



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
Follow-Up Compliance Inspection**

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

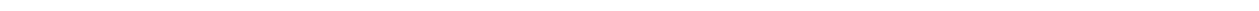
**Joe Corley Processing Center
Conroe, Texas**

June 21-24, 2021

FOLLOW-UP COMPLIANCE INSPECTION
of the
JOE CORLEY PROCESSING CENTER
Conroe, Texas

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



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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 follow-up inspection of the Joe Corley Processing Center (JCPC) in Conroe, Texas, from June 21 to 24, 2021.¹ This inspection focused on the standards found deficient during ODO’s last inspection of JCPC from February 1 to 5 2021. The facility opened in 2008 and is owned and operated by The GEO Group Inc. (GEO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at JCPC in 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 facility administrator handles daily operations and manages █ personnel. GEO provides food services and medical care, and Keefe Commissary provides commissary services at the facility. The facility received accreditation by the National Commission on Correctional Health Care in June 2018 and the American Correctional Association in January 2019. In September 2017, JCPC was audited by 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 ²	1050
Average ICE Detainee Population ³	█
Male Detainee Population (as of June 21, 2021)	█
Female Detainee Population (as of June 21, 2021)	█

During its last inspection, in Fiscal Year (FY) 2021, ODO conducted an inspection of JCPC and found four deficiencies in the following areas: Facility Security and Control (1); Grievance System (1); Sexual Abuse and Assault Prevention and Intervention (1); and Special Management Unit (1).

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

² Data Source: ERO Facility List Report as of June 14, 2021.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's UCAP, and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

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.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{4,5}	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Use of Force and Restraints	0
Special Management Units	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	0
Part 6 – Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	0

⁴ For greater detail on ODO’s findings, see the *Follow-Up Compliance Inspection Findings* section of this report.

⁵ 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, 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 the facility were not able to accommodate this request due to technology issues. As such, ODO conducted the detainee interviews via telephone.

Medical Care: One detainee stated he was concerned about not receiving his blood pressure medication on the morning of June 22, 2021.

- Action Taken: ODO spoke with the facility health services administrator (HSA), conducted a medical record review, and determined the facility processed the detainee upon arrival at 11:25 p.m., on June 21, 2021, and recorded the detainee's blood pressure at 116/80 during the medical evaluation. On June 23, 2021, ODO spoke with the HSA and confirmed the detainee received his prescription blood pressure medication with instructions to take as necessary.

Telephone Access: One detainee stated he had difficulties accessing the Spanish instructions when using the housing unit telephones to call his family. Another detainee stated similar issues regarding telephone access and access to the facility's tablets due to only speaking Mandarin Chinese.

- Action Taken: ODO spoke with ERO Houston and facility staff, and facility staff resolved the issue by sending telephone services personnel on June 22, 2021, to assist the Spanish speaking detainee in his housing unit on the use of the telephone. Regarding the detainee who spoke Mandarin Chinese, ODO spoke with ERO and facility staff, and facility staff resolved the issue by sending phone services personnel, on June 22, 2021, to add Mandarin Chinese translations to the tablet and telephone instructions in the housing unit for the detainee.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

There were no findings for this follow-up compliance inspection.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 13 standards under NDS 2019 and found the facility in compliance with all 13 standards. ODO commends the facility staff for their responsiveness and professionalism during this inspection.

Compliance Inspection Results Compared	First FY 2021 (NDS 2019)	Second FY 2021 (NDS 2019)
Standards Reviewed	18	13
Deficient Standards	4	0
Overall Number of Deficiencies	4	0
Repeat Deficiencies	0	0
Areas of Concern	0	0
Corrective Actions	1	0