



U.S. Department of Homeland Security
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 Washington Field Office**

**Caroline Detention Facility
Bowling Green, Virginia**

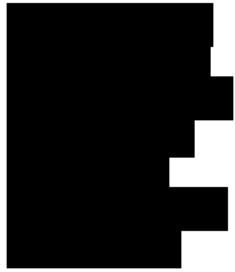
February 14-18, 2022

COMPLIANCE INSPECTION
of the
CAROLINE DETENTION FACILITY
Bowling Green, Virginia

TABLE OF CONTENTS

| | |
|---|----------|
| FACILITY OVERVIEW | 4 |
| COMPLIANCE INSPECTION PROCESS | 5 |
| FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARD (PBNDS) 2011 (REVISED 2016) MAJOR CATEGORIES | 6 |
| DETAINEE RELATIONS | 7 |
| COMPLIANCE INSPECTION FINDINGS | 8 |
| SECURITY | 8 |
| Admission and Release | 8 |
| Funds and Personal Property | 8 |
| Special Management Units | 8 |
| CARE | 8 |
| Medical Care | 8 |
| CONCLUSION | 8 |

COMPLIANCE INSPECTION TEAM MEMBERS



| | |
|---------------------------------------|----------------------|
| Team Lead | ODO |
| Inspections and Compliance Specialist | ODO |
| Inspections and Compliance Specialist | ODO |
| Contractor | Creative Corrections |
| Contractor | Creative Corrections |
| Contractor | Creative Corrections |
| Contractor | Creative Corrections |

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 February 14 to 18, 2022.¹ 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 Group 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 Bed Capacity ² | [REDACTED] |
| Average ICE Population ³ | [REDACTED] |
| Adult Male Population (as of February 14, 2022) | [REDACTED] |
| Adult Female Population (as of February 14, 2022) | [REDACTED] |

During its last inspection, in Fiscal Year (FY) 2021, ODO conducted and found 11 deficiencies in the following areas: Food Service (9); Personal Hygiene (1); and Sexual Abuse and Assault Prevention and Intervention (1).

¹ This facility holds both male and female 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 February 14, 2022.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 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.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as “deficiencies.” ODO highlights instances when 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 its 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.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

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

| PBNDS 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 | 1 |
| Custody Classification System | 0 |
| Funds and Personal Property | 1 |
| Post Orders | 0 |
| Searches of Detainees | 0 |
| Sexual Abuse and Assault Prevention and Intervention | 0 |
| Special Management Units | 1 |
| Use of Force and Restraints | 0 |
| Sub-Total | 3 |
| Part 4 - Care | |
| Food Service | 0 |
| Hunger Strikes | 0 |
| Medical Care | 0 |
| Medical Care (Women) | 0 |
| Personal Hygiene | 0 |
| Significant Self-harm and Suicide Prevention and Intervention | 0 |
| Sub-Total | 0 |
| Part 5 - Activities | |
| Correspondence and Other Mail | 0 |
| Marriage Requests | 0 |
| Trips for Non-Medical Emergencies | 0 |
| Voluntary Work Program | 0 |
| Sub-Total | 0 |
| Part 6 - Justice | |
| Legal Rights Group Presentations | 0 |
| Sub-Total | 0 |

⁵ For greater detail on ODO's findings, see the *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 inspections.

| Part 7 - Administration and Management | |
|---|----------|
| Detention Files | 0 |
| Detainee Transfers | 0 |
| Interviews and Tours | 0 |
| Sub-Total | 0 |
| Total Deficiencies | 3 |

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 concern 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, ODO conducted the detainee interviews via telephone.

Medical Care: One detainee stated he had issues with his eyes and had waited 2 months for an eye examination. The detainee requested to know when he would receive his examination.

- **Action Taken:** ODO discussed the issue with the facility's health program manager, reviewed the detainee's medical record, and confirmed the detainee's medical intake screening on December 8, 2021. The facility medical staff examined the detainee's eyes and measured his visual acuity during his physical examination on December 16, 2021. A facility nurse informed him the facility would schedule him for an eye appointment during the eye doctor's next visit to the facility on or about February 16, 2022, but the facility canceled that appointment due to unforeseen circumstances. A facility medical records technician followed up with the detainee and informed him of his rescheduled appointment with the optometrist, scheduled to occur on March 10, 2022.

Personal Hygiene: Eleven detainees stated the facility supplied them with a small bar of soap, which did not meet their hygienic needs.

- **Action Taken:** ODO spoke with the assistant superintendent who stated the detention compliance monitor (DCM) informed him of the soap bar issue on February 7, 2022. CDF's supplier ran short of its stock of the larger soap bars and asked facility staff for approval of a replacement without mentioning bar size. The DCM informed the staff of the oversight, and the staff placed a subsequent order for the larger bars. The staff then placed no limit on the number of smaller bars detainees may request while waiting for the next order to arrive, and informed the detainees they could request the smaller bars as frequently as needed.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed five detainee release files and found one out of five files did not contain the Order to Detain or Release form (Form I-203) (**Deficiency AR-80**⁷).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed █ personal property inventory forms and found facility admission staff did not indicate the detainee's time of admission on █ out of █ forms (**Deficiency FPP-85**⁸).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed 30-minute check logs and found facility staff did not personally observe detainees in SMU and log observations at least every 30 minutes on an irregular schedule. Specifically, ODO's review of 7 consecutive days found 35 instances where logged observation checks exceeded 30 minutes with a range of 1 to 39 minutes (**Deficiency SMU-126**⁹).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 24 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 21 of those standards. ODO found three deficiencies in the remaining three standards. ODO commends facility staff for its responsiveness during this inspection. ODO recommends ERO work with the staff to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ERO provided ODO with the uniform corrective action plan for ODO's last inspection of CDF on July 14, 2021.

⁷ "A detainee's out-processing begins when release processing staff receive the Form I-203, "Order to Detain or Release," signed by an authorizing official." *See* ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(H)(1).

⁸ "The personal property inventory form must contain the following information at a minimum: ...
1. date and time of admission."

See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(I)(1).

⁹ "Detainees in SMU shall be personally observed and logged at least every 30 minutes on an irregular schedule." *See* ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(M).

| Compliance Inspection Results Compared | FY 2021 PBNS 2011 (Revised 2016) | FY 2022 PBNS 2011 (Revised 2016) |
|---|---|---|
| Standards Reviewed | 13 | 24 |
| Deficient Standards | 3 | 3 |
| Overall Number of Deficiencies | 11 | 3 |
| Repeat Deficiencies | 0 | 0 |
| Areas Of Concern | 0 | 0 |
| Corrective Actions | 1 | 0 |
| Facility Rating | N/A | Superior |