



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

Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Houston Field Office

Montgomery ICE Processing Center
Conroe, Texas

December 10-12, 2019

COMPLIANCE INSPECTION
of the
MONTGOMERY ICE PROCESSING CENTER
Conroe, 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 Montgomery ICE Processing Center (MIPC) in Conroe, Texas, from December 10 to 12, 2019.¹ The facility opened in 2018 and is owned and operated by GEO Secure Services. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at SDC in 2018 under the oversight of ERO's Field Office Director (FOD) in Houston (ERO Houston). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned Deportation Officers and a Detention Services Manager to the facility. The MIPC warden handles daily facility operations and is supported by █ personnel. GEO Secure Service provides food services, ICE Health Service Corps provides medical care, and Keefe provides commissary services at the facility. The facility holds no accreditations; however, the American Correctional Association (ACA) accreditation is pending.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	1000
Average ICE Detainee Population ³	919
Male Detainee Population (as of 12/9/2019)	656
Female Detainee Population (as of 12/9/2019)	142

This is ODO's first inspection of the MIPC.

¹ This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods longer than 72 hours.

² Data Source: ERO Facility List Report as of December 16, 2019.

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.” For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components,” which are considered critical to facility security and the legal and civil rights of detainees. 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 PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES

PBNDS 2011 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	1
Sub-Total	1
Part 2 – Security	
Admission and Release	1
Custody Classification System	0
Funds and Personal Property	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	3
Use of Force and Restraints	6
Sub-Total	10
Part 4 – Care	
Food Service	4
Medical Care	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	4
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	1
Visitation	1
Sub-Total	2
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	17

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

DETAINEE RELATIONS

ODO interviewed 13 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.

Medical Care: One detainee stated his prescription eyeglasses are causing him migraine headaches.

- Action Taken: ODO reviewed the detainee's medical file and discussed the detainee's concern with medical staff. ODO determined on October 16, 2019, the detainee was seen by medical staff and made no mention of migraines. On October 17, 2019, the detainee was seen by medical staff for a follow-up appointment and complained of blurry vision. Subsequently, the detainee underwent a vision test, without glasses, where medical staff determined he had 20/20 vision.

Medical Care: One female detainee stated she had not received constipation medication that she was prescribed, while detained at a previous facility.

- Action Taken: ODO reviewed the detainee's medical file and discussed the detainee's concern with medical staff. ODO determined the detainee had not been prescribed constipation medication and was treated with milk of magnesia.

Food Service: Three detainees stated food was bland and portions were too small.

- Action Taken: ODO reviewed the food service menu, observed meal preparation for the main line and taste tested the food. ODO determined detainees were provided a nutritious and balanced diet and properly seasoned meals.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed emergency-key drill logs and found, during the six months preceding the inspection, the facility did not consistently draw emergency keys during fire drills (**Deficiency EHS-1⁶**).

SECURITY

ADMISSION AND RELEASE (A&R)

ODO observed the facility's admissions process and found detainees are permitted to forgo showering before they reach their assigned housing unit (**Deficiency AR-1⁷**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO found the contact information for the local ERO field office is not posted in the detainee housing units (**Deficiency SDC-1⁸**).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by posting contact information for the local ERO field office in the detainee housing units (**C-1**).

ODO found the facility does not provide documented telephone serviceability tests to the local ERO field office (**Deficiency SDC-2⁹**).

ODO found the Department of Homeland Security Office of the Inspector General Hotline posters are not posted in appropriate common areas (e.g., chapel) (**Deficiency SDC-3¹⁰**).

⁶“Emergency-key drills shall be included in each fire drill, and timed. Emergency keys shall be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use. NFPA recommends a limit of [REDACTED] for drawing keys and unlocking emergency doors. However, when conducting fire drills, emphasis shall be placed on safe and orderly evacuation rather than speed.” See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(C)(4)(c).

⁷“To maintain standards of personal hygiene and to prevent the spread of communicable diseases and other unhealthy conditions within the housing units, where possible, every detainee shall shower before entering his/her assigned unit. During the detainee's shower, an officer of the same gender shall remain in the immediate area as described above.” See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(B)(2).

⁸“The local supplement to the detainee handbook shall include contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility. The same information shall be posted in the living areas (or “pods”) of the facilities.” See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(A).

⁹“Staff shall document each serviceability test on a form that has been provided by ERO, and each Field Office, shall maintain those forms, organized by month, for three years.” See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(C).

¹⁰“The facility administrator shall ensure that posters are mounted in every housing unit and in appropriate common areas (e.g. recreation areas, dining areas, processing areas).” See ICE NDS 2000, Standard, Staff-Detainee

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed 12 calculated UOF incidents and found four incidents did not include documentation verifying the detainee was examined by medical staff (**Deficiency UOF&R-1¹¹**).

[REDACTED]
(**Deficiency UOF&R-2¹²**).

ODO found, for one UOF incident, the shift supervisor did not wear proper protective gear (**Deficiency UOF&R-3¹³**).

