



**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  
Follow-Up Compliance Inspection  
2023-002-090**

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

**Montgomery ICE Processing Center  
Conroe, Texas**


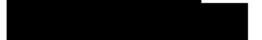
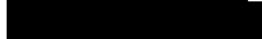
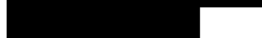
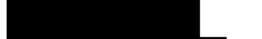
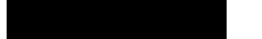
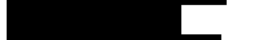
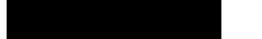
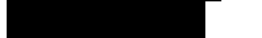
**May 23-25, 2023**

**FOLLOW-UP COMPLIANCE INSPECTION**  
**of the**  
**MONTGOMERY ICE PROCESSING CENTER**  
Conroe, Texas

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## **FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS**

	Acting Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior 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 Montgomery ICE Processing Center (MIPC) in Conroe, Texas, from May 23 to 25, 2023.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of MIPC from November 29 to December 1, 2022. The facility opened in 2018 and is owned and operated by GEO Secure Services, Inc. (GEO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at MIPC in 2018 under the oversight of ERO’s Field Office Director in Houston (ERO Houston). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has deportation officers (DOs) and a detention service manager (DSM) assigned full-time to the facility. The DOs work three, 8-hour rotating shifts, Monday through Friday, and the DSM is on site daily, Monday through Friday, from 8 a.m. to 5 p.m. A warden handles daily facility operations and manages █████ support personnel. GEO provides food services, ICE Health Services Corps provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in July 2020 and the American Correctional Association in November 2020. In July 2020, MIPC 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>	█████
Average ICE Population <sup>3</sup>	█████
Adult Male Population (as of May 23, 2023)	█████
Adult Female Population (as of May 23, 2023)	█████

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 20 deficiencies in the following areas: Contraband (1); Correspondence and Other Mail (2); Custody Classification System (1); Detainee Handbook (4); Funds and Personal Property (4); Sexual Abuse and Assault Prevention and Intervention (1); Special Management Units (1); Staff-Detainee Communication (1); Tool Control (2); Transportation (by Land) (1); and Use of Force and Restraints (2).

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

<sup>2</sup> Data Source: ERO Facility List as of May 8, 2023.

<sup>3</sup> *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.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, 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.

## FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDs 2011 (Revised 2016) Standards Inspected <sup>4,5</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Emergency Plans	0
Environmental Health and Safety	1
Transportation (by Land)	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 2 - Security</b>	
Admission and Release	1
Custody Classification System	2
Contraband	0
Funds and Personal Property	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	1
Staff-Detainee Communication	0
Tool Control	0
Use of Force and Restraints	2
<b>Sub-Total</b>	<b>6</b>
<b>Part 4 - Care</b>	
Food Service	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Detainee Handbook	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>7</b>

<sup>4</sup> For greater detail on ODO's findings, see the *Follow-up Inspection Findings* section of this report.

<sup>5</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 standards.

## DETAINEE RELATIONS

ODO interviewed 35 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.

*Medical Care:* One detainee stated facility medical staff did not treat his toothache.

- Action Taken: ODO interviewed the health services administrator (HSA) and found the detainee arrived at MIPC on December 18, 2022, and denied any medical concerns or complaints during intake. On May 13, 2023, the detainee submitted a sick call request for complaints of tooth pain. The registered nurse (RN) evaluated the detainee the same day and prescribed Ibuprofen (400 mg), one tablet twice a day as needed for 14 days. On May 15, 2023, the registered dental hygienist evaluated the detainee for tooth pain, obtained an X-ray, and noted no issues. A facility dentist scheduled a follow-up appointment with the detainee on June 6, 2023, and the detainee acknowledged understanding.

*Medical Care:* One detainee stated facility medical staff did not treat his toothache.

- Action Taken: ODO interviewed the HSA and found the detainee arrived at MIPC on October 28, 2022, and did not complain of a toothache during intake. On April 23, 2023, the detainee submitted a sick call request for complaints of a toothache. The RN evaluated the detainee the same day and prescribed acetaminophen (500 mg), one tablet three times a day as needed, and forwarded a dental referral. On April 26, 2023, a facility dentist evaluated the detainee for complaints of a toothache, noted no swelling nor heavy plaque, and ordered Tylenol Extra Strength. On May 3, 2023, the dentist evaluated the detainee on a follow-up appointment, and the detainee reported no toothache. On May 10, 2023, the nurse practitioner (NP) evaluated the detainee for a chronic care appointment, and the detainee denied any pain or concerns at the time. The detainee has submitted no other sick call requests since his last visit.

*Medical Care:* One detainee stated facility medical staff did not refill his allergy medication.

- Action Taken: ODO interviewed the HSA and confirmed the detainee arrived at the facility on December 17, 2022, with a history of seasonal allergies. Facility medical staff prescribed Cetirizine, 1 tablet daily for 60 days. On April 10, 2023, the detainee requested additional medication, but facility medical staff noted the expiration date of the original prescription and required the detainee to submit a new medication refill. ODO found no record of a medication refill request from the detainee. On May 23, 2023, the facility released the detainee.

*Medical Care:* One detainee stated facility medical staff did not prescribe any medication for his stomach pain and spasms.

