



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
Follow-Up Compliance Inspection

Enforcement and Removal Operations
ERO Washington Field Office

Caroline Detention Facility
Bowling Green, Virginia

August 9-11, 2021

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

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead
Contractor
Contractor
Contractor
Contractor

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 Caroline Detention Facility (CDF) in Bowling Green, Virginia, from August 9 to 11, 2021.¹ This inspection focused on the standards found deficient during ODO’s last inspection of CDF from March 8 to 12, 2021. The facility opened in September 2018 and is owned and operated by the 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 (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 manages ■ support 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 by 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 ²	■
Average ICE Detainee Population ³	■
Male Detainee Population (as of August 9, 2021)	■
Female Detainee Population (as of August 9, 2021)	■

During its last inspection, in Fiscal Year 2021, ODO found six deficiencies in the following areas: Funds and Personal Property (2); Food Service (3); and Medical Care (1).

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 August 2, 2021.

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 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.

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

PBNDS 2011 (Revised 2016) Standards Inspected⁴	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	0
Funds and Personal Property	0
Sexual Abuse and Assault Prevention and Intervention	1
Special Management Units	0
Use of Force and Restraints	0
Sub-Total	1
Part 4 – Care	
Food Service	9
Medical Care	0
Medical Care (Women)	0
Personal Hygiene	1
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	10
Total Deficiencies	11

⁴ For greater detail on ODO’s findings, see the *Follow-Up Compliance Inspection Findings* section of this report.

DETAINEE RELATIONS

ODO interviewed eight detainees, who each voluntarily agreed to participate. One detainee made an allegation of sexual abuse and another detainee exhibited signs of mental health issues during the interview. ODO immediately referred him to both detainees to ERO Washington and facility medical staff for follow-up evaluations. Most detainees reported satisfaction with facility services except for the concerns listed below.

Environmental Health and Safety: One detainee stated the water in his housing unit was brown and cloudy. He voiced his concern for safety with regard to drinking this water.

- Action Taken: ODO interviewed the facility's maintenance supervisor, observed the potable water in the administrative segregation unit, and reviewed the most recent water laboratory reports for bacteriological items, lead, and copper. ODO noted no issues in any of the areas reviewed and after further discussion with the facility's maintenance supervisor, determined the discoloration may have been a result of the facility's maintenance on the water pipes in the recent weeks. At ODO's request, the facility spoke with the detainee and encouraged him to bring any further water issues to the attention of the facility staff.

Food Service: One detainee stated the facility is not providing him a vegan diet.

- Action Taken: ODO reviewed the detainee's detention file, which indicated the detainee requested a vegan diet on February 24, 2021, due to strict religious practices. On February 28, 2021, the facility's chaplain approved the detainee to receive a vegetarian diet. On March 1, 2021, the detainee submitted another request for a vegan diet. On March 2, 2021, the chaplain approved the second request for a vegan diet. ODO spoke with the facility food service administrator and confirmed the facility did have a vegan diet that omitted all animal products and the facility was providing the vegan diet to the detainee. ODO reviewed the facility's food menu and noted the staff utilized the vegetarian menu and substituted any animal products with vegan items to ensure compliance with the vegan diet.

Sexual Abuse and Assault Prevention and Intervention: One detainee stated he had been a victim of sexual abuse and assault in November 2020. The detainee stated he informed the facility staff, but no one responded accordingly with any medical or mental health treatment.

- Action Taken: ODO immediately notified both ERO Washington and the facility leadership of the allegation. Upon further review, ODO determined the detainee made the allegation to facility medical staff on November 3, 2020 and referenced an event that allegedly took place on October 17, 2020. ODO reviewed the detainee's electronic medical record and on November 3, 2020, the facility medical staff and mental health evaluated the detainee, following the notification of the sexual assault allegation. ODO also interviewed the facility captain and the superintendent regarding the issue as well as reviewed the facility's investigation report. On August 10, 2021, ERO Washington initiated PREA protocols and submitted the report to the Joint Intake Center. At ODO's request, the facility medical staff spoke with the detainee on August 10, 2021, to offer additional mental or medical help, but he declined any treatment. ODO notes the facility did not promptly report

the allegation to the FOD and cites this as a deficiency in the *Sexual Abuse and Assault Prevention Intervention* section of this report.

Significant Self-harm and Suicide Prevention and Intervention: One detainee stated that he is extremely stressed at this facility but said he had no self-harm ideations when asked directly. However, during continued conversation, the detainee stated he did not think he would survive another month in this facility and would be better off in a casket.

- Action Taken: ODO immediately referred the detainee to facility mental health services and informed facility leadership and ERO Washington. The facility's mental health staff immediately evaluated the detainee, and he said he felt stressed and had no self-harm ideations during this evaluation. On August 20, 2021, ODO interviewed facility mental health staff, who confirmed the detainee was stable and was undergoing regular mental health treatment.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

During detainee interviews, a detainee informed ODO of a detainee-on-detainee sexual assault allegation that he reported to the facility on November 3, 2020. ODO reviewed the investigation report and the detainee's electronic medical record and found the facility provided medical and mental health services to the alleged victim, conducted a thorough investigation into the allegation, and determined the allegation to be unsubstantiated. However, the facility did not promptly report the incident to the ERO FOD (**Deficiency SAAPI-135⁵**).

