

U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
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Office of Detention Oversight
Follow-Up Compliance Inspection

Enforcement and Removal Operations
ERO Atlanta Field Office

Alamance County Detention Facility
Graham, North Carolina

June 7-11, 2021

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

TABLE OF CONTENTS

FACILITY OVERVIEW	4
FOLLOW-UP COMPLIANCE INSPECTION PROCESS.....	5
FINDINGS BY NATIONAL DETENTION STANDARDS 2000	
MAJOR CATEGORIES	6
DETAINEE RELATIONS.....	7
FOLLOW-UP COMPLIANCE INSPECTION FINDINGS.....	7
DETAINEE SERVICES.....	7
Admission and Release.....	7
Food Service	7
SECURITY AND CONTROL.....	8
Use of Force.....	8
CONCLUSION	8

FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead
Assistant Team Lead
Contractor
Contractor
Contractor
Contractor

ODO
ODO
Creative Corrections
Creative Corrections
Creative Corrections
Creative Corrections

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a follow-up compliance inspection of the Alamance County Detention Facility (ACDF) in Graham, North Carolina, from June 7 to 11, 2021.¹ This inspection focused on the standards found deficient during ODO’s last inspection of MDF from January 25 to 28, 2021. The facility opened in April 2007 and is owned and operated by Alamance County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at ACDF in February 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 manages [REDACTED] support personnel. Alamance County 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	58
Average ICE Detainee Population ³	[REDACTED]
Male Detainee Population (as of June 7, 2021)	[REDACTED]
Female Detainee Population (as of June 7, 2021)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2021, ODO found 19 deficiencies in the following areas: Funds and Personal Property (2); Environmental Health and Safety (7); Use of Force (4); and Sexual Abuse and Assault Prevention and Intervention (6).

¹ This facility holds 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 June 7, 2021.

³ *Ibid.*

⁴ Per the June 7, 2021, ERO Facility List Report, ACDF had a FY 2020 average daily population of 28 detainees, which is why ODO scheduled ACDF for inspections in FY 2021. Although the facility’s population count was zero during the inspection, the facility has a current contract to house ICE detainees.

FOLLOW-UP 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 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's UCAP, and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

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.

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ^{5&6}	Deficiencies
Part 1 – Detainee Services	
Admission and Release	1
Detainee Classification System	0
Food Service	4
Funds and Personal Property	0
Sub-Total	5
Part 2 – Security and Control	
Emergency Plans	0
Environmental Health and Safety	0
Hold Rooms in Detention Facilities	0
Use of Force	4
Sub-Total	4
Part 3 – Health Services	
Hunger Strikes	0
Medical Care	0
Suicide Prevention and Intervention	0
Sub-Total	0
Additional Standard Inspected	
PBNDS 2011 (Revised 2016) Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	9

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

⁶ The facility does not have a Special Management Unit; therefore, ACDF was reviewed under the Hold Room standard.

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 its FY 2020 ADP was [REDACTED], which met ODO's requirement of an ADP of 10 or more detainees.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (AR)

ODO reviewed the facility AR program and Release and Transfer Procedures Policy 1100.0 and found the facility did not obtain a detainee's fingerprints as part of the release/removal/ transfer process in [REDACTED] out of [REDACTED] released detainee files reviewed (**Deficiency AR-72**⁷).

FOOD SERVICE (FS)

ODO reviewed the facility FS program and found the facility had not developed the ceremonial-meal schedule for the next calendar year and did not have a ceremonial meal schedule to provide to the officer in charge (**Deficiency FS-226**⁸).

ODO reviewed the facility FS program and found the facility had not developed a ceremonial-meal schedule with the following required items: date, religious group, estimated number of participants, and special foods required (**Deficiency FS-227**⁹).

ODO reviewed the facility FS program and found the facility did not include the estimated common-fare costs in the quarterly budget (**Deficiency FS-247**¹⁰).

ODO reviewed the facility FS program and found the facility did not maintain records for actual common-fare costs for edible and non-edible items (**Deficiency FS-248**¹¹).

⁷ "Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding, etc." See ICE NDS 2000, Standard, Admission & Release, Section (III)(2nd J).

⁸ "The Chaplain, in consultation with the local religious leaders, if necessary, shall develop the ceremonial-meal schedule for the next calendar year, providing it to the OIC." See ICE NDS 2000, Standard, Food Service, Section (III)(E)(10).

⁹ "The Chaplain, in consultation with the local religious leaders, if necessary, shall develop the ceremonial-meal schedule for the next calendar year, providing it to the OIC. This schedule shall include the date, religious group, estimated number of participants, and special foods required." See ICE NDS 2000, Standard, Food Service, Section (III)(E)(10).

¹⁰ "The FSA shall estimate quarterly costs for the common-fare program, including this figure in the quarterly budget." See ICE NDS 2000, Standard, Food Service, Section (III)(E)(12).

¹¹ "The FSA shall maintain a record of the actual costs of both edible and non-edible items." See ICE NDS 2000, Standard, Food Service, Section (III)(E)(12).

SECURITY AND CONTROL

USE OF FORCE (UOF)

ODO reviewed [REDACTED] facility staff training files and found facility staff did not train on the UOF team technique in [REDACTED] out of [REDACTED] files reviewed. Specifically, the facility had not trained its staff in the UOF team technique, ensuring the facility's ability to quickly convene UOF teams across all shifts (**Deficiency UOF-11**¹²). **This is a repeat deficiency.**

ODO reviewed the facility UOF program and found facility staff members had not received UOF team technique training in [REDACTED] out of [REDACTED] files reviewed (**Deficiency UOF-12**¹³). **This is a repeat deficiency.**

ODO reviewed the facility UOF program and found the training did not address the UOF team technique. Specifically, the facility UOF training did not address the UOF team technique nor its application, confrontation-avoidance, professionalism, debriefing, the use of protective clothing, nor handling of spilled blood and body fluids (**Deficiency UOF-13**¹⁴). **This is a repeat deficiency.**

ODO reviewed [REDACTED] staff training files and found the facility had not provided annual training on forced cell-move techniques to its security staff in [REDACTED] out of [REDACTED] training files reviewed (**Deficiency UOF-119**¹⁵). **This is a repeat deficiency.**

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 11 standards under NDS 2000 and 1 standard under PBNDS 2011 (Revised 2016) and found the facility in compliance with 9 of those standards. ODO found nine deficiencies in the remaining three standards, which included four repeat deficiencies. ODO commends facility staff for its responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the uniform corrective action plan for ODO's last inspection of ACDF, which occurred in January 2021.

¹² "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).

¹³ "To use human resources most effectively, the OIC will provide use-of-force team technique training for all staff members." See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(b).

¹⁴ "The use-of-force team technique training will include the technique and its application, confrontation-avoidance, professionalism, and debriefing. It will also cover the use of protective clothing and handling of spilled blood and body fluids." See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(c).

¹⁵ "Staff members will receive annual training in confrontation avoidance procedures and forced cell-move techniques." See ICE NDS 2000, Standard, Use of Force, Section (III)(O).

Compliance Inspection Results Compared	First FY 2021 (NDS 2000)	Second FY 2021 (NDS 2000) (PBNS 2011) (Revised 2016)
Standards Reviewed	20	11/1
Deficient Standards	4	3
Overall Number of Deficiencies	19	9
Repeat Deficiencies	5	4
Area(s) of Concern	0	0
Corrective Actions	3	0