



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

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**Office of Detention Oversight  
Compliance Inspection  
2023-001-065**

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

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

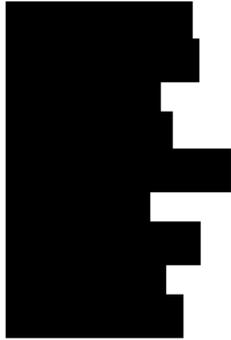
**February 28-March 2, 2023**

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

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## COMPLIANCE INSPECTION TEAM MEMBERS



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

## 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 28 to March 2, 2023.<sup>1</sup> The facility opened in 2006 and is owned by Polk County and operated by the Management & Training Corporation (MTC). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at ISADF in 2006 under the oversight of ERO’s Field Office Director (FOD) in Houston (ERO Houston). The facility operates under the National Detention Standards (NDS) 2019.

ERO has assigned deportation officers and a detention services manager full-time to the facility. 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 January 2020. 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 <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of February 28, 2023)	[REDACTED]
Adult Female Population (as of February 28, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2022, ODO found four deficiencies in the following areas: Custody Classification System (2); Searches of Detainees (1); and Detainee Transfers (1).

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

<sup>2</sup> Data Source: ERO Facility List as of February 27, 2023.

<sup>3</sup> *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. 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 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.

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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>5,6</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Environmental Health and Safety	0
Transportation by Land	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Use of Force and Restraints	0
Special Management Units	0
Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 3 - Order</b>	
Disciplinary System	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
Food Service	0
Medical Care	0
Significant Self-Harm and Suicide Prevention and Intervention	0
Terminal Illness and Death	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Recreation	0
Visitation	2
<b>Sub-Total</b>	<b>2</b>
<b>Part 6 - Justice</b>	
Detainee Handbook	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>2</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 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all inspections.

## DETAINEE RELATIONS

ODO interviewed 33 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 concern listed below.

*Medical Care:* One detainee stated his concern over his sick call request for braces cutting into the side of his mouth and preventing him from eating.

- Action Taken: ODO interviewed the health services administrator (HSA) and found the detainee completed his intake screening on January 28, 2023, during which, he denied having any immediate dental problems. On February 2, 2023, medical staff completed the detainee's 14-day physical and dental screening and noted no medical or dental complaints. After ODO's interview with the detainee, ODO informed an ISADF registered nurse of the detainee's dental issue. On March 1, 2023, a nurse practitioner (NP) examined the detainee and observed no bleeding or visible wounds in the detainee's mouth nor any weight loss. The NP prescribed the detainee two ibuprofen tablets (200 mg) to relieve any discomfort and instructed the detainee to submit a sick call request if symptoms worsened. On the same day, the HSA submitted an urgent referral to an outside provider for a dental appointment to adjust the detainee's braces. The outside provider scheduled the detainee for an appointment on March 15, 2023, but ICE released the detainee on March 10, 2023. ODO interviewed the HSA and found the detainee did not submit a medical request before his interview with ODO.

## COMPLIANCE INSPECTION FINDINGS

### ACTIVITIES

#### VISITATION (V)

ODO observed the facility's housing units and found ISADF did not post their visitation rules and hours where detainees could easily see them (**Deficiency V-3<sup>7</sup>**).

*Corrective Action:* Prior to the conclusion of the inspection, ODO observed ISADF uploaded the visitation rules and hours to the kiosks in the housing units (**C-1**).

ODO observed the facility's housing units and found no posting of current pro bono legal service providers in the housing units (**Deficiency V-69<sup>8</sup>**).

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<sup>7</sup> "The facility shall also post the rules and hours where detainees can easily see them, including in the housing units." See ICE NDS 2019, Standard, Visitation, Section (II)(B).

<sup>8</sup> "The facility shall post the current list in detainee housing units and other appropriate areas." See ICE NDS 2019, Standard, Visitation, Section (II)(G)(13).

*Corrective Action:* Prior to the conclusion of the inspection, ODO observed ISADF uploaded the current list of pro bono legal service providers to the kiosks in the housing units (C-2).

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 19 standards under NDS 2019 and found the facility in compliance with 18 of those standards. ODO found two deficiencies in the remaining standard. Since ISADF’s last full inspection in October 2021, the facility’s overall compliance with ICE NDS 2019 has improved slightly. ISADF progressed from three deficient standards and four deficiencies in October 2021 to one deficient standard and two deficiencies during this most recent inspection. ODO received a completed uniform corrective action plan (UCAP) for the full inspection in October 2021. ODO did not require a UCAP for the follow-up inspection in April 2022, as the facility had only one deficiency and completed a corrective action before the conclusion of the inspection. ODO recommends ERO Houston continue to monitor ISADF’s operations to ensure compliance with the NDS 2019. Since both deficiencies were corrected prior to the completion of this inspection, ODO does not require a UCAP for this inspection; however, ODO recommends the facility develop a process to ensure required postings are in place and updated as needed.

<b>Compliance Inspection Results Compared</b>	<b>FY 2022 Full Inspection (NDS 2019)</b>	<b>FY 2023 Full Inspection (NDS 2019)</b>
Standards Reviewed	19	19
Deficient Standards	3	1
Overall Number of Deficiencies	4	2
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	1	2
Facility Rating	Superior	Superior