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U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Washington Field Office

Caroline Detention Facility
Bowling Green, VA

September 17-19, 2019

COMPLIANCE INSPECTION
for the
CAROLINE DETENTION FACILITY
Bowling Green, Virginia

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COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	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 Caroline Detention Facility (CDF) in Bowling Green, Virginia, from September 17 to 19, 2019.¹ The facility opened in 2018 and is owned and operated by the County of Caroline. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CDF in September 2018 under the oversight of ERO's Field Office Director (FOD) in Washington (ERO Washington). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned Deportation Officers (DOs) and a Detention Services Manager (DSM) to the facility. A superintendent handles daily facility operations and is supported by [REDACTED] personnel. Trinity Services Group provides food services, ICE Health Service Corps (IHSC) provides medical care, and Oasis Commissary Services provides commissary services at the facility. The facility held no national accreditations at the time of the inspection. This was ODO's first inspection of the facility.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	336
Average ICE Detainee Population ³	272
Male Detainee Population (as of 9/17/2019)	230
Female Detainee Population (as of 9/17/2019)	43

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

² Data Source: ERO Facility List Report as of September 16, 2019.

³ *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 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.⁴

ODO identifies violations of 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 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.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES

PBNDs 2011 STANDARDS INSPECTED ⁵	DEFICIENCIES
Part 1 – Safety	
Environmental Health and Safety	1
Sub-Total	1
Part 2 – Security	
Admission and Release	4
Custody Classification System	4
Facility Security and Control ⁶	0
Funds and Personal Property	4
Sexual Abuse and Assault Prevention and Intervention	3
Special Management Units	0
Staff-Detainee Communication	2
Use of Force and Restraints	4
Sub-Total	21
Part 4 – Care	
Food Service	0
Medical Care	0
Medical Care (Women)	1
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	1
Part 5 - Activities	
Recreation	0
Religious Practices	0
Telephone Access	3
Visitation	3
Sub-Total	6
Part 6 – Justice	
Grievance Systems	1
Law Libraries and Legal Material	1
Sub-Total	2
Total Deficiencies	31

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

⁶ The Area of Concern cited under the Facility Security and Control standard was identified while inspecting the detainee housing units, the Facility Security and Control standard was not inspected in its entirety.

DETAINEE RELATIONS

ODO interviewed 14 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.

Medical Care: One detainee stated he made multiple medical requests for a rash on his face and has not received a diagnosis or appropriate medication.

- Action Taken: ODO spoke with medical staff, reviewed the detainee's medical record, and found medical staff evaluated the detainee when he arrived on March 27, 2019, with no significant findings. A registered nurse (RN) completed a full physical examination on April 3, 2019, and the RN, physician assistant, nurse practitioner, and physician saw this detainee several times for his face rash. Facility medical staff treated the detainee with topical creams, antibiotics, and steroids; however, there was little improvement to the detainee's condition. ODO reviewed the case with the physician and the physician decided to refer the detainee to an outside dermatologist. IHSC submitted a referral for the detainee to be seen by an outside dermatologist on September 18, 2019. The facility was waiting for an appointment to be scheduled when ODO completed the inspection.

Medical Care: One detainee stated he had a "chip" implanted in his ear and was hearing voices.

- Action Taken: ODO referred this detainee to the facility medical staff. This detainee was previously diagnosed with auditory hallucinations and paranoid personality disorder. Medical staff provided ODO with documentation, which showed the detainee refused all prescribed medications, except for pain medication. The physician informed ODO the detainee would be referred for a computerized tomography (CT) scan as an additional diagnostic measure.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO's inspection in health services found the syringes are counted and inventoried; however, the Health Services Administrator (HSA) or equivalent [REDACTED] (Deficiency EH&S-1⁷).

SECURITY

ADMISSION AND RELEASE (A&R)

ODO's interviews with the detainee management chief, custody sergeant and intake officers found the facility strip-searched one detainee during intake in the 12 months preceding the inspection. The facility documented the strip-search as required; however, facility staff did not document attempts to resolve their suspicions through less intrusive means prior to conducting the strip-search (Deficiency A&R-1⁸).

ODO's review of 25 detention files found four detention files did not have an Order to Detain (Form I-203) and 11 detention files had Form I-203s, which were not signed by an authorizing official (Deficiency A&R-2⁹).

