



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

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**Office of Detention Oversight  
Compliance Inspection**

**Enforcement and Removal Operations  
ERO Washington Field Office  
Immigration Centers of America - Farmville  
Farmville, Virginia**

**December 4 – 6, 2018**

**COMPLIANCE INSPECTION**  
**for the**  
**IMMIGRATION CENTERS OF AMERICA - FARMVILLE**  
**FARMVILLE, VA**

**TABLE OF CONTENTS**

**OVERVIEW**

Facility Overview ..... 1  
 Findings by Performance-Based National Detention Standards (PBNDS) 2011  
 Major Categories ..... 2

**DETAINEE RELATIONS** ..... 4

**COMPLIANCE INSPECTION FINDINGS** ..... 6

**SAFETY** ..... 6  
 Environmental Health and Safety ..... 6

**SECURITY** ..... 6  
 Admission and Release ..... 6  
 Staff-Detainee Communication ..... 6  
 Use of Force and Restraints ..... 7

**CARE** ..... 7  
 Medical Care ..... 7

**ACTIVITIES** ..... 8  
 Visitation ..... 8  
 Detainee Handbook ..... 8

**CONCLUSION** ..... 9

**COMPLIANCE INSPECTION TEAM MEMBERS**

	Team Lead	ODO
	Inspections and Compliance Specialist	ODO
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	Section Chief	ODO
	Contractor	Creative Corrections
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## 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, Virginia (VA), from December 4-6, 2018.<sup>1</sup> ICAF opened in August 2010 and is owned and operated by Immigration Centers of America, LLC (ICA). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at ICAF in August 2010, under oversight of the ERO Field Office Director (FOD) in Fairfax, VA. The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011, as revised in 2016.

ERO Deportation Officers (DO) and a Detention Services Manager (DSM) are assigned to the facility. An ICAF Director is responsible for oversight of daily facility operations and is supported by █ personnel. Trinity Food Service provides food services and medical care is provided by the Armor Correctional Health Services, Inc. The facility is accredited by the American Correctional Association and the National Commission on Correctional Health Care.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	690
Average ICE Detainee Population <sup>3</sup>	664
Male Detainee Population (as of 12/4/2018)	665
Female Detainee Population (as of 12/4/2018)	N/A

ODO conducted its last inspection of the facility in 2015. During the last inspection, ODO reviewed 16 standards under PBNDS 2011. ODO found ICAF compliant with 13 standards. ODO found a total of four deficiencies, in the remaining three standards: Detainee Handbook (1), Law Libraries and Legal Materials (1), and Special Management Units (2).

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<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 Facility List Report as of December 3, 2018.

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

## FINDINGS BY PBNS 2011 MAJOR CATEGORIES

PBNS 2011 STANDARDS INSPECTED <sup>4</sup>	DEFICIENCIES
<b>Part 1 – Safety</b>	
Environmental Health and Safety	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 2 – Security</b>	
Admission and Release	2
Custody Classification System	0
Funds and Personal Property	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	1
Use of Force and Restraints	1
<b>Sub-Total</b>	<b>4</b>
<b>Part 4 – Care</b>	
Disability, Identification, Assessment and Accommodation	0
Food Service	0
Medical Care	1
Medical Care (Women)	N/A
Significant Self-harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 5 – Activities</b>	
Marriage Requests	0
Telephone Access	0
Visitation	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Detainee Handbook	1
Grievance System	0
Law Libraries and Legal Materials	0
<b>Sub-Total</b>	<b>1</b>
<b>Total Deficiencies</b>	<b>7</b>

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

## 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.<sup>5</sup> ODO identifies violations outlined in ICE detention standards, ICE policies, or operational procedures, as “deficiencies”.

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 “C” under the 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.

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<sup>5</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## DETAINEE RELATIONS

ODO interviewed 31 detainees who each voluntarily agreed to participate. None of the detainees made any allegations of abuse, discrimination, or mistreatment. Most detainees reported satisfaction with facility services, except for the concerns listed below.

**Classification:** One detainee stated that ICAF inappropriately classified him as a high-level detainee.

- **Action Taken:** ODO reviewed the detainee's classification file and interviewed the facility classification staff. ODO determined the detainee was appropriately classified as a high-level detainee based on his criminal history. ODO referred the detainee to the facility handbook and suggested the detainee could follow the classification appeal procedures in the handbook if he chooses to appeal his classification.

**Environmental Health and Safety:** One detainee stated there was a large gang population in his housing unit, and he found blood on the phones and in the showers due to weapons being made in the unit.

- **Action Taken:** ODO discussed the claim with facility leadership, interviewed housing unit officers, and inspected the housing unit's showers and phones. ODO saw no evidence of blood on or near the phones or in the showers. Facility leadership informed ODO there has been a significant increase in the number of known gang members detained at ICAF. Housing unit officers informed ODO the detainees clean the housing unit two to three times a day, and detainees have not reported the presence of blood to them. Housing unit officers informed ODO they tour the housing unit frequently each day and they have not witnessed blood on the telephones or in the showers. Facility leadership has increased the number of contraband checks in the housing units with known gang members, and ICAF houses rival gang members separately.

