



U.S. Department of Homeland Security
Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
Washington, DC 20536-5501

**Office of Detention Oversight
Follow-Up Compliance Inspection**

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

**Caroline Detention Facility
Bowling Green, Virginia**


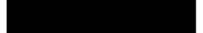
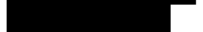
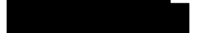
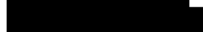
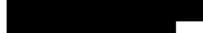
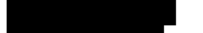
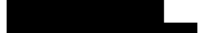
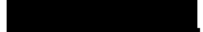
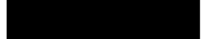
August 16-18, 2022

FOLLOW-UP COMPLIANCE INSPECTION
of the
CAROLINE DETENTION FACILITY
Bowling Green, Virginia

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS

| | | |
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|  | Team Lead | ODO |
|  | Inspections and Compliance Specialist | ODO |
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|  | Contractor | Creative Corrections |
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|  | Section Chief | ODO |

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 Caroline Detention Facility (CDF) in Bowling Green, Virginia, from August 16 to 18, 2022.¹ This inspection focused on the standards found deficient during ODO’s last inspection of CDF from February 14 to 18, 2022. The facility opened in September 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 September 2018 under the oversight of ERO’s Field Office Director in Washington, DC (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 manages [REDACTED] support personnel. Trinity Services provides food services, ICE Health Service Corps (IHSC) provides medical care, and Oasis Commissary provides commissary services at the facility. The facility does not hold any accreditations from any outside entities. 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 Bed Capacity ² | [REDACTED] |
| Average ICE Population ³ | [REDACTED] |
| Adult Male Population (as of August 16, 2022) | [REDACTED] |
| Adult Female Population (as of August 16, 2022) | [REDACTED] |

During its last inspection, in Fiscal Year (FY) 2022, ODO found 3 deficiencies in the following areas: Admission and Release (1); Funds and Personal Property (1); and Special Management Units (1).

¹ This facility holds male detainees with low, medium-low, medium-high, and high security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List as of August 16, 2022.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population 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.⁴

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 uniform corrective action plan (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.

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**

| PBNS 2011 (Revised 2016) Standards Inspected^{5,6} | Deficiencies |
|---|---------------------|
| Part 1 - Safety | |
| Emergency Plans | 0 |
| Environmental Health and Safety | 0 |
| Sub-Total | 0 |
| Part 2 - Security | |
| Admission and Release | 0 |
| Custody Classification System | 1 |
| Facility Security and Control | 2 |
| Funds and Personal Property | 0 |
| Special Management Units | 0 |
| Staff-Detainee Communication | 0 |
| Use of Force and Restraints | 0 |
| Sub-Total | 3 |
| Part 4 - Care | |
| Food Service | 1 |
| Hunger Strikes | 3 |
| Medical Care | 4 |
| Medical Care (Women) | 0 |
| Personal Hygiene | 0 |
| Significant Self-harm and Suicide Prevention and Intervention | 2 |
| Sub-Total | 10 |
| Part 5 - Activities | |
| Recreation | 0 |
| Telephone Access | 0 |
| Sub-Total | 0 |
| Part 6 - Justice | |
| Grievance System | 1 |
| Sub-Total | 0 |
| Total Deficiencies | 14 |

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

⁶ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

DETAINEE RELATIONS

ODO interviewed 31 detainees, who each voluntarily agreed to participate. Two detainees made allegations of mistreatment. Most detainees reported satisfaction with the facility services except for the concerns listed below.

Disability Identification Assessment, and Accommodation: One detainee stated he is illiterate and unable to read the Bible.

- Action Taken: ODO interviewed the detainee management chief and found the detainee did not state his illiteracy during intake. ODO confirmed facility staff placed the detainee on the mental health department's vulnerable list to receive assistance in reading the Bible and other print media. The legal coordinator and field training officer read the entire ICE National Detainee Handbook and facility-specific handbook to the detainee and answered his question about submitting sick call requests and calling the Ecuadorian embassy.

Food Service: One detainee stated he requested a medical diet because of his diabetes, but a facility doctor said the food served to him is sufficient for his diabetes.

- Action Taken: ODO interviewed the health services administrator (HSA) and the food service manager (FSM), reviewed the dietitian's certified medical diet plans, and found the facility identified the detainee as diabetic during intake and prescribed an approved medical diet tray on November 5, 2020. ODO found the facility followed up with the detainee to let him know he is receiving a medical diet tray twice, once on April 6, 2022, and again on August 17, 2022. ODO confirmed the detainee is receiving a medical diet tray and found the regular and medical meals prepared for the detainee population to be diverse, well-proportioned, and nutritionally adequate.

