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Office of Professional Responsibility
Inspections and Detention Oversight Division
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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Houston Field Office

Joe Corley Detention Facility
Conroe, Texas

June 22-25, 2020

COMPLIANCE INSPECTION
of the
JOE CORLEY DETENTION FACILITY
Conroe, Texas

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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 Joe Corley Detention Facility (JCDF) in Conroe, Texas, from June 22 to 25, 2020.¹ The facility opened in 2008 and is owned and operated by The Geo Group, Inc. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at JCDF in 2008 under the oversight of ERO's Field Office Director (FOD) in Houston (ERO Houston). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned Deportation Officers to the facility. The Facility Administrator handles daily facility operations and is supported by ██████ personnel. The Geo Group, Inc., provides food service and medical care, and Keefe provides commissary services at the facility. The facility was accredited by the American Correctional Association in 2016, the National Commission on Correctional Health Care in 2017, and was Department of Homeland Security, Prison Rape Elimination Act certified in 2017.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	1050
Average ICE Detainee Population ³	574
Male Detainee Population (as of 6/22/2020)	240
Female Detainee Population (as of 6/22/2020)	63

During its last inspection, in Fiscal Year (FY) 2018, ODO found 16 deficiencies in the following areas: Admission and Release (3); Custody Classification System (1); Environmental Health and Safety (2); Special Management Units (3); Food Service (1); Use of Force and Restraints (4); and Medical Care (2).

¹ This facility holds male and female 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 June 7, 2018.

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 PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES

PBNDs 2011 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	4
Custody Classification System	1
Facility Security and Control	0
Funds and Personal Property	3
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	3
Use of Force and Restraints	1
Sub-Total	12
Part 4 – Care	
Food Service	1
Medical Care	0
Medical Care (Women)	0
Personal Hygiene ⁶	1
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	1
Sub-Total	3
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	1
Law Libraries and Legal Material	0
Sub-Total	1
Total Deficiencies	16

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

⁶ The deficiency cited under the Personal Hygiene standard was identified while reviewing the Environmental Health and Safety standard, the Personal Hygiene Standard was not reviewed in its entirety. The additional standard shall be counted in the total number of standards reviewed in the conclusion and associated table of the final report.

DETAINEE RELATIONS

ODO interviewed 15 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 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.

Funds and Personal Property: One detainee indicated he should have [REDACTED] in his personal funds account, which he received from his family.

- Action Taken: ODO reviewed an itemized printout of his personal funds account and found his account was credited with the funds deposited by his family and the detainee used the funds from his account to make purchases, which left him with a balance of [REDACTED] on his account. The facility staff explained the current status of his personal funds account to him.

Medical Care: One detainee indicated he had an open sore on his left big toe and the facility has not provided appropriate medical attention.

- Action Taken: ODO reviewed the detainee's medical records and spoke with medical staff. ODO found the medical clinic examined the detainee on June 25, 2020, for a sore left great toe. The medical examination found the left great toenail had thickened and was yellowish in color; however, there was no indication of infection and his vital signs were within normal limits. The medical clinic scheduled the detainee to follow-up with the medical provider on June 26, 2020. Medical staff treated him on June 26, 2020, and prescribed a triple antibiotic ointment, which he was to apply to the affected area, twice a day for seven days. Medical staff instructed him to return to the clinic if his symptoms worsen. The facility's medical staff followed up with the detainee after his June 26, 2020, appointment and he no longer had complaints about his toe.

Telephone Access: One detainee stated he was being charged \$0.21 a minute for telephone calls instead of the \$0.10 a minute rate for ICE detainees.

- Action Taken: ODO reviewed the detainee's telephone records, spoke with facility staff, and found the facility's telephone service provider did charge the detainee the higher rate. The facility informed ODO some detainees were housed in non-ICE specific housing units, which led to those detainees being charged the higher calling rate. The facility issued refunds to all detainees who were overcharged while they were housed in non-ICE specific housing. The facility indicated they would develop a procedure to prevent this issue from re-occurring.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed 12 detainee detention files and found one detainee detention file did not have an Intake-Inmate Issue Acknowledgement form, showing the facility provided the detainee with clothing or hygiene products at intake (**Deficiency A&R-1⁷**).