**Staff-Detainee Communication:** One detainee stated he needed assistance retrieving contact information from his cellphone in property storage, specifically to contact the college he attends, but he has not submitted a written request to access his property or contact his college.

- **Action Taken:** ODO spoke with the ERO facility liaison DO regarding both issues. The DO assisted the detainee in submitting a written request to access his personal property and informed him that although he may not e-mail the college directly, ERO will assist him by providing him with the school mailing address so he may write and mail a letter to the school.

**Staff-Detainee Communication:** Two detainees stated they asked several times to speak with their DO but a DO did not respond, and they planned to hunger strike if their DO did not speak to them within 24 hours.

- **Action Taken:** ODO informed the Assistant Field Office Director (AFOD) of the detainees' claim and threat to hunger strike. The AFOD asked a DO to speak with the two detainees immediately. The detainees informed the DO their case officer spoke with them

multiple times; however, their primary concern is ICE not removing them fast enough to their home countries. Both detainees were told by the DO they are final orders of removal, and their removal is imminent; however, the DO did not provide a specific timeframe or date. The detainees told the DO they were satisfied with the information provided and stated they would not hunger strike.

# COMPLIANCE INSPECTION FINDINGS

## SAFETY

### ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the facility's policy, procedures, and records. All medical sharps were properly secured and are inventoried at each shift change. Although inventory logs reflect the Director of Nursing (DON) conducts the monthly inventories of medical sharps, the medical sharps are not checked and inventoried on a weekly basis by a designated individual as required in the standard (**Deficiency EH&S-1<sup>6</sup>**).

ODO's inspection of detainee housing units found soap wrappers and empty shampoo bottles in the shower area in housing units 1, 2, 4, 6, and 9. Additionally, ODO observed peeling paint in the shower areas and chipped flooring around the shower drains. According to facility leadership, the facility is evaluating installation of floor and wall coverings for the showers. ODO notes the condition of the housing unit showers as an **Area of Concern**.

## SECURITY

### ADMISSION AND RELEASE (A&R)

ODO reviewed the ICAF orientation policy which complied with standard requirements; however, ODO found no documentation that ERO approved ICAF's orientation procedures (**Deficiency A&R-1<sup>7</sup>**).

*Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action. ERO issued a memo approving orientation procedures (**C-1**).

ODO reviewed the ICAF release policy which complied with standard requirements; however, ODO found no documentation that ERO approved ICAF's release procedures (**Deficiency A&R-2<sup>8</sup>**).

*Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action. ERO issued a memo approving release procedures (**C-2**).

### STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed records of telephone serviceability tests maintained by the field office from January through November of 2018. Between January and August of 2018, ICAF only had records for

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<sup>6</sup> "Items that pose a security risk, such as sharp instruments, syringes, needles, and scissors, shall be inventoried and checked weekly by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(D)(4).

<sup>7</sup> "All facilities shall have a method to provide ICE/ERO detainees an orientation to the facility as soon as practical, in a language or manner that detainees can understand. Orientation procedures in CDFs and IGSA's must be approved in advance by the local ICE/ERO Field Office." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(F).

<sup>8</sup> "Facility staff assigned to processing must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include but are not limited to: completing out-processing forms; closing files and fingerprinting; returning personal property; reclaiming facility-issued clothing, identification cards, handbooks and bedding; and checking wants and warrants. ICE/ERO shall approve all facility release procedures." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(H).



three weeks: one week in April, and two weeks in July (**Deficiency SDC-1<sup>9</sup>**). The ERO field office informed ODO they identified this deficiency in August and reassigned the duties for completing weekly telephone serviceability tests. All records for telephone serviceability tests were present from August through November of 2018.

### **USE OF FORCE AND RESTRAINTS (UOF&R)**

ODO's found ICAF had two calculated use of force (UOF) incidents during the year preceding the inspection. ODO reviewed the audio-visual recording of both incidents and found neither recording contained a post incident debrief with full discussion/analysis/assessment of the incident (**Deficiency UOF&R-1<sup>10</sup>**). Supervisory staff informed ODO although the UOF team lead conducts a post incident debrief, s/he does not conduct it on video immediately following the conclusion of the UOF incident. Conducting an audio-visual recording of the UOF debrief at the conclusion of each UOF incident can help to protect both staff and detainees in the event of future investigation and/or litigation.

## **CARE**

### **MEDICAL CARE (MC)**

ICAF nursing staff complete medical and mental health intake screenings, including tuberculosis (TB) screenings which are completed via digital chest x-rays or purified protein derivative (PPD). ODO's review of 55 medical files confirmed intake and TB screenings are completed within 12 hours of detainee arrival. However, review of those same 55 files showed five detainees did not undergo an initial physical examination within 14 days of arrival. Specifically, those five records documented the detainees refused their physical examinations and were not placed in medical isolation until a physical examination was completed, as required by the Virginia Department of Corrections.<sup>11</sup> ODO notes that not isolating the detainees until a physical examination was completed as an **Area of Concern**.