ODO's review of seven detention files for detainees who had been released found four detention files had Orders to Release (Form I-203), which were not signed by an authorizing official (Deficiency A&R-3¹⁰).

ODO reviewed orientation procedures, interviewed the detainee management chief, and determined the facility did not conduct a question and answer session with detainees after they viewed the orientation video (Deficiency A&R-4¹¹).

⁷ "Items that pose a security risk, [REDACTED], shall be [REDACTED] by an individual designated by the medical facility's Health Service Administrator (HSA) or equivalent." See PBNDs 2011, Standard, Environmental Health and Safety, Section (V)(D)(4).

⁸ "The officer shall document the results of those other, less intrusive, search methods on Form G-1025 (or contractor equivalent)." See ICE 2011 PBNDs, Standard, Admission and Release, Section (V)(B)(4)(b).

⁹ "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 2011 PBNDs, Standard, Admission and Release, Section (V)(E). **This is a Priority Component.**

¹⁰ "A detainee's out-processing begins when release processing staff receive the Form I-203, "Order to Detain or Release," signed by an authorizing official." See ICE 2011 PBNDs, Standard, Admission and Release, Section (V)(H)(1). **This is a Priority Component.**

¹¹ "Following the orientation, staff shall conduct a question-and-answer session." See ICE 2011 PBNDs, Standard, Admission and Release, Section (V)(F). **This is a Priority Component.**

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed classification documentation in 25 detention files and found a supervisor did not approve the classification of one detainee and the reclassification of one detainee (**Deficiency CCS-1**¹²).

ODO reviewed housing unit rosters against detainee classification documentation. A supervisor did not document the rationale for overriding the custody classification worksheet score for several detainees, and ODO found one instance where the facility classified and housed a detainee with a documented history of violence in a low/medium-low housing unit (**Deficiency CCS-2**¹³).

ODO reviewed the detention files of five detainees who had been assigned to disciplinary segregation (DS) for misconduct and found the facility did not reclassify two out of five detainees prior to releasing them from DS (**Deficiency CCS-3**¹⁴).

ODO observed a high custody detainee walking on the compound without staff escort and high custody detainees were co-mingling with low custody detainees on the compound during the inspection (**Deficiency CCS-4**¹⁵).

FACILITY SECURITY AND CONTROL (FS&C)

ODO toured all detainee housing units and noted as an **Area of Concern**, none of the housing units had video cameras installed, which limited the facility's ability to record events that occurred inside of the housing units, and either substantiate or unsubstantiate detainee allegations.

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO's inspection of the property storage area found excess baggage and large valuables were tagged with a Baggage Check Form (I-77) and stored in secured metal cages in the warehouse; however, the facility did not inventory the excess baggage and large valuables, and ODO observed there were several bags with missing or broken zip ties (**F&PP Deficiency-1**).

ODO observed the property room door was unlocked throughout the first day of the inspection, garment bags were stored on the floor outside the property room, and the facility did not limit

¹² "The designated classification supervisor or facility administrator designee shall review the intake processing officer's classification files for accuracy and completeness and ensure that each detainee is assigned to the appropriate housing unit." See ICE 2011 PBNDS, Standard, Custody Classification System, Section (V)(E).

¹³ "The designated classification supervisor or facility administrator designee shall review the intake processing officer's classification files for accuracy and completeness and ensure that each detainee is assigned to the appropriate housing unit." See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(E).

¹⁴ "Staff shall complete a special reclassification within 24 hours before a detainee leaves the Special management Unit (SMU), following an incident of abuse or victimization, and at any other time when warranted based upon the receipt of additional, relevant information, such as after a criminal act, or if a detainee wins a criminal appeal, is pardoned or new criminal information comes to light." See ICE 2011 PBNDS, Standard, Custody Classification System, Section (V)(H)(3).

¹⁵ "3. High Custody...

• are always monitored and escorted." See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(F)(3).

access to large valuables storage to only supervisors (**F&PP Deficiency-2**).

ODO interviewed the detainee management chief and custody sergeant, and a reviewed CDF Policy 2.5 and found there is no supervisory accountability to ensure funds, property, and small and large valuables received each shift are properly secured and accounted in either the drop box, small valuables safe, or large/excess property containers (**Deficiency F&PP-3**).

