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ICE Inspections
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**Office of Detention Oversight
Compliance Inspection
2024-001-311**

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

**Strafford County Corrections
Dover, New Hampshire**

March 26-28, 2024

COMPLIANCE INSPECTION
of the
STRAFFORD COUNTY CORRECTIONS
Dover, New Hampshire

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COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.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 NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	1
Sub-Total	1
Part 2 - Security	
Admission and Release	3
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Post Orders	0
Searches of Detainees	0
Use of Force and Restraints	0
Special Management Units	0
Staff -Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	3
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	2
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	1
Sub-Total	3
Part 5 - Activities	
Correspondence and Other Mail	0
Religious Practices	0
Telephone Access	0
Visitation	0
Voluntary Work Program	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Law Libraries and Legal Materials	0
Sub-Total	0
Part 7 - Administration and Management	

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

⁶ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

Detainee Files	1
Detention Transfers	0
Sub-Total	1
Total Deficiencies	8

DETAINEE RELATIONS

ODO interviewed 30 detainees, who each voluntarily agreed to participate. One detainee alleged non-sexual physical abuse by another detainee. ODO informed facility and ERO leadership of the allegation and reviewed the incident, which is detailed in the action taken under Staff-Detainee Communication later in this section. Most detainees reported satisfaction with facility services except for the concerns listed below.

Admission and Release: One detainee stated the facility did not issue him a tablet after arriving at the facility on March 25, 2024.

- Action Taken: ODO interviewed the facility’s superintendent and found it is facility policy to issue a tablet to a detainee after clearing 5-day, COVID-19 quarantine. While in quarantine, detainees do not have access to the ICE National Detainee Handbook nor the facility specific handbook. ODO cited the inability of detainees in quarantine to access the handbooks as a deficiency in the *Admission and Release* section of the report.

Funds and Personal Property: One detainee stated she has not been able to contact her lawyer since arriving because the facility will not allow her to retrieve the lawyer’s contact information from her personal property.

- Action Taken: ODO interviewed the facility’s booking/intake supervisor and found the supervisor confirmed receipt of the detainee’s grievance submitted on March 25, 2024. On March 28, 2024, the detainee’s records indicate facility staff escorted the detainee to the facility’s detainee personal property room to search through her belongings; however, the detainee was unable to locate the contact information.

Food Service: One detainee stated the facility continues to serve him black bean burgers, forbidden by his Rastafarian faith, and he has an allergy to mushrooms. He also stated the facility provided him with a black bean burger on March 26, 2024, and did not replace the meal.

- Action Taken: Following the interview, ODO observed the detainee’s meal consisting of a black bean burger. ODO also reviewed the detainee’s file and found the detainee submitted a grievance on March 6, 2024, requesting a new diet due to his religion. The detainee also stated his faith did not allow for black bean nor vegetable burgers but did allow for fish. On March 7, 2024, the facility responded to the detainee that he would need to submit a written request to the facility’s chaplain for approval. ODO also reviewed the detainee’s profile in the food service department and found staff documented his mushroom allergy and placed him on a vegetarian diet upon his request. ODO interviewed the facility’s chaplain, found Rastafarianism does not have any special diet restrictions, and concluded that the detainee’s black bean complaint is

a personal preference. ODO interviewed the food service director (FSD) and found the detainee receives a religious meal which coincides the Rastafarian diet and does not receive mushrooms. ODO confirmed the facility's chaplain advised the detainee about Rastafarianism diet restrictions and the FSD advised the detainee that he's never been served mushrooms. The detainee acknowledged that he understood.

Staff-Detainee Communication: One detainee stated he feared for his safety because of his involvement in a physical altercation with an inmate on March 7, 2024, and wanted to be transferred to another facility to work on his case.

- Action Taken: ODO interviewed the facility's administrator (FA), reviewed the use-of-force incident report and the detainee's file, and confirmed the March 7, 2024, incident. According to the report, the detainee and an inmate engaged in a physical fight. The housing officer instructed the two men to stop fighting, but they continued. The officer called for assistance and several officers responded to the call. The officers broke up the fight and handcuffed the detainee and the inmate. Facility staff placed the detainee and the inmate in prehearing segregation (PS). The FA stated the detainee has been involved in multiple physical altercations at two different units. Following the second incident, facility staff placed the detainee in PS. The detainee was found guilty at the disciplinary hearing for fighting and being disruptive to the orderly running of the facility. Facility management ordered the detainee to serve 10 days in disciplinary segregation (DS). According to the FA, upon the detainee's release from DS, the facility decided to place the detainee in protective custody instead of moving the detainee to another facility, due to his incompatibility with specific detainees and inmates.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO conducted an on-site inspection of the facility and observed the following deficiency:

- Dirt and grime buildup on the walls and floors of the washer and dryer in G and H housing units;
- A floor drain blocked with soda bottles, trash, and a plastic bag behind the H housing unit washer;
- Floor drains covered with garden hoses in G and H housing unit storage closets; and
- Dirt and grime buildup on the walls, ceilings, and floors in G and H housing unit storage closets (**Deficiency EHS-58⁷**). **This is a repeat deficiency.**

⁷ "Environmental health conditions will be maintained at a level that meets recognized standards of hygiene." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I).

