

# U.S. Department of Homeland Security U.S. Immigration and Customs Enforcement Office of Professional Responsibility Inspections and Detention Oversight Division Washington, DC 20536-5501

# Office of Detention Oversight Compliance Inspection

### Enforcement and Removal Operations ERO Houston Field Office

Montgomery ICE Processing Center Conroe, Texas

January 4-8, 2021

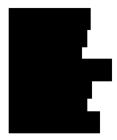
### COMPLIANCE INSPECTION of the MONTGOMERY ICE PROCESSING CENTER

Conroe, Texas

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#### COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead ODO
Inspections and Compliance Specialist ODO
Inspections and Compliance Specialist ODO
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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 Montgomery ICE Processing Center (MIPC) in Conroe, Texas, from January 4 to 8, 2021. The facility opened in 2018 and is owned and operated by GEO Secure Service. 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 (FOD) in Houston (ERO Houston). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers and a detention services manager to the facility. An MIPC warden handles daily facility operations and is supported by personnel. GEO Secure Service provides food services, ICE Health Service Corps provides medical care, and Keefe Commissary Network provides commissary services at the facility. The facility was accredited by the American Correctional Association in November 2020. In November 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 Detainee Bed Capacity <sup>2</sup>	1000
Average ICE Detainee Population <sup>3</sup>	
Male Detainee Population (as of 1/4/2021)	
Female Detainee Population (as of 1/4/2021)	•

During its last inspection, in Fiscal Year (FY) 2020, ODO found 17 deficiencies in the following areas: Admission and Release (1); Use of Force and Restraints (6); Environmental Health and Safety (1); Food Service (4); Visitation (1); Staff-Detainee Communication (3); and Telephone Access (1).

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

<sup>&</sup>lt;sup>2</sup> Data Source: ERO Facility List Report as of January 4, 2021.

#### 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.<sup>4</sup>

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.

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<sup>&</sup>lt;sup>4</sup> ODO reviews the facility's compliance with selected standards in their entirety.

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

PBNDS 2011 (Revised 2016) Standards Inspected <sup>5</sup>	Deficiencies
Part 1 – Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	1
Custody Classification System	0
Facility Security and Control	1
Funds and Personal Property	0
Population Counts	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	2
Part 4 – Care	
Food Service	1
Medical Care	0
Medical Care (Women)	0
Hunger Strikes	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	1
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	3

<sup>&</sup>lt;sup>5</sup> For greater detail on ODO's findings, see the Compliance Inspection Findings section of this report.

#### **DETAINEE RELATIONS**

ODO interviewed 12 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.

Staff-Detainee Communication: One detainee stated on one occasion, a facility staff member was unprofessional, when the staff member yelled and acted aggressively towards himself and other detainees.

• Action Taken: ODO spoke with a facility captain and found a security officer was involved in a confrontation with several detainees. The facility captain stated a security officer discovered several detainees out of their beds, past the time the facility required all detainees to be in their beds. The facility's detainee handbook indicated what time detainees were to be in their beds. When the security officer ordered the detainees back to their beds, the detainees complained to the facility, and indicated the security officer had been aggressive during the encounter. The facility captain discussed the complaint with the security officer and the detainees involved in the incident. Additionally, the facility captain stated the detainees acknowledged they should not have been out of bed when the security officer found them.

*Telephone Access:* One detainee stated his telephone calls frequently drop, while he's on a call with his family members.

• <u>Action Taken</u>: ODO reviewed telephone serviceability records, spoke with facility staff members, and found telephone calls had been operating normally; however, there was an issue with video calls dropping. The facility submitted a repair ticket to the video call service provider to investigate and resolve the issue.

#### **COMPLIANCE INSPECTION FINDINGS**

#### **SECURITY**

#### **ADMISSION AND RELEASE (A&R)**

ODO reviewed 12 detained detention files and found an ERO authorizing official had not signed 1 out of 12 Orders to Detain (Form I-203) (**Deficiency A&R-54**<sup>6</sup>). Prior to the conclusion of the inspection, the intake captain provided a copy of the signed Form I-203 to ODO.

#### FACILITY SECURITY AND CONTROL (FS&C)

ODO reviewed the visitor's logbook and found the facility did not obtain the visitors' signatures in the logbook (**Deficiency FS&C-26**<sup>7</sup>).

#### **CARE**

#### FOOD SERVICE (FS)

ODO reviewed the facility's FS purchase orders for the past 12-months and found a purchase order from December 2020, did not include special-handling requirements for the delivery of which is a controlled item (**Deficiency FS-39**<sup>8</sup>).

#### CONCLUSION

During this inspection, ODO assessed the facility's compliance with 21 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 18 of those standards. ODO found three deficiencies in the remaining three standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

also require special handling and storage.

<sup>&</sup>lt;sup>6</sup> "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 & Release, Section (V)(E).

<sup>&</sup>lt;sup>7</sup> "The entry for a person visiting a detainee shall also include the name and A-number of the detainee being visited, and the address and relationship to the detainee. The post officer shall require the visitor to print and sign his/her name in the visitor logbook." See ICE PBNDS 2011, Standard, Facility Security and Control, Section (V)(C)(1)(b)(3)

<sup>8 &</sup>quot;All facilities shall have procedures for handling food items that pose a security threat. ...

b. Other Food Items

<sup>1)</sup> The purchase order for any of these items shall specify the special-handling requirements for delivery." *See* ICE PBNDS 2011, Standard, Food Service, Section (V)(B)(4)(b)(1).

Compliance Inspection Results Compared	FY 2020 (PBNDS 2011) (Revised 2016)	FY 2021 (PBNDS 2011) (Revised 2016)
Standards Reviewed	18	21
Deficient Standards	7	3
Overall Number of Deficiencies	17	3
Repeat Deficiencies	0	0
Areas of Concern	0	0
Corrective Actions	3	0