



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
Follow-Up Compliance Inspection
2023-002-178**

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

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

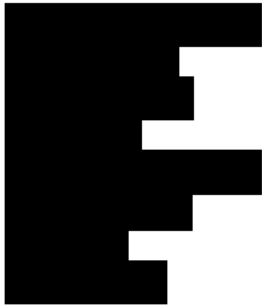
August 15-17, 2023

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

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
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 a follow-up compliance inspection of the IAH Secure Adult Detention Facility (Polk) (ISADF) in Livingston, Texas, from August 15 to 17, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of ISADF from February 28 to March 2, 2023. 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 August 15, 2023)	[REDACTED]
Adult Female Population (as of August 15, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found two deficiencies in the following areas: 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 Facility List as of August 15, 2023.

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.⁴

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which may 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 uniform corrective action plan (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.

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	0
Funds and Personal Property	0
Use of Force and Restraints	0
Special Management Unit	2
Staff-Detainee Communication	0
Sub-Total	2
Part 4 - Care	
Food Service	0
Medical Care	0
Significant Self-Harm and Suicide Prevention and Intervention	0
Terminal Illness and Death	0
Sub-Total	0
Part 5 - Activities	
Recreation	0
Telephone Access	0
Visitation	1
Sub-Total	1
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	3

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

⁶ 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 standards.

DETAINEE RELATIONS

ODO interviewed 24 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

SPECIAL MANAGEMENT UNIT (SMU)

ODO reviewed [REDACTED] SMU records and found medical staff did not sign one detainee's record on July 3, July 6, and July 7, 2023; a second detainee's record on July 19 and July 20, 2023; and a third detainee's record on July 19, 2023 (**Deficiency SMU-67⁷**).

ODO reviewed [REDACTED] SMU records and found in [REDACTED] out of [REDACTED] records, no documented face-to-face medical assessments by health care personnel. Specifically, ODO found medical staff did not sign one detainee's record on July 3, July 6, and July 7, 2023; a second detainee's record on July 19 and July 20, 2023; and a third detainee's record on July 19, 2023 (**Deficiency SMU-89⁸**).

ACTIVITIES

VISITATION (V)

ODO reviewed the facility's written policy and post orders and found the facility did not have a written procedure to allow legal service providers and legal assistants to call in advance and confirm the detention of a particular individual at ISADF (**Deficiency V-50⁹**).

CONCLUSION

During this follow-up inspection, ODO assessed the facility's compliance with 16 standards under NDS 2019 and found the facility in compliance with 14 of those standards. ODO found three deficiencies in the remaining two standards. Since ISADF's last full inspection in February 2023, the facility has trended slightly down; however, they have maintained a high-level of overall compliance with the NDS 2019. ISADF went from one deficient standard and two deficiencies in February 2023 to two deficient standards and three deficiencies during this most recent inspection. ODO received a completed UCAP for the full inspection in February 2023, which likely is the

⁷ "The facility medical staff shall sign each individual's record when the medical staff member visits a detainee in the SMU." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(b).

⁸ "Health care personnel shall conduct face-to-face medical assessments at least once daily for detainees in an SMU." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(M).

⁹ "Each facility shall establish a written procedure to allow legal service providers and legal assistants to telephone the facility in advance of a visit to determine whether a particular individual is detained in that facility." See ICE NDS 2019, Standard, Visitation, Section (II)(G)(6).

reason the facility did not have any repeat deficiencies during this follow-up inspection. ODO recommends ERO continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (NDS 2019)	FY 2023 Follow-up Inspection (NDS 2019)
Standards Reviewed	19	16
Deficient Standards	1	2
Overall Number of Deficiencies	2	3
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	2	1
Facility Rating	Superior	N/A