ICAF initiates refusal forms when a detainee refuses medical care; however, 37 medical refusal forms reviewed by ODO lacked both the signature of the detainee refusing care, and documentation that medical staff educated the detainee on the consequences of treatment/diagnostic procedure avoidance (**Deficiency MC-1<sup>12</sup>**). Through interviews with both

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<sup>9</sup> "Field Office Directors shall ensure that all phones for detainees use are tested at least weekly in accordance with standard '5.6 Telephone Access.' Staff shall report any telephone serviceability problems within 24 hours to the appropriate ICE point of contact. Staff shall document each serviceability test on a form that has been provided by ERO, and each Field Office shall maintain those forms, organized by month, for three years." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(C).

<sup>10</sup> "2. ...Calculated use-of-force incident shall be audio visually-recorded in the following order: ...

f. Debrief the incident with a full discussion/analysis/assessment of the incident." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I)(2)(f).

<sup>11</sup> See Virginia Department of Corrections Operating Procedure 720.2, Section IV.G.2, which states "Any offender who refuses to submit to an examination, testing, or treatment or to continue treatment shall be placed in medical isolation until such time as it is ascertained that no contagious disease is present."

<sup>12</sup> "Involuntary treatment is a decision made only by medical staff under strict legal restrictions. When a detainee refuses medical treatment, and the licensed healthcare provider determines that a medical emergency exists, the physician may authorize involuntary medical treatment. Prior to any contemplated action involving non-emergent involuntary medical treatment, respective ICE Office of Chief Counsel shall be consulted. ...

7. If the detainee refuses to consent to treatment, medical staff shall make reasonable efforts to explain to the detainee the necessity for and propriety of the recommended treatment.

the HSA and the DON, and observation of the medical unit, ODO determined medical staff pre-sign refusal forms and then detention officers are responsible for administering the forms to detainees who refuse medication/s. The facility set this process up during quality improvement meetings that occurred in July, August, and September of 2018, after recognizing a consistent gap in the completion of refusal forms. ODO notes this process does not address the requirement that medical staff explain the medical risks of refusing treatment to detainees.

## **ACTIVITIES**

### **VISITATION (V)**

Detainees may receive visits from their families, associates, legal representatives, consular officials, and others in the community. Detainee visits with legal representatives are confidential and not subject to auditory supervision. Detainees may have contact and non-contact visits at ICAF. Normal visiting hours run from 9 A.M. to 9 P.M., seven days per week. To better serve families who cannot visit during normal visiting hours due to work schedules, length of travel to the facility etc., special requests for visits outside of normal visiting hours can be accommodated on a case by case basis with at least 24-hour notice. ODO reviewed visitation records and identified five instances of approved after-hours visitation. ODO notes ICAF's practice of accommodating detainee's families by approving after-hours visitation requests as a **Best Practice**.

## **JUSTICE**

### **DETAINEE HANDBOOK (DH)**

The ICAF local handbook was most recently revised in January 2018. The local handbook contained all required elements of the Detainee Handbook standard with the exception of informing detainees of the scheduled hours ICE/ERO staff are available to be contacted by detainees at the facility (**Deficiency DH-1**<sup>13</sup>).

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8. Medical staff shall ensure that the detainee's questions regarding the treatment are answered by appropriate medical personnel.
  9. Medical staff shall explain the medical risks if treatment is declined and shall document their treatment efforts and refusal of treatment in the detainee's medical record. Detainees will be asked to sign a translated form that indicates that they have refused treatment.
  10. The clinical medical authority and facility administrator shall look into refusals of treatment to ensure that such refusals are not the result of miscommunication or misunderstanding."

*See ICE PBNDS 2011, Standard, Medical Care, Section (V)(AA)(7-10).*

<sup>13</sup> "While all applicable topics from the handbook must be addressed, it is especially important that each local supplement notify each detainee of: ...

15. contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility."

*See ICE PBNDS 2011, Standard, Detainee Handbook, Section (V)(B). This is a Priority Component. This is a repeat deficiency.*

## CONCLUSION

During this inspection, ODO reviewed the facility's compliance with 18 standards under PBNDS 2011 and found the facility compliant with 12 standards. ODO found seven deficiencies in the remaining six standards. The increase in deficiencies is relatively small considering the size of the facility and the average daily population; however, the deficiency concerning the DO visitation schedule is a repeat deficiency which the facility corrected following ODO's 2015 inspection. In addition to the deficiencies described, ODO noted two **Areas of Concern**: the condition of housing unit showers and detainees not being medically isolated when they refuse their physical examinations; and, one **Best Practice**: ICAF's robust visitation practices, which should serve as a model for other ICE facilities. ODO recommends the local ERO field office work with the facility to resolve all outstanding deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2015 (PNDS 2011)	FY 2018 (PNDS 2011)
Standards Reviewed	16	18
Deficient Standards	3	6
Overall Number of Deficiencies	4	7
Deficient Priority Components	1	1
Corrective Action	1	2