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed facility policy 3.7.01 – “Searches,” 25 electronic unclothed detainee search log entries, interviewed the facility’s admissions/intake manager, and found in 19 out of 25 unclothed detainee search log entries, no detainee A-number documented (**Deficiency AR-7⁸**). **This is a repeat deficiency.**

ODO reviewed facility policy 3.1.02 – “Intake,” interviewed the jail superintendent, and found the facility does not provide a tablet to detainees while they are in their 5-day quarantine for COVID-19 and do not have access to the ICE National Detainee Handbook nor the facility-specific handbook while in quarantine (**Deficiency AR-26⁹**).

ODO reviewed facility policy 3.1.09 – “Discharge,” five released detainee files, interviewed the facility’s admissions/intake manager, and found in five out of five files, the facility did not fingerprint the detainees prior to their release (**Deficiency AR-28¹⁰**). **This is a repeat deficiency.**

SEARCHES OF DETAINEES (SD)

ODO reviewed the detainee strip search log, interviewed the facility’s admissions/intake manager, and found the facility did document all strip searches; however, they did not document detainee A-numbers on all detainee strip searches. ODO found this to be an **Area of Concern**.

CARE

MEDICAL CARE (MC)

ODO reviewed ■ detainee medical records and found in ■ out of ■ records, the detainee was admitted to the facility on February 14, 2024, at 5:45 a.m., but did not receive initial medical, dental, and mental health screenings until February 15, 2024, at 10:30 a.m. (**Deficiency MC-12¹¹**). **This is a repeat deficiency and a priority component.**

ODO interviewed the facility’s acting medical administrator, reviewed ■ medical staff training files, and found in ■ out of ■ files, no documented first aid and cardiopulmonary resuscitation

⁸ “Each new arrival will be searched in accordance with Standard 2.7 “Searches of Detainees.” See ICE NDS 2019, Standard, Admission and Release, Section (II)(B).

⁹ “Upon admission, every detainee will receive an ICE/ERO National Detainee Handbook and a facility handbook.” See ICE NDS 2019, Standard, Admission and Release, Section (II)(I).

¹⁰ “Staff must complete certain procedures before any detainee’s release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting, returning personal property, and reclaiming facility-issued clothing, bedding, etc.” See ICE NDS 2019, Standard, Admission and Release, Section (II)(J).

¹¹ “As soon as possible, but no later than 12 hours after arrival, all detainees shall receive, by a health care practitioner or a specially trained detention officer, an initial medical, dental and mental health screening.” See ICE NDS 2019, Standard, Medical Care, Section (II)(D).

training for a nurse practitioner and 3 mental health providers (**Deficiency MC-59¹²**).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)

ODO interviewed the facility’s acting medical administrator, reviewed ■ medical staff training files, and found in ■ out of ■ files, no documented first aid and cardiopulmonary resuscitation training for a nurse practitioner and 3 mental health providers (**Deficiency SSHSPI-3¹³**).

ADMINISTRATION AND MANAGEMENT

DETENTION FILES (DF)

ODO reviewed ■ closed detainee detention files and found no closing date listed on the folder in ■ out of ■ files (**Deficiency DF-11¹⁴**).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 25 standards under NDS 2019 and found the facility in compliance with 20 of those standards. ODO found eight deficiencies in the remaining five standards. Since SCC’s last full inspection in March 2023, the facility’s compliance trend has remained even with the number of deficiencies found; however, trended downward in the number of deficient standards. SCC went from 4 deficient standards and 9 deficiencies in March 2023 to 5 deficient standards and 8 deficiencies during this most recent full inspection, which includes 1 priority component deficiency and 4 repeat deficiencies. ODO received the uniform corrective action plan for ODO’s last inspection of SCC in August 2023; however, the corrective actions did not prevent the repeat deficiencies found in EHS, AR, and MC. ODO recommends ERO Boston continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

¹² “This training will be provided by a responsible medical authority in cooperation with the facility and will include the following: ...

b. The administration of first aid and cardiopulmonary resuscitation (CPR).”

See ICE NDS 2019, Standard, Medical Care, Section (II)(K)(b).

¹³ “All of the following topics shall be covered: ...

2. Standard first aid training, cardiopulmonary resuscitation (CPR) training, and training in the use of emergency equipment (that may be located in each housing area of the detention facility).”

See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(B)(2).

¹⁴ “The officer closing the detention file will document the date the file was closed.” See ICE NDS 2019, Standard, Detention Files, Section (II)(F)(2).

Compliance Inspection Results Compared	FY 2023 Full Inspection (NDS 2019)	FY 2024 Full Inspection (NDS 2019)
Standards Reviewed	20	25
Deficient Standards	4	5
Overall Number of Deficiencies	9	8
Priority Component Deficiencies	2	1
Repeat Deficiencies	6	4
Areas Of Concern	0	1
Corrective Actions	0	0
Facility Rating	Acceptable/Adequate	Acceptable/Adequate ¹⁵

¹⁵ ODO revised their rating system at the end of FY 2023 and beginning in FY 2024, facilities rated as “Superior” will have no or very minimal deficiencies and will have no repeat or priority component deficiencies.