



**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**  
**Unannounced Follow-Up Compliance**  
**Inspection**  
**2023-002-107**

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

**Caroline Detention Facility**  
**Bowling Green, Virginia**

**June 27-29, 2023**

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

**TABLE OF CONTENTS**

<b>FACILITY OVERVIEW .....</b>	<b>4</b>
<b>UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION PROCESS .....</b>	<b>5</b>
<b>FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES.....</b>	<b>6</b>
<b>DETAINEE RELATIONS .....</b>	<b>7</b>
<b>UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS.....</b>	<b>8</b>
<b>SECURITY .....</b>	<b>8</b>
<b>SPECIAL MANAGEMENT UNITS.....</b>	<b>8</b>
<b>HOLD ROOMS IN DETENTION FACILITIES .....</b>	<b>8</b>
<b>ORDER .....</b>	<b>8</b>
<b>DISCIPLINARY SYSTEM.....</b>	<b>8</b>
<b>ACTIVITIES .....</b>	<b>8</b>
<b>VISITATION .....</b>	<b>8</b>
<b>CONCLUSION .....</b>	<b>9</b>

# UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead	ODO
Inspections and Compliance Specialist	ODO
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Contractor	Creative Corrections
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## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted an unannounced follow-up compliance inspection of the Caroline Detention Facility (CDF) in Bowling Green, Virginia, from June 27 to 29, 2023.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of CDF from December 20 to 22, 2022. The facility opened in 2018 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] A superintendent handles daily facility operations and manages [REDACTED] support personnel. Trinity Services provides food services, ICE Health Service Corps 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 <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of June 27, 2023)	[REDACTED]
Adult Female Population (as of June 27, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found four deficiencies in the following areas: Food Service (1); Hold Rooms in Detention Facilities (2); 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 Facility List as of June 26, 2023.

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

## **UNANNOUNCED 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.<sup>4</sup>

While unannounced follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which may 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.

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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**

<b>PBND Standards 2011 (Revised 2016) Standards Inspected<sup>5,6</sup></b>	<b>Deficiencies</b>
<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
Funds and Personal Property	0
Hold Rooms in Detention Facilities	1
Key and Lock Control	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	1
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 3 - Order</b>	
Disciplinary System	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 4 - Care</b>	
Food Service	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 5 - Activities</b>	
Visitation	2
<b>Sub-Total</b>	<b>2</b>
<b>Total Deficiencies</b>	<b>5</b>

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

<sup>6</sup> 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 23 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:* Four detainees stated CDF's meal portion size was too small and the food quality was not good.

- Action Taken: ODO interviewed the food service manager (FSM), reviewed facility food service policies, and observed the food service program on June 28, 2023. ODO found a registered dietitian (RD) completed a nutritional analysis of the meals served at CDF and certified the meals met the U.S. recommended daily allowances, and documented the analysis in a nutritional adequacy statement, dated February 10, 2023. The FSM stated an RD certifies all menus before the facility incorporates them and any changes throughout the year.

*Medical Care:* One detainee stated his concern over the facility not scheduling an ultrasound for his testicular pain.

- Action Taken: ODO interviewed the nurse manager, reviewed the detainee's medical record, and found the detainee reported muscle pain on the backside of his thigh due to a previous left ankle fracture during intake on May 2, 2023. On May 4, 2023, a nurse practitioner (NP) examined the detainee and noted strain of unspecified muscles and tendons in the left thigh. The NP prescribed ibuprofen (800 mg), ordered an X-Ray of his left thigh, and educated the detainee on comfort measures. On May 10, 2023, the NP informed the detainee the X-ray revealed no abnormalities in his thigh and noted the detainee's comment of his medication's greater effectiveness in lessening the pain. During sick call on June 21, 2023, the detainee reported his left thigh muscle injury relocated to his testicular area. The NP examined the detainee, found no abnormalities, and noted no need for a previously ordered testicular ultrasound. The NP prescribed ibuprofen (800 mg), advised the detainee to avoid strenuous activities, and to follow up as needed. The detainee acknowledged understanding.

