's presence in the facility and did not have contact with ICE officers on a regular basis.

- Action Taken: ODO interviewed the [REDACTED] ICE DOs assigned to the facility full-time. The DOs check the ICE request box daily and perform [REDACTED] tours of all housing units. ODO reviewed the ICE request and liaison visit logs; both were maintained current and in accordance with the NDS. Additionally, ODO accompanied the DOs during their morning tour of the facility and found most detainees failed to acknowledge their presence or rise from their bunks.

Medical Care: One detainee stated he has extreme medical problems and anxiety that the facility is not treating successfully.

- Action Taken: ODO reviewed the detainee's medical record with senior facility medical staff and found his initial medical screening revealed a history of syphilis; a nodule on his left breast; scrotal pain; gastric reflux disease; H. pylori infection; and anxiety. Facility medical staff addressed each issue from his initial medical screening. Medical staff re-tested him for syphilis with negative results. He had an ultrasound of his testicles with no finding other than minor hydrocele (fluid in scrotal sack). A CT (computerized tomography) scan of his left breast revealed no nodule. A stool sample was collected and determined he had H. pylori disease (bacterial infection in the stomach), which was successfully treated with antibiotics. He is being treated with Prilosec for his reflux disease. Finally, the detainee was evaluated by mental health, who determined he did not have anxiety or other mental health issues.

Medical Care: One detainee stated he has eye problems and was not given the proper contact lenses.

- Action Taken: ODO reviewed the detainee's medical file and found he has been evaluated by medical several times for pain in his eyes. He was diagnosed with photophobia and a refractive error of 20/70 in both eyes. Medical issued reading glasses with 2.50 strength and he was referred to an optometrist. The first scheduled trip was canceled due to transportation issues but has been rescheduled for early March 2020. The detainee was not informed of the rescheduled date due to security considerations.

Medical Care: One detainee stated he does not like the medication provided for his heart issue.

- Action Taken: ODO reviewed the detainee's medical file and found that during his intake medical screening he was diagnosed with hypertension. The detainee has not submitted a sick call slip expressing dissatisfaction with his medication; however, the nurse practitioner evaluated the detainee on three occasions for his hypertension. His medical file indicated he was first placed on Lisinopril and his blood pressure (BP) was not lowered significantly, so a second medication, Norvasc, was added. His BP readings lowered, but not to an acceptable level, so a third medication, Hydrochlorothiazide, was added. With this medication combination, his blood pressure has been within normal ranges and his condition is being effectively treated.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ACCESS TO LEGAL MATERIAL (ALM)

ODO reviewed the ISADF Detainee Handbook and found it did not include the scheduled hours of access to the law library or procedures for requesting access to the law library (**Deficiency ALM-1⁶**).

TELEPHONE ACCESS (TA)

ODO inspected each housing unit and found IAH staff posted telephone access rules in a binder, secured near the telephone's location [REDACTED] (Deficiency TA-1⁷).

VISITATION (V)

ODO verified that the facility maintains a general visitors log and logs all visitors who enter the facility. The general visitors log contains all information required by the standard; however, ODO found the facility does not maintain a separate legal visitors log to log visitors who enter the facility for legal purposes (**Deficiency V-1⁸**).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO observed that [REDACTED] standpipe fire hoses located inside the facility, which feed water to housing units in case of a fire, had been removed from their associated standpipe boxes. Additionally, the facility was unable to provide ODO written authorization from the "authority having jurisdiction" to remove the fire hoses as required by the National Fire Protection Association (**Deficiency EH&S-1⁹**).

⁶ "The detainee handbook or equivalent, shall provide detainees with the rules and procedures governing access to legal materials, including the following information: ...

2. the scheduled hours of access to the law library;
3. the procedure for requesting access to the law library...."

See ICE NDS 2000, Standard, Access to Legal Material, Section (III)(Q)(2) and (3).

⁸ "A separate log shall record all legal visitors, including those denied access to the detainee." See ICE NDS 2000, Standard, Visitation, Section (III)(I)(15).

⁹ "In addition, the construction will comply with the latest edition of the National Fire Protection Association's NFPA

HEALTH SERVICES

MEDICAL CARE (MC)

Due to the infrequent presence of HIV-positive detainees at ISADF and the complexity of managing HIV infection cases in a small community with few local medical specialists, all detainees identified with HIV are referred to the Harris Medical System in Houston, Texas, for evaluation and treatment recommendations. ISADF's effective use of this clinic ensures detainees with HIV are receiving the most current treatment available for management of the virus. ODO notes this as a **Best Practice**.

101, Life Safety Code and National Fire Codes.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(1).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under NDS 2000 and 1 standard under PBNDS 2011 (Revised 2016) and found the facility in compliance with 14 of those standards. ODO found four deficiencies in the remaining four standards. ODO commends facility staff for their responsiveness and professionalism during this inspection. ODO notes that on the final day of the inspection, the facility provided proposed corrective actions for all four deficiencies identified.

ODO's review of the facility's Fire Prevention, Control, and Evacuation Plan showed the plan was inclusive of the necessary components to ensure guidance in the event of an emergency. A letter from the Livingston Fire Marshal indicated the Fire Marshal previously toured the facility and approved ISADF's Fire Safety Plan on December 19, 2019. ODO observed that the central corridors around the dormitories were equipped with sprinkler protection; however, the inside of the dormitories were not. Standpipe firehoses inside boxes on the walls were originally installed at strategic locations in the central corridors to provide fire protection for the interior of the dormitories. During the inspection, ODO observed [REDACTED] standpipe fire hoses were removed from the standpipe boxes.

ODO's review of 25 medical records confirmed the medical, dental, and mental health intake screening was completed by nursing staff within 12 hours of each detainee's arrival. Additionally, ODO found in all 25 records that an initial physical examination was performed by trained nursing staff within 14 days of each detainee's arrival. The review included 24 detainees with a special need, chronic medical, and/or mental health condition. ISADF has assigned a registered nurse to manage the health care of detainees with a special need or chronic health care issue and ODO noted that these detainees routinely received their initial chronic care visit within three days of the completion of their initial 14-day assessment. Medical staff conduct a "man down" drill [REDACTED] and participate in [REDACTED] facility-wide disaster drill each year. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding, in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2018 (NDS 2000)	FY 2020 (NDS 2000)
Standards Reviewed	16	18
Deficient Standards	11	4
Overall Number of Deficiencies	22	4
Deficient Priority Components	1	0
Repeat Deficiencies	1	0
Corrective Actions	7	0

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