



**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

Joe Corley Processing Center  
Conroe, Texas

February 1-5, 2021

**COMPLIANCE INSPECTION  
of the  
JOE CORLEY PROCESSING CENTER  
Conroe, Texas**

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## COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Team Lead	ODO
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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 Joe Corley Processing Center (JCPC) in Conroe, Texas, from February 1-5, 2021.<sup>1</sup> The facility opened in July 2008 and is owned and operated by The GEO Group Inc. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at JCPC in October 2008 under the oversight of ERO’s Field Office Director in Houston (ERO Houston). The facility operates under the National Detention Standards (NDS) 2019.

ERO has assigned deportation officers and a detention services manager to the facility. A JCPC warden handles daily facility operations and is supported by ██████ personnel. The GEO Group Inc. provides food services and medical care, and Keefe provides commissary services at the facility. The facility was accredited by the American Correctional Association in January 2019 and by the National Commission on Correctional Health Care in June 2018. In June 2018, JCPC was audited and certified by the Department of Homeland Security Prison Rape Elimination Act (PREA).

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	1050
Average ICE Detainee Population <sup>3</sup>	████
Male Detainee Population (as of 2/1/2021)	████

During its last inspection, in Fiscal Year (FY) 2020, ODO reviewed the facility’s compliance with the PBNDS 2011 (Revised 2016) and found 15 deficiencies in the following areas: Admission and Release (4); Custody Classification System (1); Funds and Personal Property (3); Staff-Detainee Communication (3); Use of Force and Restraints (1); Food Service (1); Personal Hygiene (1); and Grievance System (1).

<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 January 25, 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 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.<sup>4</sup>

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.

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
Facility Security and Control	1
Sexual Abuse and Assault Prevention and Intervention	1
Custody Classification System	0
Funds and Personal Property	0
Special Management Unit	1
Staff-Detainee Communication	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>3</b>
<b>Part 4 – Care</b>	
Medical Care	0
Hunger Strikes	0
Significant Self-Harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Food Service	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 5 – Activities</b>	
Religious Practices	0
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Grievance Systems	1
Law Libraries and Legal Material	0
<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 added Emergency Plans, Facility Security and Control, Population Counts, Hunger Strikes, and Staff Training as core standards. NDS 2019 does not include Emergency Plans, Population Counts, nor Staff Training as individual standards; however, those specific requirements are resident in other core standards.

## DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, nor abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

*Medical Care:* One detainee complained he had gastritis and was not given proper medical treatment.

- Action Taken: ODO reviewed the detainee's medical record and interviewed the health services administrator (HSA). On June 15, 2020, the detainee submitted a sick call request concerning indigestion and was seen by the provider and prescribed medication as treatment on the same day. July 6, 2020, the detainee was seen by the provider concerning indigestion and was prescribed medication as treatment. On July 13, 2020, the detainee submitted a sick call request concerning indigestion and was seen by the provider, which the detainee was diagnosed with chronic gastritis. The detainee's medical file indicated sick calls were submitted on August 5<sup>th</sup>, September 9<sup>th</sup>, December 24<sup>th</sup> and on January 27, 2021, all of which the detainee was seen on the day of submission and issued refills on his prescription medication Omeprazole. The HSA advised ODO, the detainee was informed of the chronic medical issue he has and to submit a sick call request when refills of his medication was needed.

*Medical Care:* One detainee complained he had difficulty breathing, congestion, low blood pressure, and had not received adequate medical treatment.

- Action Taken: ODO interviewed the HSA and reviewed the detainee's medical record. On January 22, 2021, the detainee submitted a sick call request concerning difficulty breathing. During the detainee's exam, the detainee was evaluated and prescribed allergy medication as treatment for his breathing. Further review of the detainee's medical file revealed there was no documentation in the providers notes of the claim of low blood pressure. On February 3, 2021, the HSA advised ODO that medical services will contact the detainee for evaluation of his blood pressure concerns. On March 9, 2021, ODO followed-up with the HSA, which advised the detainee was transferred out of the facility on February 5, 2021, prior to being evaluated and treated by medical.

## COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### FACILITY SECURITY AND CONTROL (FS&C)

ODO reviewed the facility's FS&C program, 12 bunk search logs, 10 common area search logs, and found the facility did not specify the time at which either search was conducted (**Deficiency**)

**FS&C-11<sup>7</sup>**).

### **SPECIAL MANAGEMENT UNITS (SMU)**

ODO reviewed six detainee administrative segregation (AS) orders and found six out of six AS orders did not contain the times each detainee was released from the facility's SMU (**Deficiency SMU-19<sup>8</sup>**).

### **SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)**

ODO reviewed the facility's SAAPI program and found the facility's written policy and procedure manual regarding Detainee Rights, and PREA, did not address the requirements of the NDS 2019 standard (**Deficiency SAAPI-2<sup>9</sup>**).

## **JUSTICE**

### **GRIEVANCE SYSTEM (GS)**

ODO reviewed nine detainee medical grievance files and found in two out of nine medical grievances filed, it took the facility 15 days and 17 days respectively, to provide medical services with each detainee medical grievance referral (**Deficiency GS-16<sup>10</sup>**).

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2019 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 during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

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<sup>7</sup> "Each housing unit, including the Special Management Unit (SMU), will document cell and area searches including the date, time, and findings, including location(s) where contraband is found, type(s) of contraband, and the searching officers' names." See ICE NDS 2019, Standard, Facility Security and Control, Section (II)(B)(1).

<sup>8</sup> "...c. When the detainee is released from administrative segregation, the releasing officer shall indicate the date and time of release on the administrative segregation order. The completed order shall then be included in the detainee's detention file or maintained in a retrievable electronic format." See ICE NDS 2019, Standard, Special Management Units, Section (II)(A)(2)(c).

<sup>9</sup> "The facility shall have written policy and procedures for Sexual Abuse and Assault Prevention and Intervention Program." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

<sup>10</sup> "...b. Medical grievances shall be promptly referred to and answered by the medical department." See ICE NDS 2019, Standard, Grievance System, Section, (II)(A)(2)(b).



<b>Compliance Inspection Results Compared</b>	<b>FY 2020 (PBNDS 2011[Revised 2016])</b>	<b>FY 2021 (NDS 2019)</b>
Standards Reviewed	17	18
Deficient Standards	6	4
Overall Number of Deficiencies	16	4
Repeat Deficiencies	0	0
Areas of Concern	0	0
Corrective Actions	4	0