



U.S. Department of Homeland Security
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Office of Professional Responsibility
ICE Inspections
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**Office of Detention Oversight
Follow-Up Compliance Inspection**

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

**Strafford County Corrections
Dover, New Hampshire**

September 27-29, 2022

FOLLOW-UP COMPLIANCE INSPECTION
of the
STRAFFORD COUNTY CORRECTIONS
Dover, New Hampshire

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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 follow-up compliance inspection of the Strafford County Corrections (SCC) in Dover, New Hampshire, from September 27 to 29, 2022.¹ This inspection focused on the standards found deficient during ODO's last inspection of SCC from March 29 to 31, 2022. The facility opened in 2004 and is owned and operated by Strafford County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at SCC in 2004 under the oversight of ERO's Field Office Director in Boston (ERO Boston). The facility operates under the National Detention Standards (NDS) 2019).

ERO has assigned deportation officers and a detention services manager to the facility. A superintendent handles daily facility operations and manages █████ support personnel. SCC staff provides food services and medical care, and Oasis Commissary provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	█████
Average ICE Population ³	█████
Adult Male Population (as of September 27, 2022)	█████
Adult Female Population (as of September 27, 2022)	█████

During its last inspection, in Fiscal Year (FY) 2022, ODO found 17 deficiencies in the following areas: Custody Classification System (1); Detainee Transfers (1); Detention Files (2); Environmental Health and Safety (3); Food Service (1); Funds and Personal Property (1); Post Orders (1); Searches of Detainees (2); Special Management Unit (3); and Use of Force and Restraints (2).

¹ This facility holds 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 September 19, 2022.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniform corrective action plan (UCAP), and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{4,5}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	1
Funds and Personal Property	0
Post Orders	1
Searches of Detainees	3
Use of Force and Restraints	0
Special Management Units	1
Staff-Detainee Communication	1
Sub-Total	7
Part 4 - Care	
Food Service	1
Hunger Strikes	0
Medical Care	3
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	4
Part 6 - Justice	
Detainee Handbook ⁶	1
Grievance System	1
Sub-Total	2
Part 7 - Administration and Management	
Detainee Files	0
Detention Transfers	0
Sub-Total	0
Total Deficiencies	13

⁴ For greater detail on ODO's findings, see the *Follow-up Inspection Findings* section of this report.

⁵ 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.

⁶ ODO identified a deficiency in the Detainee Handbook standard while conducting detainee interviews, ODO did not inspect the Detainee Handbook standard in its entirety.

DETAINEE RELATIONS

ODO interviewed 14 detainees, who each voluntarily agreed to participate. The remaining detainees at the facility declined ODO's request for an interview. One detainee alleged sexual harassment by an inmate and a second detainee alleged verbal abuse by a transport officer. Most detainees reported satisfaction with facility services except for the concerns listed below.

Admission and Release: Two detainees stated they did not receive the facility site-specific handbook nor the ICE National Detainee Handbook.

- Action Taken: ODO reviewed the detainees' detention files and found signed acknowledgment forms for the site-specific handbooks but not for the ICE National Detainee Handbook. On September 29, 2022, the facility provided each detainee with a copy of the ICE National Detainee Handbook and forwarded copies of the detainees' signed acknowledgment forms to ODO. ODO cited one deficiency in the *Detainee Handbook* section of the report.

Personal Hygiene: One detainee stated SCC denied his request for a new mattress to help with his lower back pain.

- Action Taken: ODO reviewed the detainee's medical requests and found the detainee submitted two medical requests for an additional mattress due to back pain on September 6, 2022, and the facility denied both requests. ODO inspected the detainee's current mattress and confirmed the mattress was worn and lacked support. ODO also reviewed the detainee's medical record and found a current Tylenol prescription for his back pain. On September 29, 2022, ODO interviewed the facility administrator (FA), and the FA stated he would contact the medical administrator to resolve the issue. On the same day, the FA decided either the detainee would continue to use two mattresses (which he currently has due to oversupply in the unit) or the facility would provide a new mattress with thicker padding.

