



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**

January 25-28, 2021

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

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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 January 25 to 28, 2021.¹ The facility opened in 2007 and is owned and operated by the Alamance County Sheriff's Office. 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 (FOD) in Atlanta (ERO Atlanta). The facility operates under the National Detention Standards (NDS) 2000.

ERO has assigned deportation officers to the facility. An ACDF captain handles daily facility operations and is supported by [REDACTED] 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	19
Average ICE Detainee Population ³	7 ⁴
Male Detainee Population (as of 1/25/2021)	0
Female Detainee Population (as of 1/25/2021)	0

During its last inspection, in Fiscal Year (FY) 2020, ODO found 21 deficiencies in the following areas: Funds and Personal Property (1); Environmental Health and Safety (3); Medical Care (1); Religious Practices (1); Sexual Abuse and Assault Prevention and Intervention (2); Telephone Access (3); Use of Force (6); and Visitation (4).

¹ This facility holds female and male 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 January 25, 2021.

³ *Ibid.*

⁴ Per the January 25, 2021, ERO Facility List Report, ACDF had a FY 2020 average daily population of 28 detainees, which is why ODO scheduled ACDF for inspection in FY 2021. Although the facility's population count during the inspection was zero, the facility has a current contract to house ICE detainees, which is why ODO continued with the inspection.

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.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.

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.

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

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATERGORIES

NDS 2000 Standards Inspected ⁶	Deficiencies
Part 1 – Detainee Services	
Access to Legal Material	0
Admission and Release	0
Detainee Classification System	0
Detainees with Disabilities	0
Detainee Grievance System	0
Food Service	0
Funds and Personal Property	2
Religious Practices	0
Staff-Detainee Communication	0
Telephone Access	0
Visitation	0
Sub-Total	2
Part 2 – Security and Control	
Emergency Plans	0
Environmental Health and Safety	7
Population Counts	0
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	4
Sub-Total	11
Part 3 – Health Services	
Hunger Strikes	0
Medical Care	0
Suicide Prevention and Intervention	0
Sub-Total	0
PBND 2011 (Revised 2016) Standard Inspected	
Sexual Abuse and Assault Prevention and Intervention	6
Sub-Total	6
Total Deficiencies	19

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

DETAINEE RELATIONS

The facility's ICE detainee population count was zero during the entire inspection. As such, ODO did not interview any detainees during this inspection. Although the facility's population count was zero, the facility has an active contract to house detainees and their FY 2020 ADP was 28, which met ODO's inspection criteria of an ADP of 10 or more.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the facility's Confiscation and Storage of Property and Cash policy, interviewed the facility lieutenant and found the facility's policy did not address any of the seven requirements for processing properly received detainee property, reported as lost or damaged, which was a repeat deficiency (**Deficiency F&PP-80⁷**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by revising their Confiscation and Storage of Property and Cash policy, which incorporated all seven requirements from the standard. The facility informed their staff of the policy update via a memorandum dated January 26, 2021 (**C-1**).

ODO reviewed the facility's detainee handbook and found the handbook did not notify detainees of the rules for storing or mailing property, nor the procedures for filing a claim for lost or damaged property (**Deficiency F&PP-89⁸**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by revising their detainee handbook. Specifically, the facility added the rules for storing or mailing property they did not allow detainees to have in their possession, and the procedures for filing a claim for lost or damaged property. The facility informed their staff of the handbook update via a memorandum dated January 26, 2021 (**C-2**).

⁷ "All CDFs and IGSA facilities will have and follow a policy for loss of or damage to properly received detainee property, as follows:

1. All procedures for investigating and reporting property loss or damage will be implemented as specified in this standard;
2. Supervisory staff will conduct the investigation;
3. The senior facility contract officer will process all detainee claims for lost or damaged property promptly;
4. The official deciding the claim will be at least one level higher in the chain of command than the official investigating the claim;
5. They will promptly reimburse detainees for all validated property losses caused by facility negligence;
6. They will not arbitrarily impose a ceiling on the amount to be reimbursed for a validated claim; and
7. The senior contract officer will immediately notify the designated INS officer of all claims and outcomes."

