



**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

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**Office of Detention Oversight  
Compliance Inspection**

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

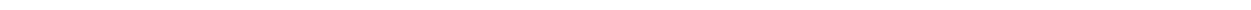
**IAH Secure Adult Detention Facility (Polk)  
Livingston, Texas**

**October 18-21, 2021**

**COMPLIANCE INSPECTION**  
**of the**  
**IAH SECURE ADULT DETENTION FACILITY (POLK)**  
Livingston, Texas

**TABLE OF CONTENTS**

<b>FACILITY OVERVIEW .....</b>	<b>4</b>
<b>COMPLIANCE INSPECTION PROCESS .....</b>	<b>5</b>
<b>FINDINGS BY NATIONAL DETENTION STANDARDS 2019</b>	
<b>MAJOR CATEGORIES .....</b>	<b>6</b>
<b>DETAINEE RELATIONS .....</b>	<b>7</b>
<b>COMPLIANCE INSPECTION FINDINGS .....</b>	<b>8</b>
<b>SECURITY .....</b>	<b>8</b>
Custody Classification System .....	8
Searches of Detainees .....	9
<b>ADMINISTRATION AND MANAGEMENT .....</b>	<b>9</b>
Detainee Transfers .....	9
<b>CONCLUSION .....</b>	<b>9</b>



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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 (Polk) (ISADF) in Livingston, Texas, from October 18 to 21, 2021.<sup>1</sup> ISADF opened in 2007, is owned by Polk County, and is operated by the Management and Training Corporation (MTC). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at ISADF in May 2007 under the oversight of ERO’s Field Office Director in Houston (ERO Houston). ISADF operates under the National Detention Standards (NDS) 2019.

ERO has assigned deportation officers (DOs) and a detention services manager to ISADF. An ISADF warden handles daily facility operations and manages █████ support personnel. MTC provides medical care and food services, and Lone Star Commissary provides commissary services at the facility. ISADF was accredited by the American Correctional Association in January 2020. In September 2018, ISADF was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	█████
Average ICE Detainee Population <sup>3</sup>	█████
Male Detainee Population (as of October 18, 2021)	█████
Female Detainee Population (as of October 18, 2021)	█████

During its last inspection, in April 2021, ODO found zero deficiencies.

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

<sup>2</sup> Data Source: ERO Facility List Report as of September 27, 2021.

<sup>3</sup> *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 over 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.<sup>4</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as "deficiencies." ODO highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with "C" under the *Compliance Inspection Findings* section of this report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO's findings inform ICE executive management in their decision-making to better allocate resources across the agency's entire detention inventory.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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<sup>4</sup> ODO reviews the facility's compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>5&amp;6</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 – Security</b>	
Admission and Release	0
Custody Classification System	2
Funds and Personal Property	0
Post Orders	0
Searches of Detainees	1
Use of Force and Restraints	0
Special Management Units	0
Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>3</b>
<b>Part 4 – Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	0
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 5 – Activities</b>	
Correspondence and Other Mail	0
Voluntary Work Program	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Legal Rights Group Presentations	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 7 – Administration and Management</b>	
Detention Files	0
Detainee Transfers	1
<b>Sub-Total</b>	<b>1</b>
<b>Total Deficiencies</b>	<b>4</b>

<sup>5</sup> For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

<sup>6</sup> Beginning in FY 2021, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

## DETAINEE RELATIONS

ODO interviewed 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. ODO attempted to conduct detainee interviews via video teleconference; however, ERO Houston and ISADF were not able to accommodate this request due to technology issues and detainee privacy concerns. As such, ODO conducted the detainee interviews via telephone.

*Admission and Release:* Three out of 13 detainees stated they did not receive the ICE National Detainee Handbook and ISADF detainee handbook in their respective native languages upon admission to ISADF.

- Action Taken: ODO reviewed the detainees' Intake Orientation Acknowledgement Forms and interviewed the ISADF classification & records supervisor. ODO found the ISADF Intake Orientation Acknowledgement Forms documented the dates all three detainees received both handbooks during the intake process and two out of the three forms stated the ISADF staff provided translation services to the two detainees who spoke Creole and Arabic. The third detainee's Intake Orientation Acknowledgement Form stated the detainee spoke English and did not request any translation of the handbook in his native language of Romanian. Additionally, ODO verified the detainee knew how to submit written requests and had submitted request forms in English for other services. On October 19, 2021, the ISADF staff provided all three detainees with new ICE National Detainee Handbooks in their native languages and language line assistance for the ISADF local handbook.

*Medical Care:* One detainee stated he did not receive a response from the ISADF medical staff after submitting sick call requests for "sleeping problems" in September and October 2021.

- Action Taken: ODO corresponded with the ISADF licensed professional counselor (LPC) and reviewed the detainee's sick call requests and medical record. On October 1, 2021, the detainee submitted a sick call request to discuss the COVID-19 vaccine and did not mention insomnia symptoms. On October 7, 2021, the detainee submitted a sick call request for insomnia, and the ISADF medical staff evaluated the detainee the same day. During the evaluation, the detainee denied having anxiety or depressive symptoms and declined the offer for medication. On October 18, 2021, following the ODO interview, the LPC evaluated the detainee who complained of family concerns, depressive symptoms, and appetite and sleep problems, but denied having suicidal or homicidal ideations. Additionally, the detainee requested medication to help him deal with triggers for depressive symptoms. On October 20, 2021, the ISADF psychiatrist evaluated the detainee and diagnosed him with post-traumatic stress disorder, prescribed 15 milligrams of Remeron, which the detainee is to take nightly for 2 months, and advised the detainee to submit another sick call request if the medication dosage required an adjustment. The ISADF medical staff scheduled the detainee for a follow-up appointment to occur on December 18, 2021.

