



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

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**Office of Detention Oversight  
Compliance Inspection  
2024-001-267**

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

**Caroline Detention Facility  
Bowling Green, Virginia**

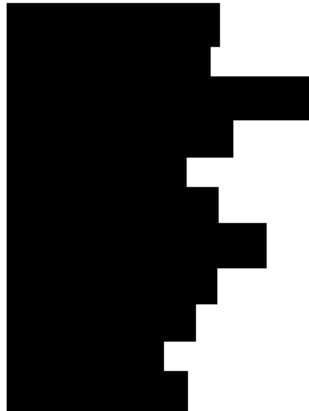
**January 9-11, 2024**

**COMPLIANCE INSPECTION  
of the  
CAROLINE DETENTION FACILITY  
Bowling Green, Virginia**

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## COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
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	Inspections and Compliance Specialist	ODO
	Section Chief	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 January 9 to 11, 2024.<sup>1</sup> The facility opened in 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 2018 under the oversight of ERO's Field Office Director in Washington (ERO Washington). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

[REDACTED]

[REDACTED] A 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 was accredited by the National Commission on Correctional Health Care in November 2023. In August 2022, 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 <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of January 9, 2024)	[REDACTED]
Adult Female Population (as of January 9, 2024)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 4 deficiencies in the following areas: Hold Rooms in Detention Facilities (2); Food Service (1); and Key and Lock Control (1).

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

<sup>2</sup> Data Source: ERO Custody Management Division Authorized Facility List as of January 9, 2024.

<sup>3</sup> *Ibid.*

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.<sup>4</sup>

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 their decision-making to better allocate resources across the agency’s entire detention inventory.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

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

PBND Standards 2011 (Revised 2016) Standards Inspected <sup>5,6</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Emergency Plans	0
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Population Counts	0
Post Orders	0
Searches of Detainees	1
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	1
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Religious Practices	0
Telephone Access	7
Voluntary Work Program	1

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

<sup>6</sup> Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

<b>Sub-Total</b>	<b>8</b>
<b>Part 6 - Justice</b>	
Grievance System	1
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 7 - Administration and Management</b>	
Detention Files	1
Detainee Transfers	0
<b>Sub-Total</b>	<b>1</b>
<b>Total Deficiencies</b>	<b>12</b>

## DETAINEE RELATIONS

ODO interviewed 33 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 concerns listed below.

*Food Service:* Seventeen detainees stated concerns about small meal portions, repetitive breakfast items, and noted various other food and milk products were both foul-tasting and foul-smelling.

- Action Taken: ODO interviewed the facility food service administrator (FSA), observed food service operations, sampled one meal, and reviewed the 28-day cycle menus with the corresponding nutritional analysis and adequacy statement, dated September 7, 2023. ODO verified a registered dietician approved the cycle menus and found food portions to be adequate, wholesome, and consistent with the posted menu. Additionally, ODO observed food temperatures during one meal service and found cooked food and beverage products were within the appropriate temperature range and expiration dates.

*Medical Care:* One detainee stated his dissatisfaction with the facility's treatment for a broken tooth.

- Action Taken: ODO interviewed the IHSC acting health services administrator (HSA) and discussed the detainee's medical file. On January 1, 2024, the detainee submitted a written sick-call request for dental pain and the facility medical provider evaluated him the following day, noting irregularities in two teeth: puss in tooth #14 and decay in tooth #7. The HSA stated the detainee informed staff he broke tooth #7 on an undetermined previous date, but his pain complaint pertained to tooth #14. The medical provider educated the detainee on oral hygiene procedures, prescribed Penicillin (500 mg), 3 times daily, for 7 days, and Naproxen (500 mg), once daily for pain as needed, and noted the detainee declined the option to have tooth #7 pulled. On January 8, 2024, the facility medical staff followed-up with the detainee, reported improvement in tooth #14, and stated he did not express concerns with tooth #7. ODO conducted a follow-up meeting with the detainee to ensure proper submission of a sick call request should his pain return.

