

Caroline Detention Facility Compliance Inspection 2025-001-005

April 15-17, 2025



COMPLIANCE INSPECTION of the CAROLINE DETENTION FACILITY

Bowling Green, Virginia

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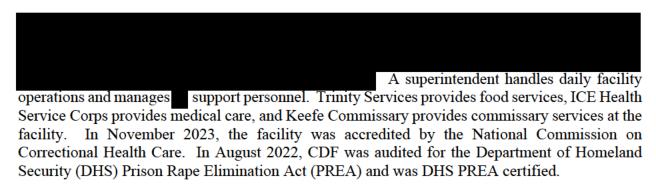
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COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
_	Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Section Chief	ODO
_	Section Chief	ODO
	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 April 15 to 17, 2025... The facility opened in 1999 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 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).



Capacity and Population Statistics	Quantity	
ICE Bed Capacity. ²		
Average ICE Population ³		
Adult Male Population (as of April 15, 2025)		
Adult Female Population (as of April 15, 2025)		

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 12 deficiencies in the following areas: Detention Files (1); Grievance System (1); Medical Care (1); Searches of Detainees (1); Telephone Access (7); and Voluntary Work Program (1).

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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 Custody Management Division Authorized Facility List as of April 14, 2025.

³ Ihid

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

PBNDS 2011 (Revised 2016) Standards Inspected. ^{5,6}	Deficiencies
Part 1 – Safety	<u>'</u>
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	0
Key and Lock Control	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Tool Control	0
Use of Force and Restraints	0
Sub-Total	0
Part 3 – Order	
Disciplinary System	0
Sub-Total	0
Part 4 – Care	
Food Service	0
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	0
Part 5 – Activities	•
Recreation	0
Visitation	0
Sub-Total	0

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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.

Part 6 – Justice				
Detainee Handbook	0			
Grievance System	0			
Legal Rights Group Presentations	0			
Sub-Total	0			
Part 7 - Administration and Management				
Interviews and Tours	0			
Staff Training	0			
Sub-Total	0			
Total Deficiencies	0			

DETAINEE RELATIONS

ODO interviewed 50 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of harassment, mistreatment, or abuse. All detainees reported satisfaction with the facility service.

COMPLIANCE INSPECTION FINDINGS

ODO found no deficiencies during this inspection.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 28 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with all standards. Since CDF's last rated inspection in January 2024, the facility's overall compliance with the PBNDS 2011 (Revised 2016) has trended upward. CDF went from 12 deficiencies in 6 standards, including 2 priority component deficiencies, in January 2024 to no deficiencies during this most recent inspection. ODO received CDF's completed uniform corrective action plan for its last rated inspection in January 2024, which likely resolved the previous deficiencies ODO cited. ODO recommends ERO Washington continue to work with CDF to ensure the facility maintains its high level of compliance with PBNDS 2011 (Revised 2016).

Compliance Inspection Results Compared	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2025 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	29	28
Deficient Standards	6	0
Overall Number of Deficiencies	12	0
Priority Component Deficiencies	2	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	2	0
Facility Rating	Acceptable/Adequate	Superior



Office of Professional Responsibility

