

Office of Professional Responsibility

IAH (Polk) Secure Adult Detention Facility Inspection (2024-002-402)

August 8, 2024



U.S. Immigration
and Customs
Enforcement



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

**Office of Detention Oversight
Unannounced Follow-Up Compliance
Inspection
2024-002-402**

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

**IAH Secure Adult Detention Facility (Polk)
Livingston, Texas**

August 6-8, 2024

**UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION
of the
IAH SECURE ADULT DETENTION FACILITY (POLK)
Livingston, Texas**

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UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS

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██████████	Contractor	Creative Corrections
██████████	Contractor	Creative Corrections

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for longer than 72 hours, to assess compliance with ICE National Detention Standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all over 72-hour ICE detention facilities with an ADP of 10 or more detainees that ODO conducted a full inspection of earlier in the FY.⁴

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

In FY 2022, ODO began conducting unannounced inspections of ICE detention facilities, ensuring each facility subject to biannual inspections receives an unannounced inspection at least once every 3 years. Upon completion of each special review or unannounced 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 UCAPs; 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 reviews the facility's compliance with selected standards in their entirety.⁴

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5,6,7}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Post Orders	0
Use of Force and Restraints	0
Special Management Units	1
Staff-Detainee Communication	1
Sub-Total	2
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	1
Significant Self-Harm and Suicide Prevention and Intervention	1
Sub-Total	2
Part 5 - Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	4

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

⁶ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

⁷ During an unannounced inspection, ODO will review a facility's compliance with at least 10 individual standards; however, unannounced full inspections will include a review of the same standards as announced full inspections.

DETAINEE RELATIONS

ODO interviewed 18 detainees, who each voluntarily agreed to participate. ODO requested interviews with 12 additional detainees; however, all 12 detainees declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

USE OF FORCE AND RESTRAINTS (UOFR)

ODO interviewed the facility administrator, reviewed three calculated UOF files and corresponding after-action reviews (AARs), three immediate UOF files and corresponding AARs, and found in six out of six files and AARs the facility review team submitted their reports to the facility administrator between 9 and 13 working days after the incident (**Deficiency UOFR-90⁸**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO interviewed facility staff and an ERO Houston DO and found facility mailroom staff collect all ICE requests from secure drop-boxes (**Deficiency SDC-24⁹**).

CARE

MEDICAL CARE (MC)

ODO interviewed facility medical staff, reviewed the facility's medical policy and medical records of 2 detainees the facility transferred with prescribed medication for tuberculosis, and found the detainees did not receive a 15-day supply of their medication upon transfer from the facility (**Deficiency MC-117¹⁰**).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)

ODO reviewed the facility's suicide watch logs for 7 detainees placed on suicide watch during the inspection review period and found in 2 out of 7 logs, 6 instances where facility staff documented

⁸ "The facility review team shall complete and submit its report to the facility administrator within five working days of the incident or the detainee's release from restraints." *See* ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(J)(5).

⁹ "ICE/ERO may provide a secure drop box for detainees to correspond directly with ICE/ERO management. Only ICE/ERO personnel shall have access to the drop-box." *See* ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C)(4).

¹⁰ "The facility shall ensure that, at a minimum, a seven-day supply of medication (or, in the case of TB medications, 15 days; and in the case of HIV/AIDS medications, 30 days) accompanies the detainee upon transfer from the facility, as ordered by the prescribing authority." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(Q)(4).

monitoring entries between 20 and 30 minutes (**Deficiency SSHSPI-21¹¹**). **This is a priority component.**

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 16 standards under NDS 2019 and found the facility in compliance with 12 of those standards. ODO found four deficiencies in the remaining four standards. Since ISADF’s last rated inspection in February 2024, the facility’s compliance with NDS 2019 has trended downward. ISADF went from 1 deficient standard and 1 deficiency in February 2024, to 4 deficient standards and 4 deficiencies during this most recent inspection, which includes 1 priority component deficiency in SSHSPI. ODO did not receive a completed UCAP for ISADF’s last inspection in February 2024, so ODO was unable to assess the UCAPs effectiveness with addressing the deficiency ODO previously cited. ODO recommends ERO Houston continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with its contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (NDS 2019)	FY 2024 Follow-Up Inspection (NDS 2019)
Standards Reviewed	21	16
Deficient Standards	1	4
Overall Number of Deficiencies	1	4
Priority Component Deficiencies	0	1
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	1	0
Facility Rating	Superior	N/A

¹¹ “The monitoring must be documented every 15 minutes or more frequently if necessary.” *See* ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(F).



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