



**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 Washington Field Office**

**Immigration Centers of America (Farmville)  
Farmville, Virginia**

**June 8-11, 2020**

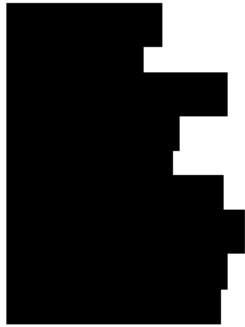
**COMPLIANCE INSPECTION**  
**of the**  
**IMMIGRATION CENTERS OF AMERICA (FARMVILLE)**  
Farmville, Virginia

**TABLE OF CONTENTS**

<b>FACILITY OVERVIEW .....</b>	<b>4</b>
<b>COMPLIANCE INSPECTION PROCESS .....</b>	<b>5</b>
<b>FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES.....</b>	<b>6</b>
<b>DETAINEE RELATIONS .....</b>	<b>7</b>
<b>COMPLIANCE INSPECTION FINDINGS .....</b>	<b>8</b>
<b>SECURITY .....</b>	<b>8</b>
Admission and Release.....	8
Staff-Detainee Communication .....	8
<b>CARE .....</b>	<b>9</b>
Food Service .....	9
Medical Care.....	9
Disability Identification, Assessment, and Accommodation.....	10
<b>ACTIVITIES .....</b>	<b>10</b>
Telephone Access .....	10
<b>JUSTICE.....</b>	<b>10</b>
Grievance System .....	10
<b>CONCLUSION .....</b>	<b>11</b>

---

## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
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 Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Immigration Centers of America (Farmville) (ICAF) in Farmville, VA, from June 8- 11, 2020. This facility holds male detainees with low, medium-low, medium-high and high security classification levels for periods greater than 72 hours.

The facility opened in 2010 and is owned by Immigration Centers of America (Farmville) and operated by Immigration Centers of America (Farmville). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at ICA in 2010 under the oversight of ERO's Field Office Director (FOD) in Denver. The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011.

ERO has ERO Deportation Officers and a dedicated facility Detention Services Manager assigned to the facility. A warden handles daily facility operations and is supported by █████ personnel, Trinity Services provides food services, Armor Health Care provides medical care, and Keefe provides commissary services at the facility. The facility is accredited by the American Correctional Association - August 2018, Prison Rape Elimination Act – April 2018 and the National Commission on Correctional Health Care - December 2016.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>1</sup>	690
Average ICE Detainee Population <sup>2</sup>	581
Male Detainee Population (as of 6/8/2020)	377
Female Detainee Population (as of 6/8/2020)	0

During the June 2019 inspection, ODO found 7 deficiencies in the following areas: Environmental Health and Safety (1), Admission and Release (2), Staff-Detainee Communication (1), Use of Force and Restraints (1), Medical Care (1), and Detainee Handbook (1).

<sup>1</sup> Data Source: ERO Facility List Report as of June 8, 2020.

<sup>2</sup> *Ibid.*

## 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 over 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.

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. Where applicable, these corrective actions are annotated with "*Corrective Action*" 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 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's findings inform ICE executive management in order to aid in the decision-making processes 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.

## FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES

PBNDS 2011 Standards Inspected <sup>3</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 – Security</b>	
Admission and Release	3
Custody Classification System	0
Funds and Personal Property	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	2
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>5</b>
<b>Part 4 – Care</b>	
Food Service	1
Medical Care	4
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	2
<b>Sub-Total</b>	<b>7</b>
<b>Part 5 – Activities</b>	
Recreation	0
Religious Practices	0
Telephone Access	1
Visitation	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 6 – Justice</b>	
Grievance Systems	3
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>3</b>
<b>Total Deficiencies</b>	<b>16</b>

<sup>3</sup> For greater detail on ODO's findings, See the *Compliance Inspection Findings* section of this report.

## DETAINEE RELATIONS

ODO interviewed 9 detainees, who each voluntarily agreed to participate. One of the detainees made an allegation regarding medical care issues. 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.

*Medical Care:* The detainee claimed he requested a mental health appointment due to depression but was never contacted to set up an appointment.

- Action Taken: ODO reviewed the detainee's medical record and determined he requested to see mental health on November 20, 2019 and was subsequently assessed by a nurse. He requested to see mental health again on December 8, 2019, and was seen by the Licensed Professional Counselor (LPC) on December 9, 2019. During the visit with the LPC, the detainee stated he did not have any mental health concerns, in which he was advised to request another visit, as needed. On April 20, 2020, he submitted another request for mental health. At the time of this inspection, no documentation was found to show he had been seen again by the LPC. The detainee was released from the facility on June 9, 2020.