*Personal Hygiene:* Four out of 13 detainees stated the ISADF female officers did not consistently announce their presence before entering the male-housing units.

- Action Taken: ODO interviewed the ISADF chief of security (COS) and reviewed the ISADF personal hygiene post order. The COS stated the facility trained all female officers to announce their presence before entering male-housing units by knocking loudly, vocally announcing a female officer would be entering the housing unit, and subsequently pausing to provide any male detainees the opportunity to cover themselves or to respond accordingly for additional time. On October 19, 2021, the COS stated the ISADF security supervisors reiterated the entrance procedure with housing-unit officers during daily shift briefings.

*Staff-Detainee Communication:* Seven detainees stated ERO Houston officers did not visit the housing units to discuss their cases with them at least weekly.

- Action Taken: ODO reviewed telephone serviceability documentation and spoke with the ERO Houston assistant officer in charge (AOIC). ODO verified ERO Houston maintained weekly documentation, recording frequent unannounced visits by DOs within ISADF to observe living conditions and sanitation, interact with detainees, and verify ISADF services. Additionally, ODO verified each detainee knew the procedure to submit a written request to ERO Houston for a case update.

## COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed [REDACTED] detainee detention files and found [REDACTED] files the classification officer conducted the classification out of sequence and did not mark the detainee as having a special vulnerability on the custody classification form, nor did the classification officer consider the detainee's special vulnerability (bisexual orientation) in the detainee's initial classification (**Deficiency CCS-9**<sup>7</sup>). Before the conclusion of the inspection, the ISADF classification and records supervisor reclassified the detainee to include the special vulnerability identification, which did not change the detainee's classification.

ODO reviewed [REDACTED] detainee detention files and found [REDACTED] files the classification officer conducted the classification out of sequence and did not mark the detainee as having a special vulnerability on the custody classification form, nor did the classification officer consider the detainee's special vulnerability (bisexual orientation) in the detainee's initial classification (**Deficiency CCS-16**<sup>8</sup>). Before the conclusion of the inspection, the ISADF classification and

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<sup>7</sup> "The classification system shall ensure: ...

7. Detainees with special vulnerabilities will be identified and the appropriate accommodations provided." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(7).

<sup>8</sup> "Special consideration shall be given to any factor that would raise a detainee's vulnerability, or risk of vulnerability, victimization, or assault in detention. Detainees with special vulnerabilities include those who would be susceptible

records supervisor reclassified the detainee to include the special vulnerability identification, which did not change the detainee's classification.

## **SEARCHES OF DETAINEES (SD)**

ODO reviewed the ISADF post orders, interviewed the ISADF COS, and found the ISADF staff did not develop a post order for closely observing a detainee in dry cell status (**Deficiency SD-52<sup>9</sup>**).

## **ADMINISTRATION AND MANAGEMENT**

### **DETAINEE TRANSFERS (DT)**

ODO reviewed an ISADF detainee transfer list, interviewed the ERO Houston AOIC, and found ERO Houston did not provide the detainees on the ISADF detainee transfer list with the destination facility's name, address, nor telephone number, in writing, at the time of detainee transfer (**Deficiency DT-6<sup>10</sup>**).

*Corrective Action:* On October 21, 2021, the ERO Houston AOIC developed a procedure using a transfer notification form to inform detainees of their destination facility at the time of transfer. On the same day, the AOIC issued guidance on the new procedure by email to ERO Houston supervisory detention and deportation officers for immediate implementation at ISADF (**C-1**).

## **CONCLUSION**

During this inspection, ODO assessed ISADF's compliance with 19 standards under NDS 2019 and found ISADF in compliance with 16 of those standards. ODO found four deficiencies in the remaining three standards. ODO recommends ERO Houston work with ISADF to resolve any deficiencies that remain outstanding in accordance with contractual obligations. A uniform corrective action plan was not required for ODO's last inspection of ISADF which occurred in April 2021.

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to harm in general population due in part to their sexual orientation or gender identity; ..." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(E).

<sup>9</sup> "The facility shall have post orders for closely observing a detainee in dry cell status ..." See ICE NDS 2019, Standard, Searches of Detainees, Section (II)(D)(5).

<sup>10</sup> "... At the time of the transfer, ICE/ERO will provide the detainee, in writing, with the name, address and telephone number of the facility he or she is being transferred to and contact the attorney of record." See ICE NDS 2019, Standard, Detainee Transfers, Section (II)(A)(1).

<b>Compliance Inspection Results Compared</b>	<b>Second FY 2021 (NDS 2019)</b>	<b>First FY 2022 (NDS 2019)</b>
Standards Reviewed	11	19
Deficient Standards	0	3
Overall Number of Deficiencies	0	4
Repeat Deficiencies	0	0
Areas of Concern	0	0
Corrective Actions	0	1
Facility Rating	N/A	Superior