



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

**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
ERO Washington Field Office**

**Caroline Detention Facility
Bowling Green, Virginia**

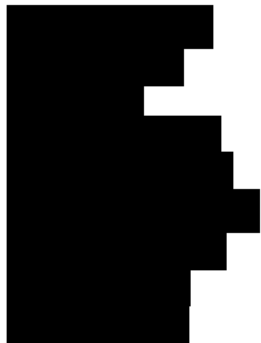
December 20-22, 2022

COMPLIANCE INSPECTION
of the
CAROLINE DETENTION FACILITY
Bowling Green, Virginia

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COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Assistant Team Lead	ODO
	Inspections and Compliance Specialist	ODO
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	Inspections and Compliance Specialist	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	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 Caroline Detention Facility (CDF) in Bowling Green, Virginia, from December 20 to 22, 2022.¹ The facility opened in September 2018 and is owned and operated by Peumansend Creek Regional Jail Authority. 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 in Washington (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. An officer in charge handles daily facility operations and manages █ support personnel. Trinity Services 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 by the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	█
Average ICE Population ³	█
Adult Male Population (as of December 20, 2022)	█
Adult Female Population (as of December 20, 2022)	█

During its last inspection, in Fiscal Year (FY) 2022, ODO found 14 deficiencies in the following areas: Custody Classification System (1); Facility Security and Control (2); Food Service (1); Grievance System (1); Hunger Strikes (3); Medical Care (4); and Significant Self-harm and Suicide Prevention and Intervention (2).

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

² Data Source: ERO Facility List as of December 13, 2022.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, 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.⁴

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.

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

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

PBNDs 2011 (Revised 2016) Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Transportation (by Land)	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Contraband	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	2
Key and Lock Control	1
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Tool Control	0
Use of Force and Restraints	0
Sub-Total	3
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	1
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	1
Part 5 - Activities	
Correspondence and Other Mail	0
Recreation	0
Visitation	0
Sub-Total	0

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

⁶ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

Part 6 - Justice	
Detainee Handbook	0
Sub-Total	0
Part 7 - Administration and Management	
Staff Training	0
Sub-Total	0
Total Deficiencies	4

DETAINEE RELATIONS

ODO interviewed 20 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All 20 detainees interviewed reported satisfaction with facility services and had no complaints.

COMPLIANCE INSPECTION FINDINGS

SECURITY

HOLD ROOMS IN DETENTION FACILITIES (HRDF)

ODO observed two facility hold rooms and found toilet fixtures with no modesty panels (**Deficiency HRDF-10⁷**).

ODO observed two facility hold rooms and found neither hold room had floor drains (**Deficiency HRDF-11⁸**).

KEY AND LOCK CONTROL (KLC)

ODO observed the emergency keys in the control center and found two large security keys in the emergency key boxes did not have key covers (**Deficiency KLC-11⁹**).

CARE

FOOD SERVICE (FS)

ODO interviewed the maintenance supervisor, reviewed maintenance records, and found no semiannual inspection of the ventilation hood system by a qualified contractor. Specifically, CDF records indicate May 4, 2022, was the last time a qualified contractor inspected the ventilation

⁷ “Each hold room shall be equipped with combination lavatory/toilet fixtures with modesty panels.” See ICE PBND 2011 (Revised 2016), Standard, Hold Rooms in Detention Facilities, Section (V)(A)(6)(a-b).

⁸ “Each hold room shall have floor drain(s).” See ICE PBND 2011 (Revised 2016), Standard, Hold Rooms in Detention Facilities, Section (V)(A)(7).

⁹ “Facilities shall use key covers for large security keys to prevent detainees or other unauthorized persons from observing and duplicating them.” See ICE PBND 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(A)(9).

hood system (**Deficiency FS-407¹⁰**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 25 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 22 of those standards. ODO found four deficiencies in the remaining three standards. ODO commends facility staff members 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. ODO has not received the uniform corrective action plan for ODO's last inspection of CDF in August 2022.

Compliance Inspection Results Compared	FY 2022 PBNDS 2011 (Revised 2016)	FY 2023 PBNDS 2011 (Revised 2016)
Standards Reviewed	18	25
Deficient Standards	7	3
Overall Number of Deficiencies	14	4
Priority Component Deficiencies	N/A	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	N/A	Superior

¹⁰ "An approved, fixed fire-suppression system shall be installed in ventilation hoods over all grills, deep fryers and open flame devices. A qualified contractor shall inspect the system every six months. The fire-suppression system shall be equipped with a locally audible alarm and connected to the control room's annunciator panel." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(12)(f).