Grievance System: One detainee stated his concern over the return of an officer to the unit after facility management promised to remove her due to grievances filed against her for use of derogatory terms.

- Action Taken: ODO interviewed the superintendent, reviewed the officer's investigation report, incident summary, and detainee grievances, and confirmed on March 16, 2022, a detainee submitted a grievance alleging the officer in question made derogatory and racial remarks, specifically calling them "wetbacks" and "gringo." The facility's investigation found the grievance to be unfounded. On August 13, 2022, a facility officer submitted an incident summary, alleging the officer in question made derogatory and racial remarks to the detainees. On August 29, 2022, ODO confirmed, the facility found the allegations of the officer substantiated due to the amount of evidence from staff and detainee witnesses and the officer's partial admittance. ODO confirmed the facility is in the process of retraining and disciplining the officer. Also, upon completion of the discipline, the facility will assign the officer to a post that does not require contact with detainees. ODO found the facility nor ERO Washington forwarded a copy of the grievance alleging staff misconduct to ICE's Office of Professional Responsibility (OPR) Joint Intake Center (JIC). ODO cited this as a

deficiency under the *Grievance System* section of this report.

Grievance System: One detainee stated he has not received any response from facility staff regarding the incident he reported of a food service worker closing a window on his head on April 14, 2022.

- Action Taken: ODO interviewed the superintendent, reviewed the investigation report and incident summary, and confirmed the facility recorded the detainee's verbal statement of the incident and escorted him to the medical clinic for evaluation on April 14, 2022. The detainee stated he did not sustain any injury, and facility staff safely escorted him to his housing unit. After reviewing video and statements of the incident, facility investigators found no basis to the allegation, and the detainee later stated he hit his head by accident. At ODO's request, the facility staff informed the detainee of the investigation's conclusion on August 18, 2022. ODO found the facility nor ERO Washington forwarded a copy of the grievance alleging staff misconduct to ICE's OPR JIC. ODO cited this as a deficiency under the *Grievance System* section of this report.

Law Libraries and Legal Materials: One detainee stated the facility requires him to submit a written request to visit the law library and limits his visits to 10 or 15 minutes.

- Action Taken: ODO interviewed a facility captain and found the staff provided special accommodations due to the detainee's disability. The captain stated the detainee may access the law library up to 5 hours per week and needs only to ask for the time. On August 18, 2022, ODO confirmed the captain instructed the detainee on requesting additional time at the law library.

Medical Care: One detainee stated a doctor's decision not to prescribe medication for his toenail fungus from 4 months ago has resulted in the fungus spreading and causing him pain.

- Action Taken: ODO interviewed the HSA and found the detainee submitted a sick call request on June 17, 2022, for toenail fungus and on the same day a medical doctor (MD) evaluated him. The MD diagnosed the detainee with tinea unguium, a fungal infection, and prescribed Terbinafine HCl tablets (250 mg), once per day for 30 days, with 2 refills. Medical staff followed-up with the detainee on July 18, 2022. On August 22, 2022, ODO confirmed the MD advised the detainee to keep his feet clean and dry and continue to clip his nails low. The detainee stated he understood everything explained to him.

Medical Care: One detainee stated he has not received word of a scheduled vision test after telling a nurse 2 weeks ago of his vision problems in both eyes.

- Action Taken: ODO interviewed the HSA and found the detainee submitted a sick call request on August 5, 2022, and a nurse practitioner (NP) evaluated and diagnosed him with chronic allergic conjunctivitis on the same day. The NP prescribed the detainee Cetirizine HCl tablets (10 mg), once per day for 30 days, with 3 refills, and artificial tear solution, once per day for 30 days, also with 3 refills. The NP followed up with the detainee on August 17, 2022. ODO confirmed the medical staff informed the

detainee of the medication's use and side effects and instructed the detainee to return to sick call if symptoms worsened prior to the next appointment. The detainee acknowledged understanding all instructions.

Medical Care: One detainee stated he has not seen a specialist for his knee pain and medical staff did not address his carpal tunnel syndrome.

- Action Taken: ODO interviewed the HSA and MD and confirmed the detainee's over-500 sick call requests and similarly high number of medical prescriptions. ODO found the following:

Left Knee: On October 23, 2020, an MD reviewed the detainee's X-ray of his left knee and diagnosed patellar spurring with no acute bone injury and prescribed acetaminophen (500 mg) as needed. On January 20, 2021, a follow-up X-ray of the same knee showed no additional structural damage nor loss of movement. The MD recently prescribed: Ketorolac injections from June 23 to August 8, 2022; acetaminophen (500 mg) from June 22 to October 20, 2022; and diabetic shoes. On August 22, 2022, ODO confirmed medical staff informed the detainee of his next follow-up appointment for September 19, 2022, and the detainee acknowledged understanding all information.

