



**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

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Office of Detention Oversight  
Compliance Inspection

Enforcement and Removal Operations  
ERO Washington Field Office

Caroline Detention Facility  
Bowling Green, Virginia

July 27-30, 2020

**COMPLIANCE INSPECTION**  
**of the**  
**CAROLINE DETENTION FACILITY**  
Bowling Green, Virginia

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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 Caroline Detention Facility (CDF) in Bowling Green, Virginia, from July 27 to 30, 2020.<sup>1</sup> The facility opened in September 2018 and is owned and operated by Peumasend 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 (FOD) in Washington (ERO Washington). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers and a detention services manager to the facility. A CDF superintendent handles daily facility operations and is supported by █ personnel. Trinity Food Service provides food services, ICE Health Service Corps provides medical care, and Oasis Commissary provides commissary services at the facility. In September 2019, CDF was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	336
Average ICE Detainee Population <sup>3</sup>	260
Male Detainee Population (as of 7/20/2020)	211
Female Detainee Population (as of 7/20/2020)	28

During its last inspection, in Fiscal Year (FY) 2019, ODO found 31 deficiencies in the following areas: Admission and Release (4); Custody Classification System (4); Environmental Health and Safety (1); Grievance System (1); Law Libraries and Legal Materials (1); Sexual Abuse and Assault Prevention and Intervention (3); Staff-Detainee Communication (2); Telephone Access (3); Visitation (3); Medical Care (Woman) (1); Use of Force and Restraints (4); and Funds and Personal Property (4).

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

<sup>2</sup> Data Source: ERO Facility List Report as of July 20, 2020.

<sup>3</sup> *Ibid.*

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, 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.<sup>4</sup>

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.

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.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES

PBNDS 2011 Standards Inspected <sup>5</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 – Security</b>	
Admission and Release	1
Custody Classification System	0
Funds and Personal Property	1
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	1
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>3</b>
<b>Part 4 – Care</b>	
Food Service	0
Medical Care	1
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 5 – Activities</b>	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Grievance Systems	1
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>1</b>
<b>Total Deficiencies</b>	<b>5</b>

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

## DETAINEE RELATIONS

ODO interviewed 12 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. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

*Food Service:* One detainee stated he is on an approved “no-meat” diet, but food service staff places meat on his tray, every day, for all three meals.

- Action Taken: ODO reviewed the detainee’s detention and medical records, interviewed the food service administrator, and found the detainee does have an approved special diet. During a period when his housing unit was under cohort and the housing unit received their meals, via satellite feeding, on two occasions, food service staff sent the incorrect trays to the detainee. However, once notified of the errors, food service staff sent replacement trays to the detainee with the correct food items.

*Medical Care:* One detainee stated he arrived at CDF with prescribed medical shoes from a previous facility, but CDF medical staff told him he was not allowed to wear them at CDF.

- Action Taken: ODO reviewed the detainee’s medical and detention records, and interviewed facility medical staff. ODO learned he was a high-custody detainee with a history of sciatic and foot pain. The medical shoes the detainee entered the facility wearing had shoelaces. The facility’s security protocols prohibited high-custody detainees from having shoes with shoelaces and the facility stored his medical shoes with his personal property. A facility medical doctor evaluated the detainee and determined his medical condition did not meet the criteria to have medical shoes, which included: having a deformed foot, a recent fracture, or a documented diabetic neuropathy. Facility medical staff retrieved the insoles of the medical shoes from the detainee’s stored property and put them inside his facility issued shoes. The detainee indicated the compromise helped with his medical condition.

*Recreation:* One detainee stated his housing unit did not receive outside recreation because of the heat index and the facility would not change their scheduled outside recreation time.

- Action Taken: ODO interviewed the facility’s recreation manager and found the facility would shift scheduled outside recreation time to indoor recreation, in the facility’s gymnasium, when the heat index was too high or during periods of inclement weather. The facility’s recreation schedule met all PBNDS 2011 standard requirements.

*Funds and Personal Property:* One detainee stated she received photos in the mail from her family members; however, facility staff told her she could not keep the photos, nor did they explain why she could not have the photos.

- Action Taken: ODO interviewed a facility captain and the facility mail clerk. ODO learned the detainee received more pictures than allowed by the facility's personal property policy permitted, which was 10 pictures. Additionally, several of the pictures were laminated, which the facility deemed a security issue. The facility captain interviewed spoke to the detainee, informed her she was not permitted to keep the [REDACTED]  
[REDACTED] The detainee indicated she understood why she could not possess the laminated pictures. The facility had the detainee go to the intake area and select up to 10 pictures to keep in her possession and then logged the remaining pictures into her personal property stored at the facility.



# COMPLIANCE INSPECTION FINDINGS

## SECURITY

### ADMISSION AND RELEASE (A&R)

ODO reviewed 12 detainee detention files and found 1 out of 12 files did not have an Order to Detain or Release (Form I-203), which was a repeat deficiency (**Deficiency A&R-1<sup>6</sup>**).

### FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed 12 detainee detention files and found 1 out of 12 personal property inventory forms was not signed by the detainee, nor two staff members, as required by the standard (**Deficiency F&PP-1<sup>7</sup>**).

### STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the facility's ICE request log and found the log did not include a column to document the date when the facility forwarded urgent detainee requests to ERO Washington, nor the date the requests were returned to the facility (**Deficiency SDC-1<sup>8</sup>**).

## CARE

### MEDICAL CARE (MC)

ODO reviewed the facility's most current health services staffing plan, which was approved on January 9, 2019, and found the facility had not reviewed and approved the staffing within the past 12-months (**Deficiency MC-1<sup>9</sup>**).

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<sup>6</sup> "An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee." See ICE PBNDS 2011, Standard, Admission & Release, Section (V)(E). **This a repeat deficiency.**

<sup>7</sup> "Facilities lacking automated detainee funds systems must process detainee funds and valuables as follows.

1. Funds

For recordkeeping and accounting purposes, use of the G-589 Property Receipt form or its equivalent is mandatory to inventory any funds removed from a detainee's possession...

*The two officers and the detainee shall sign all copies.*" See ICE PBNDS 2011, Standard, Funds & Personal Property,

Section (V)(G)(1).

<sup>8</sup> "All requests shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose. At a minimum, the log shall record: ...

i. the date the request was forwarded to ICE/ERO and the date it was returned shall also be recorded." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(B)(2)(i).

<sup>9</sup> "...All facilities shall provide medical staff and sufficient support personnel to meet these standards. A staffing plan will be reviewed at least annually which identifies the positions needed to perform the required services..." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(B).

## **JUSTICE**

### **GRIEVANCE SYSTEM (GS)**

ODO reviewed the facility's grievance log and found the facility did not provide detainees with a response to their grievances, within five days of receipt of the grievance, for 9 out of 145 grievances logged (**Deficiency GS-1<sup>10</sup>**).

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 19 standards under PBNDS 2011 and found the facility in compliance with 14 of those standards. ODO found five deficiencies in the remaining five standards, which included one repeat deficiency. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2019 (PBNDS 2011)</b>	<b>FY 2020 (PBNDS 2011)</b>
Standards Reviewed	20	19
Deficient Standards	13	5
Overall Number of Deficiencies	31	5
Repeat Deficiencies	0	1
Corrective Actions	5	0

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<sup>10</sup> "Detainee shall be provided with a written or oral response within five days of receipt of the grievance." See ICE PBNDS 2011, Standard, Grievance System, Section (V)(C)(3)(b)(1)(b).