See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(H)(1) thru (7). **This is a Repeat Deficiency.**

⁸ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including: ...

3. The rules for storing or mailing property not allowed in their possession; ...
5. The procedures for filing a claim for lost or damaged property."

See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J)(3) and (5).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO interviewed the facility's assistant safety manager and found the maintenance department did not maintain a running inventory of the hazardous substances used and stored in the facility's flammable storage cabinet (**Deficiency EH&S-2**⁹).

ODO interviewed the facility's assistant safety manager and found the maintenance department did not maintain a running inventory of the items contained in the facility's flammable storage cabinet (**Deficiency EH&S-3**¹⁰).

ODO reviewed the facility's EH&S program documentation and found the facility had not provided a copy of their [REDACTED] to the local fire department (**Deficiency EH&S-11**¹¹).

Corrective Action: Following the completion of the inspection, on February 1, 2021, the facility sent a copy of their master index of MSDS to the local fire department (C-3).

ODO found nothing to indicate the facility completed nor maintained documentation for [REDACTED] of their MSDS (**Deficiency EH&S-12**¹²).

ODO reviewed [REDACTED] facility exit diagrams and found [REDACTED] exit programs diagrams did not identify emergency equipment locations (**Deficiency EH&S-71**¹³).

ODO reviewed the facility's emergency generator testing documentation, spoke with the facility's assistant safety manager, and found the facility had their emergency generators serviced and tested by an external company twice per year, instead of quarterly as required by the standard (**Deficiency EH&S-79**¹⁴).

ODO reviewed the facility's emergency generator testing documentation, spoke with the facility's assistant safety manager, and found the facility did not inspect their emergency generator's water, oil, hoses, nor belts during their bi-weekly testing of the emergency generator (**Deficiency EH&S-**

⁹ "Every area will maintain a running inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area. Inventory records will be [REDACTED] (or equivalent)." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

¹⁰ "Every area will maintain a running inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area. Inventory records will be [REDACTED] (or equivalent)." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

¹¹ "The Maintenance Supervisor or designate will compile a [REDACTED] He/she will maintain this information [REDACTED] (or equivalent), with a copy to the local fire department." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C).

¹² "Documentation of the [REDACTED] reviews will be maintained in the MSDS master file." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C).

¹³ "In addition to a general area diagram, the following information must be provided on existing signs: ...
c. Emergency equipment locations."

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(5)(c).

¹⁴ "The emergency generator will also receive quarterly testing and servicing from an external generator-service company." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(O).

80¹⁵).

USE OF FORCE (UOF)

ODO reviewed [REDACTED] staff member training files, interviewed the facility staff member responsible for oversight of the facility's UOF policy and training, and found a repeat deficiency. Specifically, the facility had not trained their staff in the UOF [REDACTED], ensuring the facility could quickly convene UOF teams across all shifts (**Deficiency UOF-11¹⁶**).

ODO found [REDACTED] staff members had not received UOF [REDACTED] training, which was a repeat deficiency (**Deficiency UOF-12¹⁷**).

ODO reviewed the facility's UOF training program and found a repeat deficiency. Specifically, the facility's UOF training did not address the UOF [REDACTED] nor its application, confrontation-avoidance, professionalism, debriefing, the use of protective clothing, nor handling of spilled blood and body fluids (**Deficiency UOF-13¹⁸**).

ODO found the facility had not provided annual training on forced [REDACTED] to any of their security staff, which was a repeat deficiency (**Deficiency UOF-119¹⁹**).

PBNDS 2011 (REVISED 2016) STANDARD INSPECTED

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's SAAPI policy and found it did not include procedures for cooperating with an ICE audit (**Deficiency SAAPI-13²⁰**).