- Action Taken: ODO interviewed the HSA and confirmed the detainee arrived on April 7, 2023, with no medical complaints upon arrival. On April 18, 2023, medical staff completed the detainee’s 14-day physical examination, noting no abdominal pain. On May 25, 2023, the facility physician examined the detainee on ODO’s referral, diagnosed the detainee with myalgia (muscle pain) of abdominal muscles, and prescribed Naproxen (500 mg), half a tablet, twice daily.

*Telephone Access:* One detainee stated another detainee used his telephone personal identification number (PIN) and charged \$60 to his account. The facility provided a new PIN but did not reimburse the \$60 to the detainee.

- Action Taken: ODO interviewed the facility compliance manager, reviewed the detainee’s telephone account activity from Talton Communications, and found an initial deposit of \$60.23 as of May 6, 2023, and a zero balance as of May 9, 2023, due the detainee’s multiple calls and tablet use. The compliance manager further stated the telephone system’s voice recognition software and the tablet’s visual identification system prevent another user from accessing a detainee’s account.

## **FOLLOW-UP COMPLIANCE INSPECTION FINDINGS**

### **SAFETY**

#### **ENVIRONMENTAL HEALTH AND SAFETY (EHS)**

ODO reviewed weekly fire and safety inspection reports and found a qualified department staff member did not conduct weekly fire and safety inspections during the weeks of: December 5-9, 2022; December 26-30, 2022; February 13-17, 2023; February 20-24, 2023; and February 27-March 3, 2023 (**Deficiency EHS-101<sup>6</sup>**). **This is a priority component.**

### **SECURITY**

#### **ADMISSION AND RELEASE (AR)**

ODO interviewed the intake captain and facility compliance managers, reviewed the lost property form and facility handbook, and found facility staff did not provide detainees instructions on the appropriate office to contact for updates on the government’s search for their lost property (**Deficiency AR-94<sup>7</sup>**).

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<sup>6</sup> “A qualified departmental staff member shall conduct weekly fire and safety inspections.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(2)(a).

<sup>7</sup> “The detainee shall be provided instructions on the appropriate office to contact in order to follow-up on the government’s search for the detainee’s lost property.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Admission



## SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed SMU observation logs and found facility staff did not conduct irregular 30-minute checks on detainees. Specifically, ODO found 228 observation log entries where facility staff logged observations at intervals between 31 and 88 minutes (**Deficiency SMU-126<sup>8</sup>**). **This is a repeat deficiency and a priority component.**

## USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed five calculated UOF files and found in two out of five files, the facility did not audio visually record the team leader's introduction, nor the post-incident debrief (**Deficiency UOFR-69<sup>9</sup>**).

ODO reviewed five calculated UOF files and found in two out of five files, the facility did not audio visually record the following items: the team leader's introduction, stating facility name, location, time, date, a description of the incident leading to the calculated UOF, and naming the audiovisual camera operator and other staff present; the unedited UOF team's actions to restrain the detainee; nor a debrief of the incident with a full discussion/analysis/assessment of the incident (**Deficiency UOFR-73<sup>10</sup>**).

## CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO interviewed the classification and compliance managers, reviewed [REDACTED] classification training files, and found [REDACTED] out of [REDACTED] staff members with classification responsibilities were not trained in the facility's classification process (**Deficiency CCS-5<sup>11</sup>**).

Additionally, ODO found [REDACTED] out of [REDACTED] staff members with detainee in-processing responsibilities did not receive on-site training (**Deficiency CCS-6<sup>12</sup>**).

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and Release, Section (V)(H)(9)(d).

<sup>8</sup> "Detainees in SMU shall be personally observed and logged at least every 30 minutes on an irregular schedule." *See* ICE PBNDS 2011, Standard, Special Management Units, Section (V)(M).

<sup>9</sup> "For calculated use of force, it is required that the entire incident be audio visually recorded." *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(I)(2).

<sup>10</sup> "Calculated use-of-force incidents shall be audio visually recorded in the following order:

- a. Introduction by team leader stating facility name, location, time, date, etc., describing the incident that led to the calculated use of force, and naming the audiovisual camera operator and other staff present ...
- 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 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(I)(2)(a, d, f).

<sup>11</sup> "Each facility administrator shall require that the facility's classification system ensures the following: ...

2. All facility staff assigned to classification duties shall be adequately trained in the facility's classification process."

*See* ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(A)(2).

<sup>12</sup> "Each facility administrator shall require that the facility's classification system ensures the following: ... Each staff member with detainee in-processing responsibilities shall receive on-site training." *See* ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(A)(2).

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 19 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 14 of those standards. ODO found seven deficiencies in the remaining five standards. Since MIPC’s last full inspection in November 2022, the facility has shown improvement. MIPC went from 11 deficient standards and 20 deficiencies in November 2022, to 5 deficient standards and 7 deficiencies during this most recent inspection. The facility’s improved performance was a result of completing the UCAP for ODO’s last inspection of MIPC in November 2022; however, the corrective action for SMU-126 appears to be insufficient as ODO noted over 200 instances of exceeding the required time-checks. ODO recommends ERO Houston continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)</b>	<b>FY 2023 Follow-up Inspection (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	27	19
Deficient Standards	11	5
Overall Number of Deficiencies	20	7
Priority Component Deficiencies	2	2
Repeat Deficiencies	0	1
Areas Of Concern	1	0
Corrective Actions	0	0
Facility Rating	Good	N/A