



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

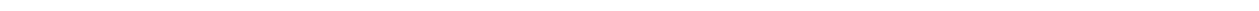
IAH Secure Adult Detention Facility
(Polk)
Livingston, Texas

October 26-29, 2020

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

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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 compliance inspection of the IAH Secure Adult Detention Facility (Polk) (ISADF) in Livingston, Texas, from October 26-29, 2020.¹ The facility opened in 2007, is owned by Polk County, and operated by Management and Training Corporation (MTC). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at ISADF in 2007 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. An ISADF warden handles daily facility operations and is supported by ██████ personnel. MTC provides food services and medical care. Lone Star Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in January 2020.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	1000
Average ICE Detainee Population ³	████
Male Detainee Population (as of 10/26/2020)	████

During its last inspection, in Fiscal Year (FY) 2020, ODO reviewed the facility's compliance with the NDS 2000, and found four deficiencies in the following areas: Access to Legal Material (1); Telephone Access (1); Visitation (1); and Environmental Health and Safety (1).

¹ This facility holds male 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 September 28, 2020.

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.” 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.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5,6}	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	1
Funds and Personal Property	0
Use of Force and Restraints	2
Special Management Units	0
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	3
Part 4 – Care	
Food Service	0
Medical Care	0
Hunger Strikes	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	0
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	0
Sub-Total	3
Total Deficiencies	3

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

⁶ “Beginning in FY2021, ODO added Emergency Plans, 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 volunteered 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, 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.

Food Service: Three detainees complained several kitchen staff members did not wear gloves nor maintained proper sanitary protocols when preparing meals.

- Action Taken: On October 27, 2020, ODO interviewed the food service manager (FSM), who confirmed all food service staff must wear gloves during food preparation and serving. As a result of the detainees' complaint, the FSM mandated refresher training for the food service staff. The refresher training included hand washing and drying, the use of food service grade gloves, and COVID-19 food service protocols. The FSM provided ODO with documentation of the completed staff refresher training.

Medical Care: One detainee stated he suffered from constipation and had a kidney infection. The detainee reported he had not received proper medical treatment for his conditions.

- Action Taken: On October 27, 2020, ODO reviewed the detainee's medical record and interviewed the health services administrator (HSA). Medical records indicated the detainee was seen on May 22, 2020, regarding a sick call complaint concerning painful urination and was provided medication as treatment. On May 26, 2020, the detainee was seen by the provider for constipation and was provided Milk of Magnesia as treatment. On June 20, 2020, the detainee was seen by the provider for epigastric burning and constipation and was prescribed medication as treatment. On October 3, 2020, the detainee was seen by the provider for constipation and heartburn and was prescribed medication as treatment. On October 18, 2020, the detainee was seen by the provider for constipation and was given medication as treatment. ODO found no further record of additional complaints regarding the detainee seeking further medical care for constipation nor kidney infection.

Medical Care: One detainee stated he had constant chest pain, which he had requested sick calls on four occasions and was prescribed Ibuprofen. The detainee further stated the medication he was given did not help and felt he was given inadequate medical treatment.

- Action Taken: On October 27, 2020, ODO reviewed the detainee's medical record and interviewed the HSA. Medical records indicated the detainee was seen by an outside medical specialist on October 6, 2020, where he received a chest x-ray examination. On October 13, 2020, the detainee was seen as a follow up and given the results of his chest x-ray examination. ODO found no further record of additional complaints regarding the detainee seeking further medical care for chest pains.

Medical Care: One detainee stated for the past few months, he has woken up with blood in his mouth, which persisted during the day. The detainee disclosed he submitted a sick call request for a dental assessment of his condition; however, medical was unable to find the reason for the presence of blood in his mouth. The detainee stated he would like a thorough medical assessment to determine the reason for the presence of blood in his mouth.