ODO found the facility's SAAPI policy did not include written procedures for interviewing alleged victims, suspected perpetrators, nor witnesses (**Deficiency SAAPI-158²¹**).

¹⁵ "The biweekly test of the emergency electrical generator will last one hour. During that time, the oil, water, hoses and belts will be inspected for mechanical readiness to perform in an emergency situation." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(O).

¹⁶ "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). **This is a Repeat Deficiency.**

¹⁷ "To use human resources most effectively, the OIC will provide [REDACTED] training for all staff members." See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(b). **This is a Repeat Deficiency.**

¹⁸ "The [REDACTED] training will include the technique and its application." See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(c). **This is a Repeat Deficiency.**

¹⁹ "Staff members will receive annual training in confrontation avoidance procedures and forced [REDACTED] [REDACTED]." See ICE NDS 2000, Standard, Use of Force, Section (III)(O). **This is a Repeat Deficiency.**

²⁰ "Each facility shall have written policy and procedures for a Sexual Abuse or Assault Prevention and Intervention Program. This policy must mandate zero tolerance toward all forms of sexual abuse or assault, outline the facility's approach to preventing, detecting, and responding to such conduct and include, at a minimum: ...

6. procedures for data collection and reporting; and the facility's requirement to cooperate with all ICE audits and monitoring of facility compliance with sexual abuse and assault policies and standards." See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(A)(6).

²¹ "The facility shall develop written procedures for administrative investigations, including provisions requiring: ... (b) Interviewing alleged victims, suspected perpetrators, and witnesses."

See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(M)(3)(b).

ODO found the facility's SAAPI policy did not include written procedures for reviewing prior complaints nor reports of sexual abuse involving the suspected perpetrator (**Deficiency SAAPI-159**²²).

ODO reviewed the facility's SAAPI policy and found the policy did not include written procedures for an assessment of the credibility of an alleged victim, suspect, or witness, regardless of the individual's status as a detainee, staff member, or employee, and without requiring any detainee who alleges sexual abuse to submit to a polygraph (**Deficiency SAAPI-160**²³).

ODO found the facility's SAAPI policy did not include written procedures for the documentation of each investigation by written report, to include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings (**Deficiency SAAPI-162**²⁴).

ODO found the facility's SAAPI policy it did not include written procedures for the retention of administrative investigation reports, for as long as the alleged abuser is detained or employed by the agency or facility, plus 5-years (**Deficiency SAAPI-163**²⁵).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 20 standards under NDS 2000, one standard under PBNDS 2011 (Revised 2016), and found the facility in compliance with 17 of those standards. ODO found 19 deficiencies in the remaining 4 standards, which included five repeat deficiencies. ODO commends facility staff for their responsiveness during this inspection and notes there were two instances where the facility's staff initiated immediate corrective action during the inspection, and one instance where staff initiated corrective action in the week following the inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

²² "The facility shall develop written procedures for administrative investigations, including provisions requiring: ...
(c) Reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator."

See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(M)(3)(c).

²³ The facility shall develop written procedures for administrative investigations, including provisions requiring: ...
(d) Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse to submit to a polygraph." See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(M)(3)(d).

²⁴ "The facility shall develop written procedures for administrative investigations, including provisions requiring:
(f) Documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings."

See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(M)(3)(f).

²⁵ "The facility shall develop written procedures for administrative investigations, including provisions requiring: ...
(g) Retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years."

See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(M)(3)(g).

Compliance Inspection Results Compared	FY 2020 (NDS 2000)/(PBNDS 2011 Revised 2016)	FY 2021 (NDS 2000)/(PBNDS 2011 Revised 2016)
Standards Reviewed	17/1	20/1
Deficient Standards	7/1	3/1
Overall Number of Deficiencies	21	19
Repeat Deficiencies	2	5
Areas of Concern	0	0
Corrective Actions	8	3