



**U.S. Department of Homeland Security**

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight Division

Washington, DC 20536-5501

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**Office of Detention Oversight  
Compliance Inspection**

**Enforcement and Removal Operations  
ERO Houston Field Office  
Joe Corley Detention Facility  
Conroe, Texas**

**July 21–23, 2015**

**COMPLIANCE INSPECTION  
for the  
JOE CORLEY DETENTION FACILITY  
CONROE, TEXAS**

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**INSPECTION TEAM MEMBERS**

	Lead Inspections and Compliance Specialist	ODO
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## EXECUTIVE SUMMARY

The Office of Detention Oversight (ODO) conducted a compliance inspection of Joe Corley Detention Facility (JCDF) in Conroe, Texas, from July 21 to 23, 2015.<sup>1</sup> JCDF opened in 2008 and is owned and operated by the GEO Group, Inc. (GEO). The Office of Enforcement and Removal Operations (ERO) began housing detainees at JCDF in 2008 pursuant to an Intergovernmental Service Agreement (IGSA), under the oversight of ERO’s Field Office Director (FOD) in Houston, Texas.

ERO staff members, including a Detention Service Manager, are assigned to the facility. A GEO Warden is responsible for oversight of daily facility operations and is supported by (b)(7)e personnel. GEO provides food and medical services. The facility is accredited by the American Correctional Association and National Commission on Correctional Health Care.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	1,050
Average ICE Detainee Population <sup>3</sup>	649
Male Detainee Population (as of 07/21/2015)	799
Female Detainee Population (as of 07/21/2015)	0

### OVERALL FINDINGS

In June 2014, ODO conducted an inspection of JCDF under the Performance-Based National Detention Standards (PBNDS) 2011, reviewing the facility’s compliance with 11 standards and finding the facility compliant with three standards. There were a total of 19 deficiencies in the remaining eight standards; eight of those deficiencies relate to priority components.

Inspection Results Compared	FY 2014 (2011 PBNDS)	FY2015 (2011 PBNDS)
Standards Reviewed	11	16
Deficient Standards	8	6
Overall Number of Deficiencies	19	9
Deficient Priority Components	8	2
Corrective Actions Initiated	0	6

In July 2015, ODO conducted an inspection of JCDF under the PBNDS 2011, reviewing the facility in accordance with the requirements of 16 standards and finding the facility compliant with ten standards. ODO found nine deficiencies under the remaining six standards; two of those deficiencies relate to priority components.<sup>4</sup> Finally, ODO identified six opportunities where the facility initiated corrective action during the course of the inspection.<sup>5</sup>

<sup>1</sup> Male detainees with low, medium and high security classification levels are detained at SDC for longer than 72 hours.

<sup>2</sup> Data Source: ERO Facility List Report as of July 27, 2015.

<sup>3</sup> Ibid.

<sup>4</sup> Deficient priority components were found in the following standard: Medical Care (2).

<sup>5</sup> Corrective actions, where immediately implemented, best practices and ODO recommendations, as applicable, have been identified in the *Inspection Findings* section and annotated with a “C”, “BP” or “R”, respectively.

## FINDINGS BY PBNDS 2011 MAJOR CATEGORIES

PBNDS 2011 STANDARDS INSPECTED <sup>6</sup>	DEFICIENCIES
<b>Part 1 - Safety</b>	
1.2 - Environmental Health and Safety	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 2 - Security</b>	
2.1 - Admission and Release	0
2.2 - Custody Classification System	0
2.5 - Funds and Personal Property	1
2.11 - Sexual Abuse and Assault Prevention and Intervention	0
2.12 - Special Management Units	1
2.13 - Staff-Detainee Communication	0
2.15 - Use of Force and Restraints	2
<b>Sub-Total</b>	<b>4</b>
<b>Part 4 - Care</b>	
4.1 - Food Service	0
4.3 - Medical Care	3
4.4 - Medical Care (Women)	0
4.6 - Significant Self-Harm and Suicide Prevention and Intervention	1
<b>Sub-Total</b>	<b>4</b>
<b>Part 5 - Activities</b>	
5.6 - Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
6.1 - Detainee Handbook	0
6.2 - Grievance System	0
6.3 - Law Libraries and Legal Materials	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>9</b>

<sup>6</sup> For greater detail on ODO's findings, see the *Inspection Findings* section of this report.