- Action Taken: On October 27, 2020, ODO reviewed the detainee's medical record and interviewed the HSA. Medical records indicated the detainee submitted a sick call complaint on May 23 and 28, 2020, which the provider evaluated the detainee and prescribed medication for his toothache on both occasions. On June 2, 2020, the detainee submitted a sick call complaint regarding a toothache (molar), which he was seen by the provider, prescribed antibiotics and issued Ibuprofen as treatment. On June 17, 2020, the detainee was seen by the provider concerning a toothache and prescribed pain medication as treatment.

On June 18, 2020, the detainee was seen by the provider concerning a toothache, referred to dental, and prescribed pain medication as treatment. On June 25, 2020, the detainee was seen by the dentist, who suggested the possible bleeding could be caused by grinding his teeth at night. The dentist did not provide any further treatment. On July 4, 2020, the detainee was seen by the provider concerning a toothache and prescribed medication as treatment. On July 6, 2020, the detainee was seen by the provider concerning him spitting up blood, which the dentist observed the detainee to have healthy gums; however, a sputum culture and chest x-ray examination were ordered. On July 9, 2020, the detainee was seen by the provider to discuss his negative chest x-ray report and follow up on his bleeding gums, which the detainee was educated on saltwater mouth rinses as ongoing treatment. Additionally, an Electrocardiogram examination was scheduled for the detainee.

Medical Care: One detainee stated he was stressed, depressed, and needed mental health therapy and counseling. The detainee also stated he had vision issues, experienced pain in both legs, and requested medical treatment.

- Action Taken: On October 27, 2020, ODO reviewed the detainee's medical records and interviewed the HSA. Medical records indicated the detainee was seen and treated by the provider 13 times between February 12, 2020, and October 26, 2020, concerning complaints of his vision issues, pain in both his legs, and depression. The HSA advised ODO that medical services issued the detainee pain medication and an X-ray examination as part of his evaluation and treatment. Additionally, on October 26, 2020, the HSA advised the detainee was seen by the mental health unit concerning his admitted depression, initiating the detainee's treatment evaluation.

COMPLIANCE INSPECTION FINDINGS

SECURITY

FACILITY SECURITY AND CONTROL (FS&C)

ODO reviewed the facility's FS&C program, the visitation log, and determined the purpose of the visit was not recorded within the log (**Deficiency FS&C-17**).

Corrective Action: On October 28, 2020, the facility provided ODO with an updated FS&C program visitation logbook, which reflected an added purpose column to the log and placed at the front and rear entrances of the facility for immediate use.

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed the facility's UOF&R program and found five out of five calculated UOF videos of the UOF cell extraction team, where team members did not remove [REDACTED] during video team introductions (**Deficiency UOF&R-1⁸**).

ODO reviewed the facility's UOF&R program and found two out of five incident audiovisual recordings ceased prior to a medical professional examination of the detainees (**Deficiency UOF&R-2⁹**).

⁷ "Every entry in the logbook will identify the person visiting; the person or department visited; date and time of visitor's arrival; purpose of visit; and time of departure." See ICE NDS 2019, Standard, Facility Security and Control, Section (II)(C)(2)(b).

⁸ "When a detainee must be forcibly moved and/or restrained during a calculated use of force, the use-of-force team technique shall apply. (b) Faces of all team members briefly appear (helmets removed; heads uncovered)." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(B)(2)(b)(b)).

⁹ "When a detainee must be forcibly moved and/or restrained during a calculated use of force, the use-of-force team technique shall apply. (e) Close-ups of detainee's body during medical exam, focusing on the presence/absence of injuries; staff injuries, if any, described but not shown." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(B)(2)(b)(e)).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2019 and found the facility in compliance with 16 of those standards. ODO found three deficiencies in the remaining two standards. ODO commends facility staff for their responsiveness during this inspection and notes there was one instance where staff initiated immediate corrective action during the inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 (NDS 2000)	FY 2021 (NDS 2019)
Standards Reviewed	18	18
Deficient Standards	4	2
Overall Number of Deficiencies	4	3
Repeat Deficiencies	N/A	0
Corrective Actions	4	1