Carpal Tunnel Syndrome: On November 9, 2021, an MD examined and diagnosed carpal tunnel syndrome in the detainee's left wrist and prescribed Meloxicam (15 mg), once per day from November 9, 2021, to May 3, 2022. During sick call on August 19, 2022, an NP evaluated the detainee for tingling and weakness of his hands when exercising or lifting weights. The NP found no symptoms of carpal tunnel syndrome, and the detainee declined the offer for wrist supports. On August 22, 2022, ODO confirmed medical staff's recommendation for the detainee to pursue sports medicine therapy once ICE releases him.

Medical Care: One detainee stated the facility denied his request for surgery to remove loose skin affecting his eyesight.

- Action Taken: ODO interviewed the HSA and confirmed a registered nurse (RN) examined and diagnosed the detainee with pterygium in both eyes upon intake on April 3, 2022. The detainee's eyes exhibited redness and crusty discharge. The eye examination determined the detainee's eyesight at 20/20. The NP prescribed Neomycin-Polymyxin-Dexameth ointment (3.5 mg) four times per day for 7 days. On July 7, 2022, medical staff found the pterygium did not impact the detainee's vision in either eye during a follow-up visit and told the detainee pterygium is a growth on the eye, sometimes without symptoms and other times with a burning irritation that feels like something is lodged in the eye. Medical staff advised the detainee to return to sick call if symptoms worsened.

Medical Care: One detainee stated he did not receive a follow-up appointment after medical staff prescribed Mylanta for his heartburn.

- Action Taken: ODO interviewed the HSA and confirmed an RN examined the detainee and prescribed a single 30 mL dose of aluminum-magnesium-simethicone suspension (20 mg / 5 mL) for dysfunctional gastrointestinal motility on June 27, 2022. Medical staff advised the detainee to return to sick call if symptoms worsened prior to his next appointment, and the detainee confirmed understanding the instruction. Facility medical staff re-evaluated the detainee on August 22, 2022, and he made no further complaints of heartburn during his follow-up appointment.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed the facility's classification procedures, detainee reclassification records, the detainee rosters of each housing unit, and found the facility did not refrain from comingling medium-low custody detainees with high-custody detainees. Specifically, on August 10, 2022, staff reclassified a medium-high detainee to medium-low, but the facility continued to house the medium-low detainee with high-custody detainees for 7 days (**Deficiency CCS-45⁷**).

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed CDF policies, interviewed the chief of security and superintendent, and found the facility does not conduct daily tests of their perimeter alarm at irregular times because the facility's perimeter alarm system has been inoperable for 3 years (**Deficiency FSC-109⁸**).

Additionally, ODO found the facility does not simulate a detainee climbing the fence by jumping and pulling on the fence to activate the fence alarm (**Deficiency FSC-111⁹**).

⁷ "When it becomes necessary to house detainees of different classification levels in the same housing unit, the following guidelines apply: ...

2. Low custody detainees and medium-low custody detainees may be housed together, and medium-high custody detainees and high custody detainees may be housed together." See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(G)(2).

⁸ "Perimeter inspections shall occur frequently, but at irregular times, as follows:

a. Walls, fences and exits, including all outside windows shall be inspected for defects at least once per shift, and perimeter alarm systems shall be tested daily."

See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(F)(2)(a).

⁹ "Perimeter inspections shall occur frequently, but at irregular times, as follows: ...

c. Daily along the perimeter fence, checked by the assigned staff member(s): ...

2) Simulating a detainee's climbing the fence by pulling on the fence. (Jerking the fence back and forth does not simulate climbing and is an insufficient simulation.)"

See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(F)(2)(c)(2).

CARE

FOOD SERVICE (FS)

ODO inspected the CDF FS area and found staff did not keep eight out of nine garbage/refuse containers covered nor insect and rodent-proof (**Deficiency FS-323**¹⁰).

HUNGER STRIKES (HS)

ODO reviewed medical records of two detainees on HS and found:

- In one of the records, medical staff did not perform a urinalysis, nor measure, and record the detainee's height, weight, and vital signs during the initial evaluation while on HS (**Deficiency HS-10**¹¹);
- In both records, medical staff did not measure and record the detainees' weight and vital signs at least once every 24 hours during the HS (**Deficiency HS-11**¹²); and
- In one of the records, medical staff did not attempt to secure the detainee's signature on a "Refusal of Treatment" form. Specifically, one detainee refused the initial medical evaluation during his HS (**Deficiency HS-14**¹³).

MEDICAL CARE (MC)

ODO reviewed [REDACTED] medical staff credential files and found in [REDACTED] out of [REDACTED] files, no verifiable license, certification, credential, nor registration in compliance with state and federal standards. Specifically, a physician, a dentist, a pharmacist, two licensed clinical social workers, and three radiology technicians lacked documented primary source verification (**Deficiency MC-101**¹⁴).