Searches of Detainees: One detainee stated the facility strip searches him each time he leaves the kitchen after working.

- Action Taken: On September 27, 2022, ODO interviewed the superintendent and the captain and found the facility performs strip searches to search for contraband each time a detainee leaves the work detail in the kitchen. The facility has no current waiver in place authorizing the facility to strip search in such instances. ODO found SCC does not keep records of strip searches on file and no related documents to review. ODO cited three deficiencies in the *Searches of Detainees* section of the report.

Sexual Abuse and Assault Prevention and Intervention: One detainee stated another inmate repeatedly referred to him as a homosexual and assaulted him a few months ago, but did not report it until August 2022.

- Action Taken: ODO interviewed the superintendent and found the detainee complained to his attorney on August 28, 2022, about a federal inmate allegedly hitting him on his wrist about 3 months ago. On the same day, the facility offered to move the detainee to a different unit, but the detainee declined. The detainee signed a statement stating he did not want to switch units, which ODO documented during the review. The detainee's attorney advised the superintendent to move the detainee for his personal safety, and the facility transferred him to a different unit. On September 28, 2022, ODO interviewed the assistant field office director (AFOD) and found the facility did not report this incident to the Joint Intake Center (JIC). On September 29, 2022, the AFOD submitted this incident to the JIC at ODO's request. Additionally, the county sheriff's office initiated an investigation just prior to the ODO inspection. During the course of this investigation the detainee further stated the inmate kicked him. The facility will determine the exact date this incident occurred, review any available video footage, and forward all findings to the sheriff's office. The detainee stated he felt safe in his current housing unit and has not experienced any verbal or physical abuse since the alleged incident.

Staff-Detainee Communication: One detainee stated an officer verbally abused her during her arrest and transport in August 2022.

- Action Taken: ODO reviewed the letter the detainee submitted to the United Nations Refugee Agency and the U.S. Department of Homeland Security, Office of Inspector General and found the detainee stated an officer verbally abused her around August 18, 2022. On September 28, 2022, ODO notified ERO Boston and ERO staff had no knowledge of the detainee's complaint. On September 29, 2022, ODO submitted the detainee's complaint to the JIC, and ERO Boston staff initiated an investigation; however, ICE deported the detainee on October 5, 2022.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO interviewed the classification supervisor, reviewed the facility's classification policy and 25 detainee files, and found the facility did not reassess nor reclassify detainees at regular intervals. Specifically, the facility staff only reassessed detainees upon the occurrence of relevant events. ODO noted in only 2 out of 25 files reviewed, classification reassessments due to the occurrence

of a relevant event (**Deficiency CCS-23⁷**). **This is a repeat deficiency.**

POST ORDERS (PO)

ODO interviewed the facility administrator, reviewed all post orders, and found the facility administrator or designee did not review nor update the post orders at least annually. The facility last updated 6 post orders on December 4, 2018, and 4 post orders on August 20, 2020 (**Deficiency PO-9⁸**). **This is a repeat deficiency.**

SEARCHES OF DETAINEES (SD)

ODO interviewed facility staff and detainees, reviewed detainee records and found:

- The facility routinely conducted strip searches of detainees assigned to work in the kitchen (**Deficiency SD-9⁹**);
- The facility performed strip searches without articulable and reasonable suspicion of concealed contraband on the detainee. Specifically, facility staff strip searches every detainee after completing a work detail in the kitchen (**Deficiency SD-19¹⁰**);
- The facility did not document any strip searches they completed on detainees assigned to work in the kitchen (**Deficiency SD-20¹¹**).

SPECIAL MANAGEMENT UNIT (SMU)

ODO reviewed five disciplinary segregation (DS) detention files and found in five out of five DS orders, the facility did not document the time they released the detainees from DS (**Deficiency SMU-42¹²**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO interviewed the ICE jail liaison and found the facility did not document ICE visits to the facility (**Deficiency SDC-8¹³**).

Corrective Action: ERO Boston created a new sign-in sheet and placed it in the

⁷ “All facility classification systems shall ensure that a detainee is reassessed and/or reclassified at regular intervals and upon the occurrence of relevant events.” See ICE NDS 2019, Standard, Custody Classification System, Section (II)(F).