ODO found 5 out of 12 detainee detention files were missing the Order to Detain or Release (Form I-203). Four missing forms were from intakes on March 16, 2020, and one was from an intake on March 18, 2020 (**Deficiency A&R-2⁸**). The facility provided copies of the missing Form I-203s to ODO and placed a copy in the respective detainee detention files.

ODO reviewed the facility's orientation procedures and found a repeat deficiency from FY 2018, in which nothing indicated ERO Houston approved the release procedures (**Deficiency A&R-3⁹**).

Corrective Action: ERO Houston reviewed the facility's orientation procedures, and on June 23, 2020, the Assistant Field Office Director issued a memorandum, which approved JCDF's orientation (**C-1**).

ODO reviewed the facility's release procedures and found a repeat deficiency from FY 2018, in which nothing indicated ERO Houston approved the release (**Deficiency A&R-4¹⁰**).

Corrective Action: ERO Houston reviewed the facility's release procedures, and on June 23, 2020, the Assistant Field Office Director issued a memorandum, which approved JCDF's release procedures (**C-2**).

⁷ "As detailed below, each facility is required to implement written policies and procedures for the intake and reception of newly arrived detainees... and the detainee shall be given an opportunity to shower and shall be issued clean clothing, bedding, towels and personal hygiene items." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(A).

⁸ "An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(E).

⁹ "All facilities shall have a method to provide ICE/ERO detainees an orientation to the facility as soon as practicable, in a language or manner that detainees can understand. Orientation procedures in CDFs and IGSAs must be approved in advance by the local ICE/ERO Field Office." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(F). **This is a repeat deficiency.**

¹⁰ "Facility staff assigned to processing must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include but are not limited to: completing out processing forms; closing files and fingerprinting; returning personal property; reclaiming facility issued clothing, identification cards, handbooks, and bedding; and checking wants and warrants. ICE/ERO shall approve all facility release procedures." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(H). **This is a repeat deficiency.**

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed 12 detainee detention files and found one detainee detention file did not have supporting documentation, which supported the classification decision (**Deficiency CCS-1¹¹**). The facility provided ODO copies of supporting documentation (ICE Custody Classification Worksheet, the detainee's criminal history report, Record of Deportable/Inadmissible Alien [Form I-213], and Form I-203), which the facility used when they classified the detainee.

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed 12 detainee detention files and found the personal property inventory form in 12 out of 12 detainee detention files did not indicate the time of admission (**Deficiency F&PP-1¹²**).

ODO interviewed staff, reviewed funds and property records, and found the facility did not complete audits of detainee funds, property envelopes, and large valuables during the year preceding the inspection (**Deficiency F&PP-2¹³**).

ODO reviewed JCDF's property and valuables audit records for the past 12 months and found the facility did not record the time the audit was completed (**Deficiency F&PP-3¹⁴**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed ERO Houston's detainee request log and found the field office did not always return requests to the detainees within three business days of receipt. Approximately 250 detainee requests were logged as being returned to the detainee in four to eight business days from receipt" (**Deficiency SDC-1¹⁵**).

ODO reviewed ERO Houston's detainee request logs for the past 12 months and found ERO Houston did not record the date of receipt, nor the date the request was returned to the detainee, in approximately 40% of the requests logged. (**Deficiency SDC-2¹⁶**).

¹¹ "Classification forms and supporting documentation shall be placed in the detention file." See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(J).

¹² "The personal property inventory form must contain the following information at a minimum:

1. date and time of admission." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(I)(1).

¹³ "Both on-coming and off-going supervisors shall simultaneously conduct an audit of detainee funds, property envelopes and large valuables where physical custody of, or access to such items changes with facility shift changes." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(J).

¹⁴ "... The property and valuables logbook shall record the date, time and the name of the officer(s) conducting the inventory." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(J).

¹⁵ "In Facilities with ICE/ERO Onsite Presence The [sic] ICE/ERO staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no later than within three (3) business days of receipt". See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(A)(1)(a).