ODO reviewed [REDACTED] detainee medical records and found in one record, no documented informed consent form for the provision of health care services upon admission into the facility (**Deficiency**

¹⁰ "Garbage/refuse containers shall have sufficient capacity for the volume and shall be kept covered, insect- and rodent-proof and frequently cleaned." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(5)(j).

¹¹ "During the initial evaluation of a detainee on a hunger strike, medical staff shall:

- a. Measure and record height and weight;
- b. Measure and record vital signs; and
- c. Perform urinalysis."

See ICE PBNDS 2011 (Revised 2016), Standard, Hunger Strikes, Section (V)(C)(1) (a-c).

¹² "Medical staff shall measure and record weight and vital signs at least once every 24 hours during the hunger strike and repeat other procedures as medically indicated." See ICE PBNDS 2011 (Revised 2016), Standard, Hunger Strikes, Section (V)(C)(2).

¹³ "If the detainee refuses the initial medical evaluation or any treatment or other medical procedures, medical staff must attempt to secure the detainee's signature on a 'Refusal of Treatment' form." See ICE PBNDS 2011 (Revised 2016), Standard, Hunger Strikes, Section (V)(C)(5).

¹⁴ "All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(I).

MC-238¹⁵).

ODO reviewed eight detainee medical records and found in one record, no separate documented informed consent form for prescribed psychotropic medication that includes a description of the medication's side effects (**Deficiency MC-241¹⁶**).

ODO interviewed the HSA, reviewed IHSC's external peer review program for eight independently licensed medical professionals, and found IHSC did not complete two out of eight peer reviews annually. Specifically, the peer reviews for a NP and a licensed clinical social worker were 8 and 11 days past due (**Deficiency MC-292¹⁷**).

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

ODO reviewed nine detainee medical records and found in two out of the nine records, clinical staff did not provide continuous one-to-one monitoring welfare checks at least every 8 hours. Specifically, the facility placed two detainees on suicide watch for 4 and 5 days respectively, and ODO identified three occasions where clinical staff conducted welfare checks between 8.5 and 9.5 hours (**Deficiency SSHSPI-35¹⁸**).

ODO reviewed nine detainee medical records and found in four out of nine records, clinical staff did not check on the detainees every 8 hours. Specifically, the facility placed four detainees on suicide watch between 2 and 7 days, and ODO identified five occasions where clinical staff conducted checks between 8.5 and 9.5 hours (**Deficiency SSHSPI-43¹⁹**).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed two detainee grievances and found in both grievances neither the facility nor ERO Washington forwarded a copy of the grievances alleging staff misconduct to ICE's OPR JIC. Specifically, the facility notified ERO Washington of both allegations of staff misconduct via e-mail and conducted internal investigations; however, neither entity copied ICE's OPR JIC on the

¹⁵ "Upon admission at the facility, documented informed consent shall be obtained for the provision of health care services." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(AA)(1).

¹⁶ "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication's side effects, shall be obtained." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(AA)(4).

¹⁷ "Reviews shall be conducted at least annually." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(EE)(3).

¹⁸ "All suicidal detainees placed in an isolated confinement setting will receive continuous one-to-one monitoring, welfare checks at least every 8 hours conducted by clinical staff, and daily mental health treatment by a qualified clinician." See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

¹⁹ "Detainees on suicide precautions who have not been placed in an isolated confinement setting by the qualified mental health professional will receive documented close observation at staggered intervals not to exceed 15 minutes (e.g., 5, 10, 7 minutes), checks at least every 8 hours by clinical staff, and daily mental health treatment by a qualified clinician." See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

e-mails (**Deficiency GS-93**²⁰).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 11 of those standards. ODO found 14 deficiencies in the remaining 7 standards. ODO commends the facility staff members for their responsiveness during this inspection. ODO recommends ERO Washington work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the UCAP for ODO's last inspection of CDF in February 2022.

| Compliance Inspection Results Compared | First FY 2022 (PBNDS 2011) (Revised 2016) | Second FY 2022 (PBNDS 2011) (Revised 2016) |
|---|--|---|
| Standards Reviewed | 24 | 18 |
| Deficient Standards | 3 | 7 |
| Overall Number of Deficiencies | 3 | 14 |
| Repeat Deficiencies | 0 | 0 |
| Areas Of Concern | 0 | 0 |
| Corrective Actions | 0 | 0 |
| Facility Rating | Superior | N/A |

²⁰ "CDFs and IGSA facilities must also forward a copy of any grievances alleging staff misconduct to ICE/ERO in a timely manner with a copy going to ICE's Office of Professional Responsibility (OPR) Joint Intake Center and/or local OPR office for appropriate action." See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(F).