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ICE Inspections
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**Office of Detention Oversight
Unannounced Compliance Inspection
2023-004-074**

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

**Strafford County Corrections
Dover, New Hampshire**

March 21-23, 2023

UNANNOUNCED 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 an unannounced compliance inspection of the Strafford County Corrections (SCC) in Dover, New Hampshire, from March 21 to 23, 2023.¹ 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 a deportation officer assigned full-time to the facility and is on site daily, Monday through Friday, from 7 a.m. to 3 p.m. An SCC superintendent handles daily facility operations and manages █████ support personnel. SCC 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 March 21, 2023)	█████
Adult Female Population (as of March 21, 2023)	█████

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

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 March 20, 2023.

³ *Ibid.*

UNANNOUNCED COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for over 72 hours, to assess compliance with ICE NDS. These inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and well-being.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO 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 *Special Review Findings* section of this report.

In fiscal year (FY) 2022, ODO began conducting special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees. Additionally, ODO began conducting 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; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO’s informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility’s contractually required ICE NDS or in accordance with the ICE NDS listed in the current ERO Facility List Report for facilities that are not contractually obligated to an ICE NDS, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Suicide Prevention and Intervention, Hunger Strikes, Food Service, Environmental Health and Safety, Special Management Units (SMU) or Hold Rooms if the facility does not have an SMU, Use of Force and Restraints/Use of Physical Control Measures and Restraints, and Sexual Abuse and Assault Prevention and Intervention.

Upon completion of each special review or unannounced 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.

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

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5,6,7}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	0
Transportation by Land	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Searches of Detainees ⁸	3
Use of Force and Restraints	0
Special Management Unit	2
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	5
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	3
Significant Self-Harm and Suicide Prevention and Intervention	0
Terminal Illness and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	3
Part 5 - Activities	
Correspondence and Other Mail	0
Recreation	0
Visitation	1
Sub-Total	1

⁵ For greater detail on ODO's findings, see the *Unannounced 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.

⁷ ODO reviews a facility's compliance with at least 10 individual standards during each special review or unannounced inspection.

⁸ The deficiencies cited under Searches of Detainees standard was identified while conducting detainee interviews, the Searches of Detainees standard was not reviewed in its entirety.

Part 6 - Justice	
Detainee Handbook	0
Sub-Total	0
Total Deficiencies	9

DETAINEE RELATIONS

ODO interviewed 36 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 submitted a medical diet request for no shellfish due to an allergy on March 16, 2023, but the facility served him fish on the following day.

- Action Taken: On March 23, 2023, ODO interviewed the Health Services Administrator (HSA), reviewed the detainee's medical file, and found the detainee submitted a medical diet request for no shellfish due to an allergy on March 8, 2023. ODO spoke with the Food Service Administrator (FSA) on March 24, 2023, regarding the detainee and confirmed the FSA acknowledged the detainee's medical diet request, updated the detainee's medical file, and notified the detainee on the approval of his request for no shellfish.

Medical Care: One detainee stated he submitted a medical request to receive lubricant or cream for dry skin.

- Action Taken: On March 23, 2023, ODO interviewed the HSA, reviewed the detainee's medical file, and confirmed the detainee submitted the medical request on March 18, 2023. The HSA received the request on March 20, 2023, and medical staff issued lubricant to the detainee on March 23, 2023. Additionally, the HSA advised the detainee to avoid using soap directly on his face to reduce the chance of dry skin.

Medical Care: One detainee stated he never received a response to a medical request for tooth pain he submitted 6 weeks ago.

- Action Taken: On March 23, 2023, ODO interviewed the HSA, reviewed the detainee's medical file, and found no noted complaints about teeth during intake on January 18, 2023, nor any submitted medical requests for tooth pain. On January 29, 2023, the detainee submitted a medical request, and medical placed him on the waiting list for a dental exam, but as of March 23, 2023, a dentist had not examined him. The HSA stated the facility has been without a dentist since February 11, 2023, and the facility contacted an off-site dentist to handle the backlog of detainees on the waiting list. Medical staff advised the detainee of the scheduling issue and to submit a sick call request if new issues occurred.

Medical Care: One detainee stated he has waited 4 months and has received no response to a medical request regarding stomach pain and scheduled endoscopy and colonoscopy appointments.

- Action Taken: On March 22, 2023, ODO interviewed the HSA, reviewed the detainee’s medical file, and confirmed the detainee provided the required stool sample on March 14, 2023, and medical scheduled endoscopy and colonoscopy appointments with an off-site gastroenterologist for May 1, 2023. The HSA also stated medical scheduled a mental health provider to meet with the detainee on a regular basis.

Searches of Detainees: Two detainees stated facility staff strip-searched them every time they finish their kitchen work detail.

