

# Office of Professional Responsibility

## IAH Secure Adult Detention Facility (Polk) Compliance Inspection 2025-001-080

February 11-13, 2025



U.S. Immigration  
and Customs  
Enforcement

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

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## COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Team Lead	ODO
[REDACTED]	Senior Inspections and Compliance Specialist	ODO
[REDACTED]	Senior Inspections and Compliance Specialist	ODO
[REDACTED]	Senior Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Section Chief	ODO
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	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 compliance inspection of the IAH Secure Adult Detention Facility (Polk) (ISADF) in Livingston, Texas, from February 11 to 13, 2025.<sup>1</sup> The facility opened in 2007 and is owned by Polk County and operated by Management & Training Corporation (MTC). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at ISADF in 2007 under the oversight of ERO’s Field Office Director in Houston (ERO Houston). The facility operates under the National Detention Standards (NDS) 2019.

[REDACTED] A facility administrator handles daily operations and manages [REDACTED] support personnel. MTC provides food services and medical care, and Lone Star Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in February 2023. In January 2025, ISADF 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>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of February 10, 2025)	[REDACTED]
Adult Female Population (as of February 10, 2025)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 1 deficiency in the following area: Food Service (1).

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

<sup>2</sup> Data Source: ERO Custody Management Division Authorized Facility List as of February 10, 2025.

<sup>3</sup> *Ibid.*

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 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.<sup>4</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as “deficiencies.” ODO highlights instances when 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.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>5,6</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Environmental Health and Safety	0
Transportation by Land	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Admission and Release	1
Custody Classification System	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	1
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	1
<b>Sub-Total</b>	<b>3</b>
<b>Part 3 - Order</b>	
Disciplinary System	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
Food Service	0
Medical Care	0
Significant Self-Harm and Suicide Prevention and Intervention	1
Terminal Illness and Death	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 5 - Activities</b>	
Recreation	0
Visitation	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 6 - Justice</b>	
Detainee Handbook	0
Grievance System	0
Legal Rights Group Presentations	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>5</b>

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

<sup>6</sup> 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.

## DETAINEE RELATIONS

ODO interviewed 46 detainees, who each voluntarily agreed to participate. ODO requested an interview with one additional detainee; however, the detainee declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concern listed below.

*Significant Self-Harm and Suicide Prevention and Intervention:* One detainee stated he had thoughts of harming himself in November 2024.

- Action Taken: ODO reported the detainee's statement to ISADF staff. The staff took the detainee to the medical department and a licensed mental health social worker evaluated him. The detainee did not report any current thoughts of harming himself, and the social worker determined no further need for treatment. Facility staff advised the detainee to request mental health visits as needed and then cleared him to return to his housing unit.

## COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### ADMISSION AND RELEASE (AR)

ODO reviewed [REDACTED] detainee files and found in [REDACTED] out of [REDACTED] files, ISADF did not fingerprint the detainees upon release, transfer, or removal from the facility (**Deficiency AR-28**<sup>7</sup>).

#### HOLD ROOMS IN DETENTION FACILITIES (HRDF)

ODO reviewed 25 hold room logs for visual monitoring and found in 36 out of 605 log entries, ISADF staff monitored hold rooms between 16 and 45 minutes (**Deficiency HRDF-37**<sup>8</sup>). **This is a priority component.**

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<sup>7</sup> "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting, returning personal property, and reclaiming facility-issued clothing, bedding, etc." See ICE NDS 2019, Standard, Admission and Release, Section (II)(J).

<sup>8</sup> "Officers shall closely supervise the hold rooms through direct supervision, which involves irregular visual monitoring not to exceed 15 minutes between checks (each time recording the time and officer's name or identifier in the detention log)." See ICE NDS 2019, Standard, Hold Rooms in Detention Facilities, Section (II)(D)(4).

## **SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)**

ODO observed 12 housing units, the medical unit, admission and release, and visitation areas, and found ISADF did not post the current ICE SAAPI notice in these areas (**Deficiency SAAPI-52<sup>9</sup>**).

*Corrective Action:* Prior to the conclusion of the inspection, the facility initiated corrective action. ODO re-inspected the housing units and other areas where the facility had not posted the ICE SAAPI notice and found ISADF posted the current ICE SAAPI notice in all locations (**C-1**).

## **ORDER**

### **DISCIPLINARY SYSTEM (DS)**

ODO reviewed ISADF's detainee handbook and disciplinary system policy and found both stated disciplinary segregation will not exceed 60 days; however, both exceed the 30-day limit of the NDS 2019 Disciplinary System standard. ODO cited the ISADF detainee handbook and disciplinary system policy as an **Area of Concern**.

## **CARE**

### **SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHPI)**

ODO reviewed detainee suicide watch logs for [REDACTED] detainees and found in [REDACTED] out of nine logs, facility staff recorded seven entries between 16 and 90 minutes from the previous check (**Deficiency SSHPI-21<sup>10</sup>**). **This is a repeat deficiency and a priority component.**

## **ACTIVITIES**

### **VISITATION (V)**

ODO observed the visitation area and found ISADF did not provide nor post notification of the rules and hours for legal visitation (**Deficiency V-35<sup>11</sup>**).

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<sup>9</sup> "ICE/ERO will provide a sexual abuse and assault awareness notice to be posted on all housing-unit bulletin boards, as well as a "Sexual Assault Awareness Information" pamphlet to be distributed. The facility shall post with this notice the name of the facility PSA Compliance Manager and information about local organizations that can assist detainees who have been victims of sexual abuse and assault, including mailing addresses and telephone numbers (including toll-free hotline numbers where available)" See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(3).

<sup>10</sup> "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).

<sup>11</sup> "The facility shall provide notification of the rules and hours for legal visitation and post the rules prominently in the visiting room." See ICE NDS 2019, Standard, Visitation, Section (II)(G)(2).



*Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action. ODO re-inspected the visitation area and found the facility posted their rules and hours for legal visitation (C-2).

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 21 standards under NDS 2019 and found the facility in compliance with 16 of those standards. ODO found five deficiencies in the remaining five standards. Since ISADF’s last rated inspection in February 2024, the facility’s compliance with NDS 2019 trended downward. ISADF went from 1 deficient standard and 1 deficiency in February 2024 to 5 deficient standards and 5 deficiencies during this most recent full inspection. ISADF completed its uniform corrective action plan for its last inspection in August 2024, which may not have been effective in resolving the deficiency ODO previously identified in SSHSPI. 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 2024 Full Inspection (NDS 2019)</b>	<b>FY 2025 Full Inspection (NDS 2019)</b>
Standards Reviewed	21	21
Deficient Standards	1	5
Overall Number of Deficiencies	1	5
Priority Component Deficiencies	0	2
Repeat Deficiencies	0	1
Areas Of Concern	0	1
Corrective Actions	1	2
Facility Rating	Superior	Good



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