# COMPLIANCE INSPECTION FINDINGS

## SECURITY

### ADMISSION AND RELEASE (A&R)

All detainees at ICAF must sign an acknowledgment form, verifying they were issued the National Detention Handbook. ODO reviewed 12 detainee files, two contained incomplete forms and the forms did not contain verification of receipt of the handbook. Also, these two documents were not signed by the detainees (**Deficiency A&R-1<sup>4</sup>**). ODO could not verify issuance of the local supplement to newly admitted detainees (**Deficiency A&R-2<sup>5</sup>**).

12 of the detainee files ODO reviewed contained an Order to Detain (Form I-203); however, one form was not signed by an ICE/ERO Authorizing Official as required (**Deficiency A&R-3<sup>6</sup>**).

### STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the detainee request logs for the previous 12 months prior to the inspection and found ERO was not consistently responding to detainee requests within three business days (**Deficiency SDC-1<sup>7</sup>**).

ODO found the request logs do not consistently record the proper information as required by the standard (**Deficiency SDC-2<sup>8</sup>**).

---

<sup>4</sup> "Each new arrival shall be oriented to facility operations through written material in the form of an ICE National Detention Handbook or equivalent, covering such issues as access to health care services, sick call and grievance procedures, and the facility's rules and prohibited acts." *See* ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Admission and Release, Section (V)(A).

<sup>5</sup> "In accordance with standard "6.1 Detainee Handbook," every facility shall issue to each newly admitted detainee a copy of the ICE National Detainee Handbook (handbook) and local supplement that fully describes all policies, procedures and rules in effect at the facility." *See* ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Admission and Release, Section (V)(G)(1).

<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 Performance-Based National Detention Standards (PBNDS) 2011, Standard, Admission and Release, Section (V)(E). **This is a Priority Component.**

<sup>7</sup> "In Facilities with ICE/ERO Onsite Presence the ICE/ERO staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no later than within three (3) business days of receipt." *See* ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Staff-Detainee Communication, Section (V)(B)(1)(a).

<sup>8</sup> "At a minimum, the log shall record: a. date of receipt; b. detainee's name; c. detainee's A-number; d. detainee's nationality; e. name of the staff member who logged the request; f. date that the request, with staff response and action, was returned to the detainee; g. any other pertinent site-specific information, including detention condition complaints; h. specific reasons why the detainee's request is urgent and requires a faster response; and i. the date the request was forwarded to ICE/ERO and the date it was returned shall also be recorded." *See* ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Staff-Detainee Communication, Section (V)(B)(2)(a-i).



## CARE

### FOOD SERVICE (FS)

ODO reviewed documentation and photos of dry storage goods and found one gallon of vanilla extract syrup. The syrup has an alcohol-based ingredient (propylene glycol) and requires special handling and storage. Further review of the purchase request orders confirms this ingredient was not specified for special-handling as required (**Deficiency FS-1<sup>9</sup>**). Prior to completion of the inspection, the facility discarded the vanilla extract syrup.

### MEDICAL CARE (MC)

ODO reviewed [REDACTED] licensed staff credentials and found [REDACTED] were not primary source verified. (**Deficiency MC-1<sup>10</sup>**). Prior to completion of the inspection, the health service administrator completed the primary source verification.

ODO reviewed 12 detainee medical charts and found one medical chart did not have an informed consent for care signed by the detainee (**Deficiency MC-2<sup>11</sup>**). ODO's review of 12 detainee files noted one detainee did not receive a screening chest x-ray until two days after admission to the facility (**Deficiency MC-3<sup>12</sup>**). One detainee medical file did not have an informed consent for care signed by the detainee, who received treatment (**Deficiency MC-4<sup>13</sup>**).

ICAF medical staff conducts separate pill-lines to ensure all detainees receive medication as a **Best Practice**. Pill-line is [REDACTED] in the housing units and four times a day in the medical clinic. Medications with specific limitations or instructions or those which require privacy and confidentiality are dispensed or administered in health services. Detainees who work and would otherwise miss the regular pill-line time, are also scheduled for their medications in health services. This not only ensures compliance, but it also provides privacy when certain medications are taken.

ODO notes ICAF uses paper medical charts as an **Area of Concern**. Staff signatures are illegible, and staff are not consistently using a name stamp or printing their name. Staff providing care or

---

<sup>9</sup> [REDACTED] also require special handling and storage. 1) The purchase order for any of these items shall specify the special-handling requirements for delivery." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Food Service, Section (V)(B)(4)(b)(1).