ODO reviewed MIPC's post orders and found the facility administrator had not designated responsibility for maintaining cameras and other audiovisual equipment (**Deficiency UOF&R-4¹⁴**).

ODO found, for one UOF incident, the detainee remained naked lying on the floor (**Deficiency UOF&R-5¹⁵**).

Additionally, ODO found the after-action review team did not consistently review whether the UOF technique was exercised properly, whether the shift supervisor was clearly in charge of the UOF team and situation, nor whether a medical professional promptly examined the detainee, with findings reported on the audiovisual record (**Deficiency UOF&R-6¹⁶**).

Communication, Section, (V)(D)(3).

¹¹"Detainees subjected to use of force shall be seen by medical staff as soon as possible. If the use of force results in an injury or claim of injury, medical evaluation shall be obtained, and appropriate care provided." See ICE PBNDS 2011, Standard Use of Force and Restraints, Section (V)(B)(7).

[REDACTED]
¹³"The shift supervisor or another supervisor on duty: 2) shall not participate except to prevent impending staff injury." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I)(3)(d)(2).

¹⁴"Since audiovisual recording equipment must often be readily available, each facility administrator shall designate and incorporate in one or more post orders responsibility for: 1. maintaining cameras and other audiovisual equipment; 2. regularly scheduled and documented testing to ensure all parts, including batteries, are in working order; and 3. keep back-up supplies on hand (batteries, tapes or other recording media, lens cleaners, etc.)." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(K)(1-3).

[REDACTED]
¹⁶"The after-action review team shall also review the audiovisual recording of any use-of-force incidents for compliance with all provisions of this standard, with particular attention paid to: a. whether the use-of-force team technique was exercised properly; f. whether the shift supervisor was clearly in charge of team and situation. This includes intervention at the first sign of one or more team members applying more force than necessary; l. whether a medical professional promptly examined the detainee, with the findings reported on the audiovisual record." See ICE PBNDS 2011, Standard Use of Force and Restraints, Section (V)(P)(4)(a)(f)(1).

CARE

FOOD SERVICE (FS)

ODO interviewed the chaplain and learned the facility provided vegetarian and kosher meals to detainees who requested a religious diet, rather than a common fare menu (**Deficiency FS-1¹⁷**).

ODO observed detainees preparing sack lunches for detainees being transferred, rather than members of the food service staff (**Deficiency FS-2¹⁸**); additionally, ODO found sack lunches did not include one piece of fresh or canned fruit complete with a plastic spoon (**Deficiency FS-3¹⁹**).

ODO tested food service equipment and found the food dicer was not equipped with an anti-restart device (**Deficiency FS-4²⁰**).

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO inspected the telephones in each housing unit and found telephone access hours were not posted near the telephones (**Deficiency TA-1²¹**).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by posting telephone access hours by the detainee telephones (**C-3**).

VISITATION (V)

ODO reviewed the facility's website and found the dress code for visitors was not posted (**Deficiency V-1²²**).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by updating their website to include the dress code for visitors (**C-4**).

¹⁷"All facilities shall provide detainees requesting a religious diet a reasonable and equitable opportunity to observe their religious dietary practice, within the constraints of budget limitations and the security and orderly running of the facility, by offering a common fare menu." See ICE PBNDS 2011, Standard, Food Service, Section (V)(G)(1).

¹⁸"Members of the food service staff shall prepare sack meals for detainees who are being transported to/from other locations by bus or air service. While detainee volunteers assigned to the food service department shall not be involved in preparing meals for transportation, they may prepare sack meals for on-site consumption." See ICE PBNDS 2011, Standard, Food Service, Section (V)(I)(6)(b).

¹⁹"In addition, each sack shall include: 1) one piece of fresh fruit, or properly packaged canned fruit (or paper cup with lid), complete with a plastic spoon." See ICE PBNDS 2011, Standard, Food Service, Section (V)(I)(6)(c)(1).

²⁰"Meat saws, slicers and grinders shall be equipped with anti-restart devices." See ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(12)(c)(4).

²¹"Each facility administrator shall establish and oversee rules and procedures that provide detainees reasonable and equitable access to telephones during established facility "waking hours" ... Telephone access hours shall be posted near telephones." See ICE PBNDS 2011, Standard, Telephone Access, Section, (V)(D).

²²"If the facility establishes and maintains a dress code for visitors, it shall be made available to the public, e.g., posted on the facility's website, telephone message and included in the detainee handbook." See ICE PBNDS 2011, Standard, Visitation, Section, (V)(G).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 and found the facility in compliance with 11 of those standards. ODO found 17 deficiencies in the remaining seven standards. ODO commends facility staff for their responsiveness during this inspection and notes there were three instances where staff initiated immediate corrective action during the inspection.

ODO found facility staff to be knowledgeable and professional in their interactions with both detainees and ODO. The relationship between ERO and facility staff was open and honest and daily operations were well coordinated. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations

Compliance Inspection Results Compared	FY 2019 (PBNDS 2011)
Standards Reviewed	18
Deficient Standards	7
Overall Number of Deficiencies	17
Deficient Priority Components	0
Repeat Deficiencies	N/A
Corrective Actions	3