



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

Office of Detention Oversight
Unannounced Compliance Inspection
2024-001-222

Enforcement and Removal Operations
ERO Houston Field Office

Montgomery ICE Processing Center
Conroe, Texas


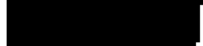
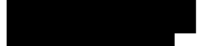
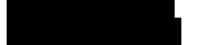
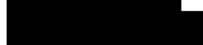
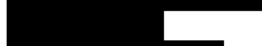
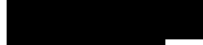
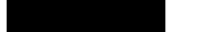

December 5-7, 2023

UNANNOUNCED COMPLIANCE INSPECTION
of the
MONTGOMERY ICE PROCESSING CENTER
Conroe, Texas

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COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted an unannounced compliance inspection of the Montgomery ICE Processing Center (MIPC) in Conroe, Texas, from December 5 to 7, 2023.¹ The facility opened in 2018 and is owned and operated by The GEO Group, Inc. (GEO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at MIPC in 2018 under the oversight of ERO’s Field Office Director in Houston (ERO Houston). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

[REDACTED] A warden handles daily facility operations and manages [REDACTED] support personnel. GEO provides food services, ICE Health Service Corps provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in November 2020. In September 2022, MIPC 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 Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of December 5, 2023)	[REDACTED]
Adult Female Population (as of December 5, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 20 deficiencies in the following areas: Contraband (1); Correspondence and Other Mail (2); Custody Classification System (1); Detainee Handbook (4); Funds and Personal Property (4); Sexual Abuse and Assault Prevention and Intervention (1); Special Management Units (1); Staff-Detainee Communication (1); Tool Control (2); Transportation (by Land) (1); and Use of Force and Restraints (2).

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 Custody Management Division Authorized Facility List as of December 4, 2023.

³ *Ibid.*

UNANNOUNCED COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.⁴

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 *Unannounced Compliance Inspection Findings* section of this report.

In FY 2022, ODO began conducting special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees. Additionally, ODO began conducting unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO’s informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility’s contractually required ICE NDS or in accordance with the ICE NDS listed in the current ERO Custody Management Division Authorized Facility List for facilities that are not contractually obligated to an ICE NDS, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Significant Self-harm and Suicide Prevention and Intervention, Hunger Strikes, Food Service, Environmental Health and Safety, Special Management Units (SMU) or Hold Rooms (if the facility does not have an SMU), Use of Force and Restraints/Use of Physical Control Measures, and Sexual Abuse and Assault Prevention and Intervention.

Upon completion of each special review or unannounced 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 uniform corrective action plans (UCAPs); 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 (REVISED 2016) MAJOR CATEGORIES

PBNDs 2011 (Revised 2016) Standards Inspected ^{5,6,7}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	4
Sub-Total	4
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Population Counts	0
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	0
Part 4 - Care	
Food Service	2
Hunger Strikes	0
Medical Care	3
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	1
Sub-Total	6
Part 5 - Activities	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0

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

⁶ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

⁷ During an unannounced inspection, ODO will review a facility's compliance with at least 10 individual standards; however, unannounced full inspections will include a review of the same standards as announced full inspections.

Religious Practices	0
Telephone Access	0
Voluntary Work Program	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Law Libraries and Legal Materials	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	0
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	10

DETAINEE RELATIONS

ODO interviewed 44 detainees, who each voluntarily agreed to participate. None of these detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concern listed below.

Medical Care: One detainee stated he has not received replacement dentures after losing his original pair during an epileptic seizure in December 2022.

- Action Taken: ODO interviewed the health services administrator (HSA), reviewed the detainee’s medical record, and confirmed the detainee had epileptic seizures on December 19 and 21, 2022. ODO found the detainee did not report missing dentures to medical staff nor submit any dental requests after December 2022, and he refused his annual dental exam on October 4, 2023. On December 18, 2023, at ODO’s request, medical staff advised the detainee to submit a request for additional dental care.

UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO inspected eyewash stations throughout the facility, interviewed the fire safety manager, and found 1 eyewash station in the medical urgent care room and 1 in the laundry chemical storage room had no hands free, 15-minute, continuous-flushing capability as required by Occupational Safety and Health Administration (OSHA) standards (**Deficiency EHS-38⁸**).