⁸ “Post orders will be reviewed and updated at least annually.” See ICE NDS 2019, Standard, Post Orders, Section (II)(C).

⁹ “Staff shall not routinely require a detainee to remove clothing or require a detainee to expose private parts of his or her body to search for contraband.” See ICE NDS 2019, Standard, Searches of Detainees, Section (II)(C)(2)(a).

¹⁰ “Facilities may perform a strip search when an articulable and reasonable suspicion exists that contraband is concealed on the detainee’s person.” See ICE NDS 2019, Standard, Searches of Detainees, Section (II)(C)(2)(c).

¹¹ “All strip searches will be documented.” See ICE NDS 2019, Standard, Searches of Detainees, Section (II)(C)(2)(c).

¹² “When at detainee is release from disciplinary segregation, the releasing officer shall indicate the date and time of release on the disciplinary segregation order.” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(2)(c).

¹³ “Each facility shall develop a method to document ICE visits.” See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(B)(4).

booking area entrance for the ICE liaison to sign every morning when visiting the facility (C-1).

CARE

FOOD SERVICE (FS)

ODO interviewed the FS manager, observed the FS department, and found the facility did not provide rubber soled safety shoes to detainees working in FS areas (**Deficiency FS-85**¹⁴). **This is a repeat deficiency.**

MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found in █ out of █ records, no comprehensive health assessment, including a physical examination and mental health screening within 14 days of arrival. Specifically, the facility conducted the comprehensive health assessment 17 days after one detainee's arrival (**Deficiency MC-27**¹⁵).

ODO reviewed █ detainee medical records and found in █ out of █ records, no initial dental screening exam within 14 days of arrival. Specifically, the facility performed the initial dental screening exam 17 days after one detainee's arrival (**Deficiency MC-43**¹⁶).

ODO reviewed the medical records of eight detainees administered psychotropic medications and found in two out of eight medical records, no documented informed consent to include a description of the medication's side effects (**Deficiency MC-93**¹⁷).

JUSTICE

DETAINEE HANDBOOK (DH)

ODO interviewed two detainees, reviewed their detention files, and found the facility did not maintain documentation of providing each detainee with a copy of the ICE National Detainee Handbook (**Deficiency DH-9**¹⁸).

¹⁴ "Rubber soled safety shoes shall be provided and used by all detainees working in food service." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(2)(e).

¹⁵ "The facility will conduct and document a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival at the facility." See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

¹⁶ "An initial dental screening exam shall be performed within 14 days of the detainee's arrival." See ICE NDS 2019, Standard, Medical Care, Section (II)(H).

¹⁷ "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medications side effects, shall be obtained." See ICE NDS 2019, Standard, Medical Care, Section (II)(O).

¹⁸ "The facility will document and maintain a detainee acknowledgement of receipt of the ICE National Detainee

GRIEVANCE SYSTEM (GS)

ODO reviewed the medical grievance log and found in one out of four instances, no prompt referral of the medical grievance to the medical department. Specifically, the detainee submitted the request on May 14, 2022, and facility staff forwarded the request to the medical department on May 23, 2022 (**Deficiency GS-16**¹⁹).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under NDS 2019 and found the facility in compliance with 8 of those standards. ODO found 13 deficiencies in the remaining 9 standards. ODO recommends ERO Boston work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the UCAP for ODO's last inspection of SCC which occurred in March 2022.

Compliance Inspection Results Compared	First FY 2022 (NDS 2019)	Second FY 2022 (NDS 2019)
Standards Reviewed	19	17
Deficient Standards	10	9
Overall Number of Deficiencies	17	13
Repeat Deficiencies	0	3
Areas Of Concern	1	0
Corrective Actions	0	1
Facility Rating	Good	N/A

Handbook and facility handbook.” See NDS 2019, Standard, Detainee Handbook, Section (II)(F).

¹⁹ “Medical grievances shall be promptly referred to and answered by the medical department.” See ICE NDS 2019, Standard, Grievance System, Section (II)(A)(2)(b).