## INSPECTION PROCESS

Every fiscal year, the Office of Detention Oversight (ODO), a unit within U.S. Immigration and Customs Enforcement's (ICE) Office of Professional Responsibility (OPR), conducts compliance inspections at detention facilities in which detainees are accommodated for periods in excess of 72 hours and with an average daily population greater than ten to determine compliance with the applicable ICE National Detention Standards (NDS) 2000, the Performance-Based National Detention Standards (PBNDS) 2008 or 2011.

During the compliance inspection, ODO reviews each facility's compliance with those detention standards that directly affect detainee health, safety, and/or well-being.<sup>7</sup> Any violation of written policy specifically linked to ICE detention standards, ICE policies, or operational procedures that ODO identifies is noted as a deficiency. ODO will highlight any deficiencies found involving those standards that ICE has designated with either the PBNDS 2008 or 2011 to be "priority components."<sup>8</sup> Priority components have been selected from across a range of detention standards based on critical importance, given their impact on facility security and/or the health and safety, legal rights, and quality of life of detainees in ICE custody.

Immediately following an inspection, ODO hosts a closeout briefing in person with both facility and ERO field office management to discuss their preliminary findings, which are summarized and provided to ERO in a preliminary findings report. Thereafter, ODO provides ERO with a final compliance inspection report to: (i) assist ERO in working with the facility to develop a corrective action plan to resolve identified deficiencies; and (ii) provide senior ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. The reports enable senior agency leadership to make decisions on the most appropriate actions for individual detention facilities nationwide.

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<sup>7</sup> ODO reviews the facility's compliance with selected standards in their entirety.

<sup>8</sup> Priority components have not been identified for the NDS.

## DETAINEE RELATIONS

ODO interviewed 40 detainees, who volunteered to participate. None of the detainees made allegations of mistreatment, abuse, or discrimination. The majority of detainees reported being satisfied with facility services, with the exception of the complaints below:

- *Detainee Handbook*: Five detainees alleged they have not received the ICE National Detainee Handbook, and three detainees alleged they have not received the facility handbook.
  - Action Taken: ODO reviewed each detainee's detention files and observed signed acknowledgment forms that they received the ICE National Detainee Handbook and facility handbook during admission into the facility.
- *Funds and Personal Property*: A detainee alleged they received a photo copy of a check from a staff member for \$100.00 dollars. The detainee alleges the money has not been deposited into their commissary account.
  - Action Taken: ODO was informed by staff the photo copy of the check was given to the detainee in error. The check was meant for another detainee with a similar name. Facility staff followed up with the detainee and explained the error.
- *Medical Care*: Two detainees alleged they were not receiving adequate medical attention. One detainee alleged he was not receiving appropriate medication for headaches. One detainee alleged he had pain from the upper stomach area to his kidney. The detainee further alleged he was supposed to have had a urine test but to date had not been scheduled for the test.
  - Action Taken: Medical services notified ODO, the detainee with the allegation of not receiving medication for headaches, was seen and provided the appropriate medication. ODO reviewed the detainee's medical record and verified the detainee was provided medication for his headache. The detainee was referred to the medical staff for further review. Medical services notified ODO, the detainee with the allegation of stomach pain, was seen twice during the inspection, and a urine sample was collected for analysis. The detainee was referred to the medical staff for further review.

# INSPECTION FINDINGS

## SAFETY

### ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the Fire Drill Evaluation forms provided by the facility safety manager showing that fire drills are completed and emergency keys were drawn; however, the emergency key drills were not timed (**Deficiency EH&S-1<sup>9</sup>**).

*Corrective Action:* Corrective action was initiated during the inspection by modification of the facility Fire Drill Evaluation form to include this requirement (**C-1**).

## SECURITY

### FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the facility handbook and found the handbook provides procedures for reporting lost or damaged property; however, the handbook does not explain how to obtain personal identity documents from ERO (**Deficiency F&PP-1<sup>10</sup>**).

*Corrective Action:* Corrective action was initiated during the inspection by modification of the detainee handbook (**C-2**).

### SPECIAL MANAGEMENT UNIT (SMU)

A review of policies governing segregation and the operation of the SMU confirmed it does not provide written procedures for the review of the detainee's status while in disciplinary segregation (**Deficiency SMU-1<sup>11</sup>**).

*Corrective Action:* The facility initiated corrective action during the inspection by modifying the policy to include the procedures for the review of the detainee's status while in disciplinary segregation (**C-3**).

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<sup>9</sup> "Emergency-key drills shall be included in each fire drill, and timed." See ICE PBNDS 2011, Standard 1.2, Environmental Health and Safety, Section (V)(C)(4)(c).