¹⁶ "All requests shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose. At a minimum, the log shall record:

a. date of receipt;

ODO reviewed ERO Houston's telephone serviceability records for the past 12 months and found telephone serviceability forms were not completed during two weeks in December (**Deficiency SDC-3¹⁷**).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed after-action review reports for eight UOF incidents and found the health services administrator was not listed on the documentation as participating in the review process (**Deficiency UOF&R-1¹⁸**).

CARE

FOOD SERVICE (FS)

ODO interviewed the food service manager and found the facility did not offer a common fare menu for detainees to observe their religious dietary practices, and instead, served Kosher and vegetarian trays to 20 and 30 detainees respectively (**Deficiency FS-1¹⁹**).

PERSONAL HYGIENE (PH)

ODO interviewed the facility's safety manager and found the female housing units did not meet the Standard 4.5, Personal Hygiene standard. Specifically, female housing units had an inadequate number of toilets. Female housing units had 12 beds with one shower, two sinks, and one toilet (**Deficiency PH-1²⁰**).

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- b. detainee's name;
 - c. detainee's A-number;
 - d. detainee's nationality;
 - e. name of the staff member who logged the request;
 - f. date that the request, with staff response and action, was returned to the detainee;
 - g. any other pertinent site-specific information, including detention condition complaints;
 - h. specific reasons why the detainee's request is urgent and requires a faster response; and
 - i. the date the request was forwarded to ICE/ERO and the date it was returned shall also be recorded." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(B)(2)(a) thru (i).

¹⁷ "Staff shall document each serviceability test on a form that has been provided by ERO, and each Field Office shall maintain those forms, organized by month, for three years." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(C).

¹⁸ "The facility administrator, the assistant facility administrator, the Field Office Director's designee and the health services administrator (HSA) shall conduct the after-action review." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(P)(3).

¹⁹ "All facilities shall provide detainees requesting a religious diet a reasonable and equitable opportunity to observe their religious dietary practice, within the constraints of budget limitations and the security and orderly running of the facility, by offering a common fare menu." See ICE PBNDS 2011, Standard, Food Service, Section (V)(G)(1).

²⁰ "Detainees shall be provided:

1. an adequate number of toilets, 24 hours per day, which can be used without staff assistance when detainees are confined to their cells or sleeping areas.
ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees. For males, urinals may be substituted for up to one-half of the toilets. All housing units with three or more detainees must have at least two toilets." See ICE PBNDS 2011, Standard, Personal Hygiene, Section (V)(E)(1).

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)

ODO reviewed the facility detainee handbook and found it did not include any information regarding the facility's disability accommodations policy (**Deficiency DIA&A-1²¹**).

JUSTICE

GRIEVANCE SYSTEM (GS)

JCDF used an electronic tablet system for detainee grievances, which streamlined the grievance process, allowed detainees to submit grievances to the facility and for facility staff to respond to the grievances in a more efficient manner. Additionally, the electronic process may have allowed the facility the ability to track grievances more effectively. ODO noted the facility's use of the electronic tablet system for detainee grievances as a **Best Practice**.

ODO reviewed the facility's grievance policy and found it did not include a written procedure for a detainee's urgent access to legal counsel nor the law library (**Deficiency GS-1²²**).

CONCLUSION

During this inspection, ODO reviewed the facility's compliance with 21 standards under PBNDS 2011 and found the facility in compliance with 12 of those standards. ODO found 16 deficiencies in the remaining nine standards. ODO commends facility staff for their responsiveness during this inspection and noted there were two instances where staff initiated immediate corrective action during the inspection. ODO recommends ERO work with the facility to remedy any deficiencies which remain outstanding, as applicable and in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2018 (PBNDS 2011)	FY 2020 (PBNDS 2011)
Standards Reviewed	17	21
Deficient Standards	6	9
Overall Number of Deficiencies	16	16
Repeat Deficiencies	N/A	2
Corrective Actions	4	2

²¹ "The facility orientation program required by standard 2.1, 'Admission and Release,' and the detainee handbook required by standard 6.1, 'Detainee Handbook,' shall notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request." See ICE PBNDS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section (V)(J).

²² "Each facility shall implement written procedures for identifying and handling a time-sensitive emergency grievance that involves an immediate threat to health, safety or welfare. Written procedures shall also cover urgent access to legal counsel and the law library." See ICE PBNDS 2011, Standard, Grievance System, Section (V)(C)(2).