ODO's review of the audit records found the facility did not conduct quarterly audits of all property bags and small and large valuables, to account for detainee property (**Deficiency F&PP4**).

ODO observed the [REDACTED] draw [REDACTED], and open the [REDACTED] ODO noted as an **Area of Concern**.

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

CDF had a SAAPI policy, which incorporated all requirements of the standard; however, ERO Washington had not approved the policy (**Deficiency SAAPI-1**¹⁶).

Corrective Action: Prior to the completion of the inspection, the AFOD reviewed the facility's SAAPI policy and issued a memo, which approved the policy (**C-1**).

ODO observed CDF had not posted their policies and protocols to their public website nor made them accessible to the public another way (**Deficiency SAAPI-2**¹⁷).

Corrective Action: Prior to the completion of the inspection, the facility posted their SAAPI policy to their public website (**C-2**).

ODO reviewed CDF's SAAPI orientation records and found the facility did not conduct or document SAAPI orientation with all detainees prior to August 2019 (**Deficiency SAAPI-3**¹⁸).

STAFF-DETAINEE COMMUNICATION (SDC)

ERO Washington received and responded to detainee requests as required by the standard; however, ODO reviewed the ICE request log and found the log did not include a column to document a reason as to why a detainee's request was urgent and would require a faster response (**Deficiency SDC-1**¹⁹).

¹⁶ "The facility's written policy and procedures require the review and approval of the Field Office Director." See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section, (V)(A). **This is a priority component.**

¹⁷ "Each facility shall also post its protocols on its website, if it has one, or otherwise make the protocol available to the public." See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section, (V)(A). **This is a priority component.**

¹⁸ "The facility shall maintain documentation of detainee participation in the instruction session." See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section, (V)(F). **This is a priority component.**

¹⁹ "At a minimum, the log shall record specific reasons why the detainee's request is urgent and requires a faster response..." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section, (V)(B)(2)(h).

ODO observed ERO Washington staff conduct SDC in several housing units. ERO Washington staff did not announce their presence to the detainees when they entered the housing units (**Deficiency SDC-2²⁰**).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO's review of Use of Force and Restraints, Policy Number 2.15, found it addressed the requirements of the standard, including confrontation avoidance; however, ERO Washington had not approved the facility's UOF incident form (**Deficiency UOF&R-1**).

Corrective Action: Prior to the completion of the inspection, the AFOD reviewed the facility's UOF policy and UOF incident form, and issued a memo, which approved the UOF incident form (**C-3**).

ODO reviewed the facility's after-action review policy and found ERO Washington had not approved the facility's after-action review procedures (**Deficiency UOF&R-2**).

Corrective Action: Prior to the completion of the inspection, the AFOD reviewed the after-action review policy and issued a memo, which approved the facility's after-action review procedures (**C-4**).

CDF maintained a written record of routine and emergency distribution of security equipment; however, they did not specifically designate and incorporate, in one or more post orders, the responsibility for staff to implement these procedures (**Deficiency UOF&R-3**).

ODO's inspection of hand-held audio-visual recording equipment found the watch commander and control room officers documented their inspection of audio-visual recording equipment on each shift; however, the superintendent had not incorporated the responsibility for maintaining all equipment and supplies into the post orders (**Deficiency UOF&R-4**).

CARE

MEDICAL CARE WOMEN (MCW)

ODO's review of medical files found three of five female detainees, over the age of 50, were not offered age appropriate evaluation, nor did the facility instruct the detainees to request the evaluations if desired (**Deficiency MCW-1²¹**). Prior to the completion of the inspection, the [REDACTED] staff physician offered and conducted age-appropriate evaluations of all three female detainees.

²⁰ "ICE/ERO staff members shall announce their presence when entering a housing unit." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section, (V)(A).

²¹ "In addition to the medical, mental health, and dental services provided to every detainee as required by standard '4.3 Medical Care,' every facility shall directly or contractually provide its female detainees with access to:

3. routine, age-appropriate, gynecological health care services, including women's specific preventive care."

This is a priority component.

See ICE PBNDS 2011, Standard, Medical Care (Women), Section (V)(A)(3).

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO inspected each housing unit and found CDF staff did not consistently post telephone access rules, telephone access hours, and updated telephone and consulate lists in all housing units (**Deficiency TA-1²²**).

