



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 Atlanta Field Office**

**Alamance County Detention Facility
Graham, North Carolina**

May 17-19, 2022

COMPLIANCE INSPECTION
of the
ALAMANCE COUNTY DETENTION FACILITY
Graham, North Carolina

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COMPLIANCE INSPECTION TEAM MEMBERS



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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 Alamance County Detention Facility (ACDF) in Graham, North Carolina, from May 17 to 19, 2022.¹ The facility opened in 2007 and is owned and operated by the Alamance County Sheriff’s Department. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at ACDF in 2019 under the oversight of ERO’s Field Office Director in Atlanta (ERO Atlanta). The facility operates under the National Detention Standards (NDS) 2000.

ERO has assigned deportation officers to the facility. An ACDF major handles daily facility operations and manages [REDACTED] support personnel. Aramark provides food services, Southern Health Partners provides medical care, and Kimbles provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	[REDACTED]
Average ICE Detainee Population ³	[REDACTED]
Male Detainee Population (as of May 17, 2022)	[REDACTED]
Female Detainee Population (as of May 17, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2021, ODO found nine deficiencies in the following standards: Admission & Release (1); Food Service (4); and Use of Force (4).

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

² Data Source: ERO Facility List Report as of May 9, 2022.

³ *Ibid.*

⁴ Although the facility’s population count at the time of the inspection was zero, ACDF’s average daily population was greater than one and ACDF has a current contract to house ICE detainees, which is why ODO completed this focused review.

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 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.⁵

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.

Beginning fiscal year (FY) 2022, ODO will conduct focused reviews of under 72-hour ICE detention facilities with an average daily population (ADP) of one or more detainees and over 72-hour ICE detention facilities with an ADP of one-to-nine detainees. Additionally, ODO will conduct unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating. ODO will conduct a complete review of several core standards, in accordance with the facility’s new contractually required ICE National Detention Standards, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (FRS only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

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 its decision-making to better allocate resources across the agency’s entire detention inventory.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ^{6,7}	Deficiencies
Part 1 – Detainee Services	
Food Service	0
Marriage Requests	0
Sub-Total	0
Part 2 – Security and Control	
Detention Files	2
Environmental Health and Safety	0
Hold Rooms in Detention Facilities	0
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	4
Sub-Total	6
Part 3 – Health Services	
Hunger Strikes	0
Medical Care	0
Suicide Prevention and Intervention	1
Sub-Total	1
Performance-Based NDS (PBNDS) 2011 (Revised 2016) Standard Inspected	
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	7

⁶ For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

⁷ 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 inspections.

DETAINEE RELATIONS

ODO did not conduct any detainee interviews since the facility detainee population remained at zero throughout the inspection. Despite a zero-detainee population count, the facility has an active contract to house ICE detainees and an average daily population (ADP) of four ICE detainees for FY 2021, meeting ODO's inspection criteria to conduct focused reviews of over 72-hour ICE detention facilities with an ADP of one-to-nine detainees.

COMPLIANCE INSPECTION FINDINGS

SECURITY AND CONTROL

DETENTION FILES (DF)

ODO reviewed █ inactive detainee files and found in █ out of █ files, the file did not contain all required release documents. Specifically, the Alien Booking Record (Form I-385) was missing from this file (**Deficiency DF-22⁸**).

ODO reviewed the detainee file logbook and found the logbook entry for signing out the file did not include the detainee A-file number (**Deficiency DF-30⁹**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by updating the detainee file logbook to include the detainee A-number when signing out and returning files, effective May 17, 2022 (**C-1**).

USE OF FORCE (UOF)

ODO reviewed █ facility staff training files and found in █ out of █ files, no UOF team technique training for any of the staff members, which prohibits the facility from convening UOF teams quickly across all shifts (**Deficiency UOF-11¹⁰**). **This is a repeat deficiency.**

ODO reviewed the facility UOF program and found in █ out of █ files, no UOF team technique training for any of the staff members (**Deficiency UOF-12¹¹**). **This is a repeat deficiency.**

ODO reviewed the facility UOF program and training and found their UOF training did not address the UOF team technique nor its application, confrontation-avoidance, professionalism, debriefing, the use of protective clothing, nor handling of spilled blood and body fluids (**Deficiency UOF-**

⁸ "Staff will insert into the released detainee's detention file copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 and other documentation." See ICE NDS 2000, Standard, Detention Files, Section (III)(E)(2).

⁹ "At a minimum, a logbook entry recording the file's removal from the cabinet will include:
a. The detainee's name and A-File number."

See ICE NDS 2000, Standard, Detention Files, Section (III)(F)(a).

¹⁰ "Staff shall be trained in the use-of-force team technique in sufficient numbers for teams to be quickly convened on all shifts in different locations throughout the facility." See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(b).

¹¹ "To use human resources most effectively, the OIC will provide use-of-force team technique training for all staff members." See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(b).

13¹²). This is a repeat deficiency.

ODO reviewed ■ staff training files and found in ■ out of ■ files, no annual training on forced cell-move techniques for the security staff (Deficiency UOF-119¹³). This is a repeat deficiency.

HEALTH SERVICES

SUICIDE PREVENTION AND INTERVENTION (SPI)

ODO observed two special isolation rooms and found items in those rooms detainees could use to facilitate a suicide attempt. Specifically, detainees could use the small metal shelves hung on the walls to do harm to themselves (Deficiency SPI-15¹⁴).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 10 standards under NDS 2000 and 1 standard under PBNDS 2011 (Revised 2016) and found the facility in compliance with 8 of those standards. ODO found seven deficiencies in the remaining three standards. ODO commends facility staff members for their responsiveness during this inspection and notes one instance where staff initiated immediate corrective action during the inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ERO provided ODO with the uniform corrective action plan for ODO's last inspection of ACDF on June 7, 2021.

Compliance Inspection Results Compared	FY 2021 (NDS 2000) (PBNDS 2011) (Revised 2016)	FY 2022 (NDS 2000) (PBNDS 2011) (Revised 2016)
Standards Reviewed	11/1	10/1
Deficient Standards	3	3
Overall Number of Deficiencies	9	7
Repeat Deficiencies	4	4
Areas of Concern	0	0
Corrective Actions	0	1
Facility Rating	N/A	Good

¹² "The use-of-force team technique training will include the technique and its application, confrontation-avoidance, professionalism, and debriefing. It will also cover the use of protective clothing and handling of spilled blood and body fluids." See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(c).

¹³ "Staff members will receive annual training in confrontation avoidance procedures and forced cell-move techniques." See ICE NDS 2000, Standard, Use of Force, Section (III)(O).

¹⁴ "The isolation room will be free of objects or structural elements that could facilitate a suicide attempt." See ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(C).