*Staff-Detainee Communication:* One detainee stated ICE did not respond to his two requests.

- Action Taken: ODO reviewed the detainee's ICE and facility requests and found one request regarding his court date for May 30, 2023. ERO Washington responded to the request on the same day. Facility staff also counseled the detainee regarding sign-up sheets in the dorms for requesting to speak with a case officer in person, as well as speed dial numbers posted in the dorms to call a case officer. The detainee had no additional questions.

# UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

## SECURITY

### SPECIAL MANAGEMENT UNITS (SMU)

ODO observed the daily operation of the SMU, reviewed facility policy, and found the facility's written policy did not address nor have procedures to control and secure SMU entrances, contraband, tools, and food carts **Deficiency SMU-112<sup>7</sup>**.

### HOLD ROOMS IN DETENTION FACILITIES (HRDF)

ODO observed two facility hold rooms and found no floor drains in either room (**Deficiency HRDF-11<sup>8</sup>**). **This is a repeat deficiency.**

## ORDER

### DISCIPLINARY SYSTEM (DS)

ODO observed five housing units and found in one out of five housing units, no posted copies of disciplinary sanctions (**Deficiency DS-21<sup>9</sup>**).

*Corrective Action:* Prior to the completion of the inspection the facility initiated corrective action. ODO observed facility staff post the severity scale, prohibited acts, and applicable sanctions in the housing unit (**C-1**).

## ACTIVITIES

### VISITATION (V)

ODO called the facility telephone number listed on the CDF website multiple times and was unable to obtain the facility's visitation schedule telephonically (**Deficiency V-10<sup>10</sup>**).

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<sup>7</sup> "In accordance with procedures detailed in standard '2.4 Facility Security and Control,' each facility administrator is required to establish written policy and procedures to control and secure SMU entrances, contraband, tools and food carts." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(H).

<sup>8</sup> "Each hold room shall have floor drain(s)." See ICE PBNDS 2011 (Revised 2016), Standard, Hold Rooms in Detention Facilities, Section (V)(A)(7).

<sup>9</sup> "Copies to be provided and posted are as follows:

1. Disciplinary Severity Scale;
2. Prohibited Acts; and
3. Sanctions."

See ICE PBNDS 2011 (Revised 2016), Standard, Disciplinary System, Section (V)(B)(1-3).

<sup>10</sup> "Make the schedule and procedures available to the public, both in written form and telephonically." See ICE PBNDS 2011 (Revised 2016), Standard, Visitation, Section (V)(C)(2).



ODO called the facility telephone number listed on the CDF website multiple times and was unable to obtain the facility’s visitation rules and hours for all categories of visitation via a live voice or recording (**Deficiency V-11**<sup>11</sup>).

## CONCLUSION

During this unannounced follow-up inspection, ODO assessed the facility’s compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 14 of those standards. ODO found five deficiencies in the remaining four standards. Since CDF’s last full inspection in December 2022, the facility has trended slightly down, but still had 5 or less total deficiencies. CDF went from three deficient standards and four deficiencies to four deficient standards and five deficiencies which includes a repeat deficiency for no floor drains in hold rooms. ERO provided ODO with the UCAP for ODO’s last inspection of CDF in December 2022; however, the facility did not complete the corrective action for no floor drains in their hold rooms because the facility lacked the resources for such a modification. As such, ODO recommends ERO Washington and the ICE Office of Acquisition Management work with the facility and identify a solution to address a physical plant design deficiency that is likely to remain deficient due to cost prohibitions. ODO recommends ERO Washington continue to work with the facility to resolve any 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 2023 Follow-up Inspection (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	25	18
Deficient Standards	3	4
Overall Number of Deficiencies	4	5
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	1
Areas Of Concern	0	0
Corrective Actions	0	1
Facility Rating	Superior	N/A

<sup>11</sup> “A live voice or recording shall provide telephone callers the rules and hours for all categories of visitation.” See ICE PBNDS 2011(Revised 2016), Standard, Visitation, Section (V)(C)(2).