ODO reviewed telephone testing procedures and found housing unit officers did not ensure each phone had a dial tone by testing the equipment or demonstrate that an individual could make calls using the free call platform (**Deficiency TA-2²³**).

ODO observed there was signage on or near all telephones, which provided notice that detainee calls are monitored; however, ODO did not find any postings on or near the telephones with procedures for obtaining an unmonitored legal call (**Deficiency TA-3²⁴**).

VISITATION (V)

ODO reviewed the facility's visitation policy and found CDF's visitation policy did not include procedures for visitation by law enforcement officials (**Deficiency V-1²⁵**).

Corrective Action: Prior to the completion of the inspection, CDF updated their policy to include procedures for visitation by law enforcement officials (**C-6**).

ODO noted the legal visitation log did not include a supervising attorneys name, if a visiting attorney had one (**Deficiency V-2²⁶**).

The facility posted visitation hours and rules in all housing units, except for the Stonebridge Housing Unit (**Deficiency V-3²⁷**).

²² "Each facility shall provide telephone access rules in writing to each detainee upon admission, and also shall post these rules where detainees may easily see them. ICE/ERO and the facility shall coordinate in posting these rules where practicable in Spanish and in the language of significant segments of the population with limited English proficiency. Telephone access hours shall also be posted. Updated telephone and consulate lists shall be posted in detainee housing units." See ICE PBNDS 2011, Standard, Telephone Access, Section, (V)(C).

²³ "After ensuring that each phone has a dial tone, when testing equipment the officers must be able to demonstrate that an individual has the ability to make calls using the free call platform." See ICE PBNDS 2011, Standard, Telephone Access, Section, (V)(A)(4).

²⁴ 3. at each monitored telephone, place a notice that states the following: a. that detainee calls are subject to monitoring; and b. the procedure for obtaining an unmonitored call to a court, a legal representative or for the purposes of obtaining legal representation." See ICE PBNDS 2011, Standard, Telephone Access, Section, (V)(B)(3)(b).

²⁵ "Facility visitation procedures shall cover law enforcement officials requesting interviews with detainees." See ICE PBNDS 2011, Standard, Visitation, Section, (V)(N)(2)

²⁶ "Log entries shall include the following information: supervising attorney's name (if applicable)." See ICE PBNDS 2011, Standard, Visitation, Section, (V)(J)(14)(e)

²⁷ "Each facility shall provide written notification of visitation rules and hours in the detainee handbook or local supplement given each detainee upon admission and post those rules and hours where detainees can easily see them. Such information shall be posted in each housing unit." See ICE PBNDS 2011, Standard, Visitation, Section, (V)(C)(1)

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO selected a sample of 26 detainee files to review from the grievance log for calendar year 2019. ODO found while CDF has grievance filing procedures, 21 out of 26 detainee detention files were missing a copy of the grievance disposition and one out of five available grievance dispositions, showed the facility did not provide a response to the detainee within five days (**Deficiency GS-1²⁸**).

LAW LIBRARIES AND LEGAL MATERIAL (LL&LM)

ODO reviewed the facility handbook and found the handbook did not inform detainees what the law library hours were (**Deficiency LL&LM-1²⁹**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 20 standards under PBNDS 2011 and found the facility in compliance with eight of those standards. ODO found 31 deficiencies in the remaining 12 standards. ODO commends facility staff for their responsiveness during this inspection and notes there were five instances where staff initiated immediate corrective action during the inspection. ODO found facility and ERO Washington staff to be professional and extremely responsive to concerns raised. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2018 (PBNDS 2011)	FY 2019 (PBNDS 2011)
Standards Reviewed	N/A	20
Deficient Standards	N/A	13
Overall Number of Deficiencies	N/A	31
Deficient Priority Components	N/A	8
Repeat Deficiencies	N/A	N/A
Corrective Actions	N/A	5

²⁸ "A copy of the grievance disposition shall be placed in the detainee's detention file and provided to the detainee within five days." See ICE PBNDS 2011, Standard, Grievance System, Section, (V)(D). **This is a priority component.**

²⁹ "The detainee handbook or supplement shall provide detainees the rules and procedures governing access to legal materials, including the following information: ...

2. the scheduled hours of access to the law library;" See ICE PBNDS 2011, Standard, Law Libraries and Legal Material, Section, (V)(N)(2).