<sup>10</sup> "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures related to personal property, including that, upon request, they shall be provided an ICE/ERO- certified copy of any identity document (e.g., passport, birth certificate), which shall then be placed in their A-files;" See ICE PBNDS 2011, Standard 2.5, Funds and Personal Property, Section (V)(C)(2).

<sup>11</sup> "All facilities shall implement written procedures for the regular review of all disciplinary segregation cases..." See ICE PBNDS 2011, Standard 2.12, Special Management Units, Section (V)(B)(3).

## USE OF FORCE AND RESTRAINTS (UOF&R)

Three use-of-force incidents occurred in the twelve months prior to the inspection. ODO reviewed the after-action review reports and found that required reviews were not completed within two working days as required by the standard (**Deficiency UOF&R-1**<sup>12</sup>).

*Corrective Action:* The facility initiated corrective action during the inspection by adding a section in the policy and procedures requiring shift supervisors to complete the after action review by the end of the shift on which the use-of-force occurred (**C-4**).

ODO also found the facility administrator did not report the findings and conclusions as to the appropriateness of the force used to the FOD (**Deficiency UOF&R-2**<sup>13</sup>).

*Corrective Action:* The facility initiated corrective action during the inspection by adding a section in the policy and procedures requiring the Warden or Assistant Warden to submit their findings to the Assistant Field Officer Director before the close of business on the second day after the use-of-force occurred (**C-5**).

## CARE

### MEDICAL CARE (MC)

ODO reviewed 32 detainee health records and determined that in four cases the 14 day health assessments were completed after 14 days. In three other cases, ODO was unable to determine when the health assessments were completed as there was no date on the health assessment forms (**Deficiency MC-1**<sup>14</sup>).

The ODO medical record review identified six cases in which detainees were referred for mental health evaluation. In one of the six cases, the evaluation was not completed within 72 hours as required by the standard, and in another case the evaluation was not completed at all (**Deficiency MC-2**<sup>15</sup>).

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<sup>12</sup> “The after-action review team shall complete and submit its after-action review report to the facility administrator within two workdays of the detainee’s release from restraints. The facility administrator shall review and sign the report, acknowledging its finding that the use of force was appropriate or inappropriate.” See ICE PBNDS 2011, Standard 2.15, Use of Force and Restraints, Section (V)(P)(4).

<sup>13</sup> “Within two workdays of the after-action review team’s submission of its determination, the facility administrator shall report with the details and findings of appropriate or inappropriate use of force, by memorandum, to the Field Office Director and whether he/she concurs with the finding.” See ICE PBNDS 2011, Standard 2.15, Use of Force and Restraints, Section (V)(P)(5).

<sup>14</sup> “Each facility’s health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee’s arrival unless more immediate attention is required due to an acute or identifiable chronic condition.” See ICE PBNDS 2011, Standard 4.3, Medical Care, Section (V)(L). **This is a priority component.**

<sup>15</sup> “Based on intake screening, the comprehensive health assessment, medical documentation, or subsequent observation by detention staff or medical personnel, any detainee referred for mental health treatment shall receive an evaluation by a qualified licensed mental health professional as medically indicated no later than 72 hours after the referral, or sooner if necessary.” See ICE PBNDS 2011, Standard 4.3, Medical Care, Section (V)(N)(3). **This is a priority component.**



The record review of 12 detainees who reported taking medications on arrival found that in three cases the detainees did not receive ordered medications for two to four days after admission (**Deficiency MC-3<sup>16</sup>**).

**SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SS-H& SP&I)**

ODO reviewed a detainee's record and found while on suicide watch the detainee was not re-evaluated on a daily basis in accordance with the standard (**Deficiency SS-H, SP&I-1<sup>17</sup>**).

*Corrective Action:* The facility initiated corrective action during the inspection by arranging for weekend coverage by mental health professionals so reassessments are completed daily (**C-6**).

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<sup>16</sup> "Each detention facility shall have and comply with written policy and procedures for the management of pharmaceuticals, to include documentation of accountability for administering or distributing medications in a timely manner, and according to licensed provider orders." See ICE PBNDS 2011, Standard 4.3, Medical Care, Section (V)(G)(12).

<sup>17</sup> "Detainees placed on suicide watch shall be re-evaluated by appropriately trained and qualified medical staff on a daily basis, with this re-evaluation documented in the detainee's medical record." See ICE PBNDS 2011, Standard 4.6, Significant Self-Harm and Suicide Prevention and Intervention, Section (V)(D).