<sup>10</sup> "All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements. Copies of the documents must be maintained on site and readily available for review. A restricted license does not meet this requirement." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(I). **This is a Priority Component.**

<sup>11</sup> "Upon admission at the facility, documented informed consent shall be obtained for the provision of health care services." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Medical Care, Section (V)(AA)(1). **This is a Priority Component.**

<sup>12</sup> "All new arrivals shall receive TB screening within 12 hours of intake and in accordance with CDC guidelines (www.cdc.gov/tb). For detainees that have been in continuous law enforcement custody, symptom screening plus documented TB screening within one year of arrival may be accepted for intake screening purposes." See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Medical Care, Section (V)(C)(2).

<sup>13</sup> "Informed consent shall be obtained prior to providing treatment (absent medical emergencies). Consent forms and refusals shall be documented and placed in the detainee's medical file. " See ICE Performance-Based National Detention Standards (PBNDS) 2011, Standard, Medical Care, Section (V)(D).

co-signing documents are not readily identifiable.

## **DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)**

ODO could not verify if the facility sent the appropriate information to ERO approving or denying detainee disability requests (**Deficiency DIA&A-1<sup>14</sup>**).

ICAF orientation process did not contain any information regarding the facility's disability policy (**Deficiency DIA&A-2<sup>15</sup>**).

## **ACTIVITIES**

### **TELEPHONE ACCESS (TA)**

ODO's review of telephone serviceability worksheets found logs were not maintained or recorded for two separate weeks (**Deficiency TA-1<sup>16</sup>**).

## **JUSTICE**

### **GRIEVANCE SYSTEM (GS)**

The facility grievance log did not document the adjudication of the detainee grievance (**Deficiency GS-1<sup>17</sup>**). Medical grievance forms did not capture log numbers (**Deficiency GS-2<sup>18</sup>**). The medical grievance log did not document the adjudication of the grievance (**Deficiency GS-3<sup>19</sup>**).

---

<sup>14</sup> "This notification must include, at a minimum,

a. the nature of the detainee's disability or impairment;

b. the accommodation requested by the detainee; and

c. the facility's plan to accommodate the detainee..." See ICE PBDNS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section, (V)(H)(1)(a-c).

<sup>15</sup> "The facility orientation program required by standard 2.1, "Admission and Release," and the detainee handbook required by standard 6.1, "Detainee Handbook," shall notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request. The facility will post other documents for detainee awareness in detainee living areas and in the medical unit, as requested by the local ICE/ERO Field Office." See ICE PBDNS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section, (V)(J).

<sup>16</sup> "Each facility shall maintain detainee telephones in proper working order. Designated facility staff shall inspect the telephones daily, promptly report out-of-order telephones to the repair service so that required repairs are completed quickly. This information shall be logged and maintained by each Field Office." See ICE PBDNS 2011, Standard, Telephone Access, Section (V)(A)(3).

<sup>17</sup> "Facility staff shall assign each grievance a log number, enter it in the space provided on the detainee grievance form, and record it in the detainee grievance log in chronological order, according to the following stipulations:

1. the log entry number and the detainee grievance number must match..." See ICE Performance-Based National Detention Standards (PBDNS) 2011, Standard, Grievance System, Section (V)(D).

<sup>18</sup> "Facility staff shall assign each grievance a log number, enter it in the space provided on the detainee grievance form, and record it in the detainee grievance log in chronological order, according to the following stipulations:

1. the log entry number and the detainee grievance number must match." See ICE Performance-Based National Detention Standards (PBDNS) 2011, Standard, Grievance System, Section (V)(D)(1).

<sup>19</sup> "GO or designee shall note the grievance log with the following information: ...

•outcome of the adjudication. "See ICE Performance-Based National Detention Standards (PBDNS) 2011, Standard, Grievance System, Section (V)(C)(3)(b)(1)(c).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under PBND 2011 and found the facility in compliance with 11 of those standards. ODO found 16 deficiencies in the remaining 7 standards. ODO commended facility staff for their responsiveness during this contingency inspection.

ODO noted four deficiencies, one area of concern and one best practice in the medical care standard. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2018 (PBND 2011)</b>	<b>FY 2020 (PBND 2011)</b>
Standards Reviewed	18	18
Deficient Standards	6	7
Overall Number of Deficiencies	8	16
Deficient Priority Components	2	3
Repeat Deficiencies	N/A	0
Corrective Actions	2	0