



U.S. Department of Homeland Security
Immigration and Customs Enforcement
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 ICE Processing Center
Conroe, Texas

July 10 – 12, 2018

COMPLIANCE INSPECTION
for the
JOE CORLEY ICE PROCESSING CENTER
CONROE, TX

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COMPLIANCE INSPECTION TEAM MEMBERS

(b) (6), (b) (7)	Section Chief	ODO
(b) (6), (b) (7)(C)	Team Lead	ODO
(b) (6), (b) (7)(C)	Inspections and Compliance Specialist	ODO
(b) (6), (b) (7)(C)	Inspections and Compliance Specialist	ODO
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(b) (6), (b) (7)	Contractor	Creative Corrections
(b) (6), (b) (7)(C)	Contractor	Creative Corrections
(b) (6), (b)	Contractor	Creative Corrections
(b) (6), (b) (7)(C)	Contractor	Creative Corrections

FACILITY OVERVIEW

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Joe Corley ICE Processing Center (JCIPC) in Conroe, Texas from July 10 to 12, 2018¹. The JCIPC opened in August 2008 and is owned and operated by The GEO Group Inc. The Office of Enforcement and Removal Operations (ERO) began housing detainees at JCIPC in August 2008, under oversight of the ERO Field Office Director (FOD) in Houston, Texas. The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011.

There are no ICE personnel assigned this facility. A Facility Administrator is responsible for oversight of daily facility operations and is supported by (b) (7)(E) personnel. The GEO Group Inc. provides food services and medical care. The facility is accredited by the American Correctional Association and the National Commission on Correctional Health Care.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	1050
Average ICE Detainee Population ³	952
Male Detainee Population (as of 7/10/2018)	840
Female Detainee Population (as of 7/10/2018)	266

This is ODO's fifth compliance inspection of JCIPC. In July 2015, ODO conducted an inspection of JCIPC under PBNDS 2011, reviewing the facility's compliance with 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: Environmental Health and Safety (1), Funds and Personal Property (1), Special Management Units (1), Use of Force and Restraints (2), Medical Care (3), and Significant Self-Harm and Suicide Prevention and Intervention (1).

¹ This facility holds male and female detainees of all security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List Report as of June 25, 2018.

³ *Ibid.*

FINDINGS BY PBND 2011 MAJOR CATEGORIES

PBND 2011 STANDARDS INSPECTED ⁴	DEFICIENCIES
Part 1 – Safety	
Environmental Health and Safety	2
Sub-Total	2
Part 2 – Security	
Admission and Release	3
Custody Classification System	1
Funds and Personal Property	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	3
Staff-Detainee Communication	0
Use of Force and Restraints	4
Sub-Total	11
Part 4 – Care	
Disability, Identification, Assessment and Accommodation	0
Food Service	1
Medical Care	2
Medical Care (Women)	0
Personal Hygiene ⁵	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	3
Part 5 - Activities	
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Detainee Handbook	0
Grievance System	0
Law Libraries and Legal Materials	0
Sub-Total	0
Total Deficiencies	15

⁴ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

⁵ This standard was not inspected in its entirety. ODO inspected this standard based on information obtained during its review of Environmental Health and Safety. See the Inspection Findings section of this report for a noted Area of Concern.

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 72 hours, to assess compliance with ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008, or 2011, as applicable. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁶ ODO identifies violations linked to ICE detention standards, ICE policies, or operational procedures as *deficiencies*.

For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components” which are considered critical to facility security and the legal and civil rights of detainees. ODO also highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection--these corrective actions are annotated with “C” under the *Inspection Findings* section of this report.

At the conclusion of each inspection, ODO holds a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also 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. Additionally, ODO findings inform ICE executive management decision making in better allocating resources across the agency’s entire detention inventory.

⁶ ODO reviews the facility’s compliance with selected standards in their entirety.

DETAINEE RELATIONS

ODO interviewed forty (40) detainees, each of whom volunteered to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services, except for the concerns listed below.

Medical Care (Women): Three female detainees complained about medical issues.

The first detainee alleged since her arrival at JCIPC she has not received medical care to address her thyroid, lumps in her breast, and chronic anemia.