- Action Taken: On March 23, 2023, ODO interviewed the superintendent, reviewed 25 detainee detention files, and found the facility conducted undocumented strip searches on all inmates and detainees during intake. Additionally, the facility performed undocumented strip searches for contraband each time detainees left their kitchen work detail. The facility had no current waiver in place, authorizing the facility to strip search in such instances. ODO found the facility kept no records of strip searches on file and cited three deficiencies in the *Searches of Detainees* section of the report.

UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

SECURITY

SEARCHES OF DETAINEES (SD)

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

- Routinely conducted strip searches of detainees during the intake process and after detainees worked shifts in the kitchen (**Deficiency SD-9⁹**). **This is a repeat deficiency;**
- Performed strip searches without articulable and reasonable suspicion of concealed contraband on the detainee. Specifically, the facility routinely conducted strip searches of detainees during the intake process and after detainees worked shifts in the kitchen (**Deficiency SD-19¹⁰**). **This is a repeat deficiency;** and
- Did not document any strip searches they completed on detainees assigned to work in the kitchen (**Deficiency SD-20¹¹**). **This is a repeat deficiency.**

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).

SPECIAL MANAGEMENT UNIT (SMU)

ODO reviewed 12 special management unit (SMU) records and found in 7 out of 12 records, officers did not document whether the facility offered or served 197 out of 296 meals to the detainees (**Deficiency SMU-65**¹²).

ODO reviewed 12 SMU records and found in 5 out of 12 records, officers that conducted SMU detainee activities did not print nor sign 12 out of 296 record entries (**Deficiency SMU-66**¹³).

CARE

MEDICAL CARE (MC)

ODO reviewed 25 detainee medical records and found in 13 out of 25 records, no documentation of facility-conducted comprehensive health assessments, including a physical examination and mental health screening within 14 days of arrival. Specifically, 5 detainee medical records did not contain documentation showing staff completed a comprehensive health assessment and 8 detainee medical records showed staff completed the comprehensive health assessments between 15 and 31 days after the detainees' arrival at the facility (**Deficiency MC-27**¹⁴). **This is a repeat deficiency and a priority component.**

ODO reviewed 25 detainee medical records and found in 13 out of 25 records, no initial dental screening exam within 14 days of arrival. Specifically, 5 detainee medical records did not contain documentation showing staff completed an initial dental screening exam and 8 detainee medical records showed staff completed the dental exams between 15 and 31 days after the detainees' arrival at the facility (**Deficiency MC-43**¹⁵). **This is a repeat deficiency.**

ODO reviewed 13 detainee medical records with documented administration of psychotropic medications and found in 1 out of 13 records, no documented informed consent to include a description of the medication's side effects (**Deficiency MC-93**¹⁶). **This is a repeat deficiency and a priority component.**

¹² "The special housing unit officer shall immediately record, whether the detainee ate, showered, recreated and took any medication." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(a)(1-2).

¹³ "The officer that conducts the activity shall print his or her name and sign the record." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(a)(3).

¹⁴ "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).

¹⁵ "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).

¹⁶ "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).

ACTIVITIES

VISITATION (V)

ODO toured facility housing units and visiting rooms and found no prominent posting of legal visitation rules and hours in the visiting room (**Deficiency V-35**¹⁷).

CONCLUSION

During this unannounced inspection, ODO assessed the facility's compliance with 20 standards under NDS 2019 and found the facility in compliance with 16 of those standards. ODO found nine deficiencies in the remaining four standards. Since SCC's last full inspection in March 2022, the facility's overall compliance with the ICE NDS 2019 has trended up; however, ODO cited 6 repeat deficiencies, which attributed to a lower rating of "Acceptable".¹⁸ SCC went from 10 deficient standards and 17 deficiencies in March 2022 to 4 deficient standards and 9 deficiencies during this most recent full inspection, which included repeat deficiencies for detainees receiving strip searches during intake and for those assigned to work in the kitchen. The facility's total number of deficiencies went down during this full inspection, but repeat deficiencies increased with ODO citing repeat deficiencies in the Searches of Detainees and Medical Care standards. ODO has not received a uniform corrective action plan for the FY 2022 full inspection in March 2022, nor the FY 2022 follow-up inspection in September 2022, which likely contributed to the repeat deficiencies ODO cited. ODO recommends ERO Boston continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2022 Full Inspection (NDS 2019)	FY 2023 Full Inspection (NDS 2019)
Standards Reviewed	19	20
Deficient Standards	10	4
Overall Number of Deficiencies	17	9
Priority Component Deficiencies	N/A	2
Repeat Deficiencies	0	6
Areas Of Concern	1	0
Corrective Actions	0	0
Facility Rating	Good	Acceptable

¹⁷ "The facility shall provide notification of the rules and hours for legal visitation and post the rules prominently in the visiting room." See ICE NDS 2019, Standard, Visitation, Section (II)(G)(2).

¹⁸ The six repeat deficiencies in the FY 2023 unannounced compliance inspection were deficient components in the FY 2022 follow-up inspection, three in Searches of Detainees and three in Medical Care.