



**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

Caroline Detention Facility  
Bowling Green, Virginia

March 8-12, 2021

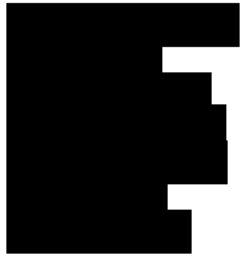
**COMPLIANCE INSPECTION**  
**of the**  
**CAROLINE DETENTION FACILITY**  
Bowling Green, Virginia

**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>
Admissions and Release .....	8
Funds and Personal Property .....	8
<b>CARE .....</b>	<b>8</b>
Food Service .....	8
Medical Care.....	9
<b>CONCLUSION .....</b>	<b>9</b>

---

## COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead

Inspections and Compliance Specialist

Inspections and Compliance Specialist

Contractor

Contractor

Contractor

Contractor

ODO

ODO

ODO

Creative Corrections

Creative Corrections

Creative Corrections

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 Caroline Detention Facility (CDF) in Bowling Green, Virginia, from March 8 to 12, 2021.<sup>1</sup> The facility opened in September 2018 and is owned and operated by Peumasend Creek Regional Jail Authority. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CDF in 2018 under the oversight of ERO's Field Office Director (FOD) in Washington, D.C. (ERO Washington). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers and a detention services manager to the facility. A CDF superintendent handles daily facility operations and is supported by █ personnel. Trinity Food Service provides food services, ICE Health Service Corps provides medical care, and Oasis Commissary provides commissary services at the facility. In September 2019, CDF 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 Detainee Bed Capacity <sup>2</sup>	336
Average ICE Detainee Population <sup>3</sup>	█
Male Detainee Population (as of 3/8/2021)	█
Female Detainee Population (as of 3/8/2021)	0

During its last inspection, in Fiscal Year (FY) 2020, ODO found five deficiencies in the following areas: Admission and Release (1); Funds and Personal Property (1); Grievance System (1); Medical Care (1); and Staff-Detainee Communication (1).

---

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

<sup>2</sup>Data Source: ERO Facility List Report as of March 8, 2021.

<sup>3</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 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.<sup>4</sup>

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

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.

---

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

**FINDINGS BY PERFORMANCE-BASED NATIONAL  
DETENTION STANDARDS 2011 (REVISED 2016)  
MAJOR CATEGORIES**

<b>PBNS 2011 (Revised 2016) Standards Inspected<sup>5</sup></b>	<b>Deficiencies</b>
<b>Part 1 – Safety</b>	
Emergency Plans	0
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 – Security</b>	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	2
Population Counts	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 4 – Care</b>	
Food Service	3
Hunger Strikes	0
Medical Care	1
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>4</b>
<b>Part 5 – Activities</b>	
Religious Practices	0
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Grievance Systems	0
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>6</b>

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

## DETAINEE RELATIONS

ODO interviewed 12 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. 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.

*Food Service:* Several detainees stated the facility served portions that were too small.

- Action Taken: ODO reviewed the facility's food service menus, photos of the facility's food service staff preparing and serving meals, and spoke with the facility's food service manager. ODO found the facility's food service menus were varied and a registered dietician certified the menus to be nutritionally adequate. Additionally, the photos showed the facility served the food at the proper temperatures and portions, in accordance with the certified menus.

*Medical Care:* One detainee stated he needs a dental partial and the facility is not providing the necessary dental care.

- Action Taken: ODO reviewed the detainee's dental records and spoke with the facility's chief dental officer (CDO). ODO found the CDO evaluated the detainee on February 22, 2021, and diagnosed the detainee with severe periodontitis and plaque-induced gingivitis. The CDO also determined the prognosis for saving one of the detainee's teeth was poor. The CDO offered to extract the detainee's damaged tooth; however, the detainee refused the extraction, and instead, the detainee requested a partial denture to replace the tooth. The CDO informed ODO that in accordance with ICE policy, ICE does not typically provide removable prosthetics to detainees and tooth extractions are the primary means of dental care in these cases.

*Telephone Access:* Several detainees stated they were being over-charged for phone calls.

**Action Taken:** ODO compared the facility's telephone rates posted in the detainee housing units to the current Federal Communications Commission (FCC) rate caps for interstate long-distance calls and found the facility's posted rates complied with the FCC's rate caps.

# COMPLIANCE INSPECTION FINDINGS

## SECURITY

### ADMISSION AND RELEASE (A&R)

ODO reviewed the facility's A&R policy, photos of the facility's color-coded detainee uniforms, the facility's detainee handbook, interviewed facility staff, and found the facility's color-coded classification for uniforms differed between their A&R policy and their detainee handbook. The facility issued color-coded uniforms to the detainees in accordance with the color-coded classification in their detainee handbook. ODO cited the discrepancy between the facility's A&R policy and their detainee handbook as an **Area of Concern**.

### FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the facility's detainee handbook and found it does not notify detainees they can access their account to pay for legal services (**Deficiency F&PP-20<sup>6</sup>**).

ODO reviewed the facility's quarterly audit records and found they did not indicate the time the facility's staff conducted the audits (**Deficiency F&PP-124<sup>7</sup>**).

## CARE

### FOOD SERVICE (FS)

ODO reviewed the facility's purchase orders for the past 6 months and found the facility did not specify special handling requirements for the delivery of [REDACTED], which contained alcohol, nor for [REDACTED] (**Deficiency FS-39<sup>8</sup>**).

ODO reviewed the facility's common-fare menus and found they did not include special menus for the 10 federal holidays (**Deficiency FS-188<sup>9</sup>**).

ODO reviewed three pictures showing hot water temperatures from the hand-wash sinks in the facility's food service area and ODO found two out of three hand-wash sinks were not maintained to the required temperature levels. Specifically, two recorded hot water supply temperatures were not between 105-120 F degrees. The two temperatures were 144.5 F degrees and 141.8 F degrees

---

<sup>6</sup> "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures related to personal property, including: ...

6. access to detainee personal funds to pay for legal services." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(C)(6).

<sup>7</sup> "The facility's inventory audit shall indicate the inventory's date and time, and the name of the officer(s) conducting the inventory." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(J).

<sup>8</sup> "All facilities shall have procedures for handling food items that pose a security threat ...

b. Other Food Items

[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 PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(B)(4)(b)(1).

<sup>9</sup> "The common fare menu is based on a 14-day cycle, with special menus for the ten federal holidays."

See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(G)(2).



**(Deficiency FS-321<sup>10</sup>).**

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

ODO reviewed 12 detainee medical files, interviewed the facility's assistant health service administrator, and found the facility conducted tuberculosis (TB) screening during the detainees' annual physical examinations only, instead of conducting the TB screening in accordance with the Centers for Disease Control and Prevention guidelines (**Deficiency MC-31<sup>11</sup>**).

### **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 21 standards under PBNDS 2011(Revised 2016) and found the facility in compliance with 18 of those standards. ODO found six deficiencies in the remaining three standards. ODO commends facility staff for their responsiveness during this inspection. 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 2020 (PBNDS 2011) (Revised 2016)</b>	<b>FY 2021 (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	19	21
Deficient Standards	5	3
Overall Number of Deficiencies	5	6
Repeat Deficiencies	1	0
Areas of Concern	0	1
Corrective Actions	0	0

---

<sup>10</sup> "Facilities must possess a ready supply of hot water (105-120 F degrees)." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(5)(i).

<sup>11</sup> "Annual or periodic TB testing shall be implemented in accordance with CDC guidelines; annual TB screening method should be appropriately selected with consideration given to the initial screening method conducted or documented during intake." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(C)(2).