- **Action Taken:** ODO's review of the detainee medical records revealed the detainee arrived at JCIPC on July 5, 2018, and underwent a medical assessment to include an interview related to her medical, mental health, and gynecological history. She also received a pregnancy test and her vital signs were recorded. The detainee reported three full-term pregnancies via C-Section. The detainee underwent a physical examination on July 9, 2018. Following the exam, staff completed a request for outside medical care to address the detainee's various medical concerns. ODO recommends facility staff provide the detainee with a status of the appointment.

The second detainee claimed a recent diagnosis and treatment for cervical cancer and requested assistance in continuing her treatment.

- **Action Taken:** ODO's review of medical records indicate the detainee underwent a medical evaluation on June 20, 2018. Staff noted the diagnosis of cervical cancer, ordered labs, and scheduled a follow up appointment for June 26, 2018. However, records show approval was not received from ICE timely and the appointment had to rescheduled for July 17, 2018. ODO requests medical staff inform the detainee of the status of her treatment plan.

The third detainee alleged she has breast masses and has not received medical care since her admission to JCIPC.

- **Action Taken:** ODO's review of the detainee's medical records found no history of medical issues related to breast masses. However, the detainee had not yet undergone a physical examination which was scheduled to be completed before the end of ODO's inspection.

Medical Care: A male detainee stated he is diabetic and has not received proper treatment to control his condition since his arrival at the facility.

- **Action Taken:** ODO's review of the detainee's medical records confirmed a history of hyperlipidemia, hypertension, and diabetes. Records also indicate the detainee has been receiving ongoing medical evaluations, treatment, and education related to his medical conditions. However, the detainee's blood sugar levels appear to indicate he is not compliant with recommended dietary restrictions and is consuming excess sugars. ODO

engaged the Health Service Administrator (HSA) who confirmed staff would assess the detainee's commissary purchases, implement stricter monitoring, and follow up with the detainee.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

Sanitation levels in some of the detainee living units were below acceptable standards (**Deficiency EH&S-1⁷**). ODO and the JCIPC safety manager conducted an inspection of detainee housing units and found trash, hair, soap debris, soap scum, mold, excessive property, and perishable food items (stored on tables and underneath detainee bunks) throughout the housing units.

ODO interviewed the safety manager and intake officer and reviewed the detainee orientation lesson plans. Inspectors found the detainees who are assigned to clean the housing units are not provided safety instructions for using cleaning chemicals (**Deficiency EH&S-2⁸**).

SECURITY

ADMISSION AND RELEASE (A&R)

During ODO's review of the admission area, inspectors found holding cells with window coverings that do not afford detainees sufficient privacy when they are changing their clothes (**Deficiency A&R-1⁹**). ODO discussed this privacy concern with classification staff who indicated the facility was going to purchase a sufficiently sized covering for the window but had not done so prior to the inspection.

Based on staff interviews and documentation, ODO determined the facility's orientation procedures were not approved in advance by the ERO Field Office (**Deficiency A&R-2¹⁰**).

⁷ "The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness. When possible, the use of non-toxic cleaning supplies is recommended.

- a. All horizontal surfaces shall be damp-dusted daily with an approved germicidal solution used according to the manufacturer's directions.
- c. Furniture and fixtures shall be cleaned daily.
- d. Floors shall be mopped daily and when soiled, using the double-bucket mopping technique and with a hospital disinfectant-detergent solution mixed according to the manufacturer's directions.
- e. A clean mop head shall be used each time the floors are mopped."

See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(A)(3)(a),(c)-(e).

⁸ "The facility administrator shall ensure that adequate provisions are made for staff and detainee safety, in accordance with these detention standards and applicable law. Standard "7.3 Staff Training" further addresses employee training-related issues. Standard "5.8 Voluntary Work Program" addresses detainee training issues for workers. Detainees shall receive safety instruction as necessary for living area-related assignments, such as working with cleaning products to clean general use areas." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(A)(2).

⁹ "Staff shall permit the detainee to change clothing and shower in a private room without being visually observed by staff, unless the staff member has reasonable suspicion to search the detainee in accordance with the following section on "Strip Searches" and standard "2.10 Searches of Detainees." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(B)(2).

¹⁰ "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).