⁸ “Eyewash stations that meet OSHA standards shall be installed in designated areas throughout the facility, and all

ODO interviewed the fire safety manager, toured the male barbershop area, and found in barbershop unit H13, the following deficiencies as per Barber and Cosmetology Health and Safety Rules of the Texas Department of Licensing and Regulations:

- No cleaning nor disinfecting of hair care tools in continuous use, such as combs and clippers (**Deficiency EHS-208⁹**);
- No disinfectant readily available in the barbershop (**Deficiency EHS-211¹⁰**); and
- No hair care tools submerged in disinfectant at the end of daily operations (**Deficiency EHS-212¹¹**).

CARE

FOOD SERVICE (FS)

ODO interviewed the food service administrator (FSA), toured the FS department, and found pits, scratches, and stains in 6, 35-gallon containers used for reconstituting powdered drink mix (**Deficiency FS-340¹²**).

ODO interviewed the FSA, toured the FS department, and found 40, 6-inch-deep hotel pans and 6, 6-inch-deep, white plastic food tubs stacked together on a drying rack without space between each item for air-drying. Additionally, ODO observed moisture in eight portable drink dispensers with sealed lids (**Deficiency FS-374¹³**).

MEDICAL CARE (MC)

ODO reviewed 25 medical records and found in ■ out of ■ records, the following deficiencies:

- No initiation of tuberculosis (TB) screening at intake in accordance with Center for Disease Control and Prevention (CDC) guidelines (**Deficiency MC-28¹⁴**). **This is a priority component;**

employees and detainees in those areas shall be instructed in their use.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(B)(2)(b).

⁹ “Instruments such as combs and clippers shall not be used successively on detainees without proper cleaning and disinfecting.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(E).

¹⁰ “Each barbershop shall have all equipment and facilities necessary for maintaining sanitary procedures for hair care, including covered metal containers for waste, disinfectants, dispensable headrest covers, laundered towels and haircloths.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(E)(2).

¹¹ “After each detainee visit, all hair care tools that came in contact with the detainee shall be cleaned and effectively disinfected.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(E)(3).

¹² “Upkeep of equipment surfaces shall contribute to cleanliness and sanitation.” See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(7)(c)(2).

¹³ “Air-dry all equipment and utensils after sanitizing, by means of drain boards, mobile dish tables and/or carts.” See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(7)(g)(3)(d)(ii).

¹⁴ “Screening for TB is initiated at intake and in accordance with Center for Disease Control and Prevention (CDC) guidelines.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(C)(2).

- No TB screening in the detainee’s medical record documenting the detainee received a screening within 12 hours of intake (**Deficiency MC-29¹⁵**); and
- No informed consent form for the provision of health care services upon the detainee’s admission to the facility (**Deficiency MC-238¹⁶**).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)

ODO reviewed the medical records of █ detainees on suicide watch during the inspection period and found in █ out of █ records, clinical staff documented they conducted welfare checks, approximately 11 and 14 hours after the previous check (**Deficiency SSHSPI-35¹⁷**).

CONCLUSION

During this unannounced compliance inspection, ODO assessed the facility’s compliance with 29 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 25 of those standards. ODO found 10 deficiencies in the remaining 4 standards. Since MIPC’s last full inspection in December 2022, the facility has trended upward. MIPC went from 11 deficient standards and 20 deficiencies in December 2022 to 4 deficient standards and 10 deficiencies during this most recent inspection, which includes a priority component deficiency for no TB screening at intake in accordance with CDC guidelines. ODO received the UCAP for ODO’s last full inspection of MIPC in November 2022 which likely resolved deficiencies found during ODO’s last full inspection. ODO recommends ERO Houston continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

¹⁵ “All new arrivals shall receive TB screening within 12 hours of intake and in accordance with CDC guidelines.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(C)(2).

¹⁶ “Upon admission at the facility, documented informed consent shall be obtained for the provision of health care services.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(AA)(1).

¹⁷ “All suicidal detainees placed in an isolated confinement setting will receive continuous one-to-one monitoring, welfare checks at least every 8 hours conducted by clinical staff.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	26	29
Deficient Standards	11	4
Overall Number of Deficiencies	20	10
Priority Component Deficiencies	2	1
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Good	Good ¹⁸

¹⁸ ODO revised their rating system at the end of FY 2023, and beginning in FY 2024, facilities rating as “Superior” will have no or very minimal deficiencies and will have no repeat or priority component deficiencies.