*Religious Practices:* One detainee stated he did not receive a response to his request for a Bible.

- Action Taken: ODO interviewed a facility captain, reviewed the detainee request log, and found no record of such a request from the detainee. On January 11, 2023, ODO confirmed the facility provided him with a Spanish-language Bible. ODO spoke with the detainee and confirmed he understood how to file a facility request for any future needs.

## COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### SEARCHES OF DETAINEES (SD)

ODO interviewed facility staff, reviewed detainee files and visitation logs, and found the facility maintained signed detainee strip search consent forms on file for optional contact visits but did not document each strip search (**Deficiency SD-36<sup>7</sup>**).

### CARE

#### FOOD SERVICE (FS)

ODO interviewed the facility FSA, reviewed the FS training program, and found the facility offered ongoing ServSafe Food Handler Certification to detainee voluntary workers. Specifically, ODO found the FSA administered training and a comprehensive exam to 16 detainees, increasing their knowledge of food safety procedures while providing certification that will assist them in obtaining future employment in the food service industry upon release. ODO identified this food safety training program as a **Best Practice**.

#### MEDICAL CARE (MC)

ODO reviewed ■■■ medical records and found in ■ out of ■ records, medical staff ordered 1 detainee's chest X-ray during intake but did not read it until 5 days later (**Deficiency MC-28<sup>8</sup>**). **This is a priority component.**

### ACTIVITIES

#### TELEPHONE ACCESS (TA)

ODO observed facility housing units and common areas and found the facility's posted consulate

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<sup>7</sup> "All strip searches shall be documented." See ICE PBNDS 2011 (Revised 2016), Standard, Searches of Detainees, Section (V)(D)(2)(a).

<sup>8</sup> "Screening for TB is initiated at intake and in accordance with Center for Disease Control and Prevention (CDC) guidelines." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(C)(2).



list in the law library was dated February 2020 and not current (**Deficiency TA-11<sup>9</sup>**). **This is a priority component.**

*Corrective Action:* Prior to the completion of the inspection, on January 11, 2024, the facility initiated corrective action by posting the current August 2023 consular list in the law library (**C-1**).

ODO reviewed the facility's TA program, interviewed housing unit officers in Oakledge West (OW), and found officers did not ensure telephones were operational on a daily basis (**Deficiency TA-13<sup>10</sup>**).

ODO reviewed the facility's TA program, interviewed housing unit officers in OW, and found officers did not test telephone equipment nor demonstrate that an individual has the ability to make calls using the free call platform (**Deficiency TA-14<sup>11</sup>**).

ODO toured seven detainee housing units and found the following deficiencies:

- In four out of seven units (Oakledge East (OE), OW, special management unit (SMU), and administrative segregation (AS)), the facility had no notice at the telephones stating calls were subject to monitoring nor procedures for obtaining an unmonitored call to a court, a legal representative or for the purposes of obtaining legal representation (**Deficiency TA-20<sup>12</sup>**);
- In seven out of seven housing units, the facility had no posted telephone access rules (**Deficiency TA-23<sup>13</sup>**);
- In seven out of seven units, the facility had no posted telephone access rules in Spanish (**Deficiency TA-24<sup>14</sup>**); and

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<sup>9</sup> "ICE/ERO headquarters shall maintain and provide Field Offices a list of telephone numbers for current free legal service providers, consulates, and the Department of Homeland Security's (DHS) Office of the Inspector General (OIG), as determined by ICE." See ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(A)(3).

<sup>10</sup> "Facility staff members are responsible for ensuring on a daily basis that telephone systems are operational." See ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(A)(4)(a).

<sup>11</sup> "After ensuring that each phone has a dial tone, when testing equipment the officers must be able to demonstrate that an individual has the ability to make calls using the free call platform." See ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(A)(4)(a).

<sup>12</sup> "If telephone calls are monitored, the facility shall, at each monitored telephone, place a notice that states the following:

- a. that detainee calls are subject to monitoring; and
- b. the procedure for obtaining an unmonitored call to a court, a legal representative or for the purposes of obtaining legal representation."

See ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(B)(3)(a-b).

<sup>13</sup> "Each facility shall provide telephone access rules in writing to each detainee upon admission, and also shall post these rules where detainees may easily see them." See ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(C).

<sup>14</sup> "ICE/ERO and the facility shall coordinate in posting these rules where practicable in Spanish and in the language of significant segments of the population with limited English proficiency." See ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(C).

- In four out of seven housing units (OE, OW, SMU, and AS), the facility had no posted telephone access hours (**Deficiency TA-25<sup>15</sup>**).

*Corrective Action:* Prior to the conclusion of the inspection, on January 11, 2024, the facility initiated corrective action by posting in all housing units in English and Spanish, telephone access rules, telephone access hours, a notice regarding monitored calls, and procedures for obtaining an unmonitored call. On the same day, the facility superintendent emailed facility staff to monitor and ensure the notices remain posted (**C-2<sup>16</sup>**).

## **VOLUNTARY WORK PROGRAM (VWP)**

ODO reviewed the facility's VWP program, observed detainee work records and time sheets, and found facility practices permitted detainees to work more than 8 hours daily and 40 hours weekly, resulting in █ detainees working over 8 hours per day during the review period (**Deficiency VWP-33<sup>17</sup>**).

## **JUSTICE**

### **GRIEVANCE SYSTEM (GS)**

ODO reviewed the facility's GS program and grievance log, interviewed the grievance officer, and found in one appellate review; the reviewer did not log the date the detainee received the decision (**Deficiency GS-70<sup>18</sup>**).

## **ADMINISTRATION AND MANAGEMENT**

### **DETENTION FILES (DF)**

ODO reviewed the facility's DF policy, observed the facility's archived detainee files, and found the facility labeled the storage boxes by case numbers, instead of by dates (**Deficiency DF-14<sup>19</sup>**).

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 29 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 23 of those standards. ODO found 12 deficiencies in the remaining 6 standards. Since CDF's last full inspection in December 2022,

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<sup>15</sup> "Telephone access hours shall also be posted." See ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(C).

<sup>16</sup> C-2 addressed TA deficiencies #20, #23, #24, and #25.

<sup>17</sup> "Detainees shall not be permitted to work in excess of 8 hours daily, 40 hours weekly." See ICE PBNDS 2011 (Revised 2016), Standard, Voluntary Work Program, Section (V)(H).

<sup>18</sup> "The appellate reviewer shall note the grievance log with the following information:

- date decision provided to detainee; "

See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(C)(3)(b)(3)(c).

<sup>19</sup> "Archived files shall be placed in storage boxes, with the dates covered clearly marked (e.g., from [mm/dd/yy] to [mm/dd/yy])." See ICE PBNDS 2011 (Revised 2016), Standard, Detention Files, Section (V)(D)(4).

the facility's overall compliance has trended down. CDF went from 3 deficient standards and 4 deficiencies in December 2022 to 6 deficient standards and 12 deficiencies during this most recent full inspection, including 2 priority component deficiencies in Medical Care and Telephone Access. ODO did not review the Telephone Access standard during the December 2022 inspection as it was not an FY 2023 core standard, and this standard accounted for 7 out of 12 deficiencies during this most recent inspection. CDF completed a uniform corrective action plan for ODO's previous full inspection in December 2022. ODO recommends ERO Washington continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2023 Full Inspection (PBNDs 2011) (Revised 2016)</b>	<b>FY 2024 Full Inspection (PBNDs 2011) (Revised 2016)</b>
Standards Reviewed	25	29
Deficient Standards	3	6
Overall Number of Deficiencies	4	12
Priority Component Deficiencies	0	2
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	2
Facility Rating	Superior	Acceptable/Adequate <sup>20</sup>

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<sup>20</sup> ODO revised its rating system at the end of FY 2023, and beginning in FY 2024, facilities rated as "Superior" will have no or very minimal deficiencies and will have no repeat or priority component deficiencies.