Similarly, ODO interviews of staff also found the facility's release procedures were not approved by the local ERO Field Office (**Deficiency A&R-3¹¹**).

CUSTODY CLASSIFICATION SYSTEM (CCS)

There are (b) (7)(E) case managers at JCIPC who complete classifications for detainees. Each case manager verbalized good working knowledge of classification procedures; however, the facility could not provide documentation indicating staff have received training in the classification process (**Deficiency CCS-1¹²**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed the detention files of five detainees assigned to Administrative Segregation (AS) during the year preceding the inspection and found AS orders were not forwarded to the Chief of Security for inclusion in the detainee's detention file (**Deficiency SMU1¹³**).

Corrective Action: The facility Chief of Security initiated corrective action by placing completed AS orders in the detainee's detention files (**C-1**).

ODO's review of ten detention files of detainees assigned to Disciplinary Segregation (DS) during the year preceding the inspection found DS orders were not included in the detention files (**Deficiency SMU-2¹⁴**).

Corrective Action: The facility Chief of Security initiated corrective action by placing completed DS orders in the detainee's detention files (**C-2**).

ODO's review of policy and interviews with staff and detainees found detainees housed in Restricted Housing Unit on both AS and DS are routinely restrained with handcuffs any time they exit their cell (**Deficiency SMU-3¹⁵**).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed documentation, including video recordings, for two immediate and one calculated use of force incidents; however, the documentation for the immediate use of force incident that

¹¹ "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).

¹² "All facility staff assigned to classification duties shall be adequately trained in the facility's classification process. Each staff member with detainee in-processing responsibilities shall receive on-site training." See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(A)(2).

¹³ "When the detainee is released from the SMU, the releasing officer shall indicate the date and time of release on the administrative segregation order. The completed order shall then be forwarded to the Chief of Security for inclusion in the detainee's detention file." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(A)(2)(h).

¹⁴ "When the detainee is released from the SMU, the releasing officer shall indicate the date and time of release on the disciplinary segregation order. The completed order shall then be forwarded to the Chief of Security for inclusion in the detainee's detention file." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(B)(2)(c).

¹⁵ "Placement in an SMU does not constitute a valid basis for the use of restraints while in the SMU or during movement around the facility. Consistent with Standard 2.15, restraints should only be used if necessary as a precaution against escape during transfer, for medical reasons (when directed by the medical officer), or to prevent self-injury, injury to others, or serious property damage." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(E).

occurred on August 16, 2017, was not readily available for review (**Deficiency UOF&R-1¹⁶**). According to the Major, the detainee departed the facility and the records documenting the UOF&R incident had been sent off-site for storage. Although the detainee had departed the facility, it is imperative the documentation be maintained by the facility for six years in the event the information is needed to defend the actions of staff.

ODO's review of the other three use of force incidents found detailed documentation, including after-action reviews, medical assessments, witness/participant statements, and notification to ERO; however, a copy of the use of force or restraint incident was not placed in detainee detention files (**Deficiency UOF&R-2¹⁷**).

Corrective Action: The facility Chief of Security initiated corrective action by having copies of UOF&R documentation placed in the detainee's detention files (**C-3**).

A review of audio-visual recordings for the one calculated use of force incident found the faces of all team members were not depicted on the video recording with (b) (7)(E) (b) (7)(E) (**Deficiency UOF&R-3¹⁸**).

A debriefing of the calculated use of force incident by the team with a discussion, analysis and assessment was not recorded (**Deficiency UOF&R-4¹⁹**).

CARE

FOOD SERVICE (FS)

ODO inspected the dish washing machine and found it was not equipped with a pressure gauge for measuring the pounds per square inch (psi) in the final rinse cycle (**Deficiency FS-1²⁰**).

MEDICAL CARE (MC)

ODO's review of 40 records found 31 physicals were completed by Registered Nurses and, although reviewed by the Nurse Practitioner, 6 of the 31 were not reviewed by the Clinical Medical Authority (CMA) in accordance with the standard (**Deficiency MC-1²¹**).

¹⁶ "All facilities shall assign a designated individual to maintain all use-of-force documentation. The designated individual shall maintain all use of force documentation, including the audiovisual record and the original after-action review form for a minimum of six years. A separate file shall be established on each use of force incident." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(O)(4).