Corrective Action: Prior to ODO's inspection, in April 2021, ERO Washington identified the notification delay and provided its facilities with a revised SAAPI worksheet to ensure facilities complete the required notifications in the event of sexual assault and abuse allegations (**C-1**).

CARE

FOOD SERVICE (FS)

ODO interviewed the food service director, reviewed [REDACTED] detainee training files, and found [REDACTED] of the files contained a job description signed by the detainee food service workers. CDF had [REDACTED] detainees assigned to food service during the inspection period (**Deficiency FS-54⁶**).

⁵ "When a detainee(s) is alleged to be the perpetrator, it is the facility administrator's responsibility to ensure that the incident is promptly referred to the appropriate law enforcement agency having jurisdiction for investigation (if the incident is potentially criminal) and reported to the Field Office Director, who shall report it to the OPR Joint Intake Center." See ICE PBNDS 2011 (Revised 2016), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(L)(1).

⁶ "Before starting work in the department, the detainee shall sign for receipt of the applicable job description." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(C)(2).

ODO interviewed the food service director, reviewed [REDACTED] detainee training files, and found [REDACTED] of the files contained a job description for any of the detainees assigned to the food service department. CDF had [REDACTED] detainees assigned to food service during the inspection period (**Deficiency FS-55**⁷).

ODO conducted an inspection of the walk-in coolers in the food service area and found staff did not label seven pans of food from the previous day to identify the product, preparation date, and time (**Deficiency FS-168**⁸).

ODO inspected the tools, appliances, and utensils used to prepare kosher-food items and found the facility staff had not appropriately identified a separate cutting board, spoon, and dough cutter (in lieu of knife) (**Deficiency FS-201**⁹).

ODO interviewed the food service director, conducted an inspection of the kitchen, and found the facility did not use a separate dishpan for cleaning kosher-food service utensils (**Deficiency FS-203**¹⁰).

ODO inspected the tools, appliances, and utensils used to prepare common-fare food items and found the facility staff had not appropriately identified a separate cutting board, spoon, and dough cutter (in lieu of knife) (**Deficiency FS-210**¹¹).

ODO interviewed the food service director, conducted an inspection of the kitchen, and found the facility does not use a separate dishpan in lieu of a three-compartment sink for cleaning common-fare service utensils (**Deficiency FS-212**¹²).

ODO interviewed the food service director, reviewed the food budget, and found the food service staff do not include common-fare costs in the quarterly budget (**Deficiency FS-251**¹³).

ODO interviewed the food service director, reviewed the food budget, and found the food service staff do not include common-fare costs for edible and non-edible items in the quarterly budget (**Deficiency FS-252**¹⁴).

⁷ "A copy of the detainee's job description shall remain on file for as long as the detainee remains assigned to the food service department." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(C)(2).

⁸ "All leftovers shall be labeled to identify the product, preparation date and time." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(F)(8).

⁹ "Separate cutting boards, knives, food scoops, food inserts and other such tools, appliances and utensils shall be used to prepare kosher-foods and shall be identified accordingly." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(G)(6).

¹⁰ "A separate dishpan shall be provided for cleaning these items, if a separate or three-compartment sink is not available." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(G)(6).

¹¹ "Separate cutting boards, knives, food scoops, food inserts and other such tools, appliances and utensils shall be used to prepare common fare foods and shall be identified accordingly." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(G)(10).

¹² "A separate dishpan shall be provided for cleaning these items, if a separate or three-compartment sink is not available." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(G)(10).

¹³ "The FSA shall estimate quarterly costs for the common fare program and include this figure in the quarterly budget." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(G)(14).

¹⁴ "The FSA shall maintain a record of the actual costs of both edible and non-edible items." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(G)(14).

PERSONAL HYGIENE (PH)

ODO inspected the detainee housing units and observed the toilets did not have doors or screens to provide privacy for the detainees and to prevent staff of the opposite gender from viewing them (Deficiency PH-42¹⁵).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 13 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 10 of those standards. ODO found 11 deficiencies in the remaining 3 standards. ODO commends facility staff members for their responsiveness during this inspection and notes one instance in which staff initiated immediate corrective action prior to the inspection. ODO recommends ERO Washington 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 CDF in March 2021.

Compliance Inspection Results Compared	First FY 2021 (PBNDS 2011) (Revised 2016)	Second FY 2021 (PBNDS 2011) (Revised 2016)
Standards Reviewed	21	13
Deficient Standards	3	3
Overall Number of Deficiencies	6	11
Repeat Deficiencies	0	0
Areas of Concern	1	0
Corrective Actions	0	1

¹⁵ "Detainees shall be able to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement." See ICE PBNDS 2011 (Revised 2016), Standard, Personal Hygiene, Section (V)(E).