



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
Compliance Inspection
2024-001-265**

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

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

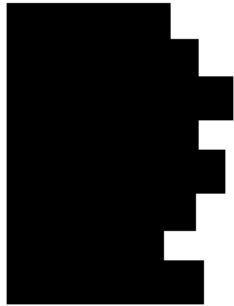
February 13-15, 2024

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 February 13 to 15, 2024.¹ The facility opened in 2007 and is owned by Polk County and operated by Management & 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.

[REDACTED] A facility administrator handles daily operations and manages [REDACTED] support personnel. MTC provides food services and medical care, and Lone Star Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in August 2023. In May 2022, 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 Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of February 13, 2024)	[REDACTED]
Adult Female Population (as of February 13, 2024)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 2 deficiencies in the following area: Visitation (2).

¹ This facility holds male 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 February 12, 2024.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population 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 *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.

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
Funds and Personal Property	0
Searches of Detainees	0
Use of Force and Restraints	0
Special Management Unit	0
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Part 4 - Care	
Food Service	1
Hunger Strikes	0
Medical Care	0
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	1
Part 5 - Activities	
Correspondence and Other Mail	0
Telephone Access	0
Voluntary Work Program	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Law Libraries and Legal Material	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	0
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	1

⁵ For greater detail on ODO's findings, see the *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.

DETAINEE RELATIONS

ODO interviewed 30 detainees who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with the facility services.

COMPLIANCE INSPECTION FINDINGS

CARE

FOOD SERVICE (FS)

ODO interviewed the facility chaplain, reviewed the FS program, and found the chaplain did not develop a ceremonial-meal schedule for the subsequent calendar year (**Deficiency FS-68⁷**).

Corrective Action: Prior to the conclusion of the inspection, the chaplain developed a schedule for ceremonial meals for the upcoming year and submitted it along with a memo to the facility administrator on February 15, 2024. The facility administrator reviewed and approved it on the same day. The chaplain received additional training to increase understanding for religious holidays. To lessen the risk of recurrence, facility staff established a continuous audit process, to be completed by the deputy warden (**C-1**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 21 standards under NDS 2019 and found the facility in compliance with 20 of those standards. ODO found one deficiency in the remaining one standard. Since ISADF's last full inspection in February 2023, the facility's compliance with the NDS 2019 has been consistent. ISADF went from 1 deficient standard and 2 deficiencies in February 2023 to 1 deficient standard and 1 deficiency during this most recent inspection. ERO Houston provided ODO with a uniform corrective action plan for ODO's last full inspection of ISADF in February 2023, which likely resolved the deficiencies ODO previously identified. Based on the facility's corrective action they completed during the inspection, ODO does not require a uniform corrective action plan for this inspection. ODO recommends ERO Houston continue to work with the facility to maintain their high-level of compliance with the NDS 2019 in accordance with contractual obligations.

⁷ "The chaplain, in consultation with local religious leaders, if necessary, shall develop the ceremonial-meal schedule for the subsequent calendar year, providing it to the facility administrator." See ICE NDS 2019, Standard, Food Service, Section (II)(F)(7).

Compliance Inspection Results Compared	FY 2023 Full Inspection (NDS 2019)	FY 2024 Full Inspection (NDS 2019)
Standards Reviewed	19	21
Deficient Standards	1	1
Overall Number of Deficiencies	2	1
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	2	1
Facility Rating	Superior	Superior