¹⁷ "Staff shall prepare detailed documentation of all incidents involving use of force, including chemical agents, or intermediate force weapons. Staff shall also document the use of restraints on a detainee who becomes violent or displays signs of imminent violence. A copy of the report shall be placed in the detainee's detention file." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(O).

¹⁸ "Calculated use-of-force incidents shall be audio visually-recorded in the following order: ...

b. Faces of all team members shall briefly appear (with helmets removed and heads uncovered), one at a time, identified by name and title." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I)(2)(b).

¹⁹ "Calculated use-of-force incidents shall be audio visually-recorded in the following order: ...

d. Record entire use-of-force team operation, unedited, until the detainee is in restraints.

f. Debrief the incident with a full discussion/analysis/assessment of the incident."

See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I)(2)(d)(f).

²⁰ "The pressure of the final rinse water must be between 15 and 25 pounds per square inch (psi) in the water line immediately adjacent to the final-rinse control valve." See ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(7)(g)(1).

²¹ "The CMA shall be responsible for review of all comprehensive health assessments to assess the priority for treatment." See ICE PBNDS 2011 Revised, Standard, Medical Care, Section (V)(M).

ODO reviewed the Medication Administration Records (MAR) and found they were complete; however, during the inspection ODO observed the daily pill line and observed the Medical Assistant (MA) did not document and sign the MAR at the time medication was provided to three of four detainees (**Deficiency MC-2²²**).

Corrective Action: ODO prompted the MA who then recognized her error and completed the MAR for the last detainee during pill line in accordance with the standard (**C-4**).

PERSONAL HYGIENE (PH)

During ODO's regular review of the Environmental Health and Safety standard, inspectors noted the number of plumbing fixtures appeared inadequate for the population housed in several areas. Specifically, female living unit A538 with a capacity of 10 detainees is equipped with only one toilet, and living units SS3-365, SS3-367, and SS4-307 are holding 16 or more male detainees and have only one toilet, one washbasin, and one shower. While the American Correction Association (ACA) and ERO provided waivers regarding these issues in 2013 and 2015 respectively, facility staff indicated portions of the facility, to include the housing units, were rehabilitated in 2017. Unfortunately, adding sufficient fixtures to accommodate the intended population does not appear to have been addressed at that time and is addressed here as an **Area of Concern²³**. ODO recommends leadership in the local field office engage ICE HQ as appropriate to review any existing waivers and further recommends facility leadership reevaluate the capacity of these housing areas.

CONCLUSION

During this inspection, ODO reviewed the facility's compliance with 17 standards under PBNDS 2011, including the Disability, Identification, Assessment and Accommodation standard. ODO also partially reviewed the Personal Hygiene standard (related to bathroom, toilet, and shower ratios). In all, ODO found the facility compliant with eleven (11) standards, and identified fifteen (15) deficiencies in the remaining seven (7) standards. This is an increase in deficiencies since our FY 2015 inspection. Based on interviews with facility and ERO staff, the increase in deficiencies may be attributable to a lack of formal training on the requirements of PBNDS 2011. ODO recommends ERO work with the facility to remedy any deficiencies which remain outstanding, as applicable and in accordance with contractual obligations.

ODO commends facility staff for their responsiveness during this inspection and notes there were four (4) instances where staff initiated corrective action during the inspection. ODO also cites as a **Best Practice**, the facility's distribution of tablets to each detainee which allows them to make calls to family and friends, access pertinent information, make requests, file grievances, review the detainee handbook, submit medical requests, and access personal entertainment/music/games, etc. through a facility intranet system.

²² "Documentation of accountability for administering or distributing medications in a timely manner, and according to licensed provider orders." See ICE PBNDS 2011 Revised, Standard, Medical Care, Section (V)(G)(12).

²³ "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 Revised, Standard, Personal Hygiene, Section (V)(E)(1).

Compliance Inspection Results Compared	FY 2015 (PBND 2011)	FY 2018 (PBND 2011)
Standards Reviewed	16	17
Deficient Standards	6	6
Overall Number of Deficiencies	9	15
Deficient Priority Components	2	0
Corrective Action	6	4