



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**

**Immigration Centers of America (Farmville)
Farmville, Virginia**

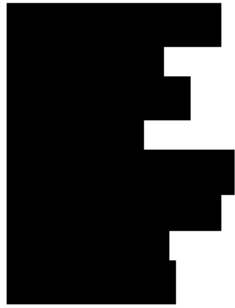
March 29-31, 2022

COMPLIANCE INSPECTION
of the
IMMIGRATION CENTERS OF AMERICA (FARMVILLE)
Farmville, Virginia

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COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead	ODO
Inspections and Compliance Specialist	ODO
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Contractor	Creative Corrections
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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 Immigration Centers of America (Farmville) (ICAF) in Farmville, Virginia, from March 29 to 31, 2022.¹ The facility opened in 2010 and is owned and operated by ICAF. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at ICAF in 2010 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 (2013 Errata).

ERO has assigned a detention services manager and a deportation officer to the facility. The director of detention handles daily facility operations and manages [REDACTED] support personnel. Trinity Services provides food services, Armor Correctional Health Services provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in July 2020 and American Correctional Association in January 2022. In June 2021, ICAF 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 March 29, 2022)	[REDACTED]
Adult Female Population (as of March 29, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2021, ODO found two deficiencies in the following area: Funds and Personal Property (2).

¹ This facility holds male detainees with security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List as of March 28, 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.

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

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS (PBNDS) 2011 (2013 ERRATA) MAJOR CATEGORIES

PBNDS 2011 (2013 Errata) 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	0
Funds and Personal Property	0
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Use of Force and Restraints	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	0
Part 5 - Activities	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Voluntary Work Program	0
Sub-Total	0
Part 6 - Justice	
Legal Rights Group Presentations	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	0
Interview and Tours	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 standards.

Detainee Transfers	0
Sub-Total	0
Total Deficiencies	0

DETAINEE RELATIONS

ODO interviewed four detainees, who each voluntarily agreed to participate. Four other detainees declined ODO's request for an interview. 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: One detained stated his dissatisfaction with the meals because they lacked flavor and he found the vegetables too crunchy and too sandy to his taste.

- Action Taken: ODO interviewed the food service director (FSD) and confirmed the detainee's restricted diet due to his medical condition. On March 21, 2022, the medical director (MD) ordered a restricted diet to exclude any seasoning for 90 days (expiring on June 29, 2022). A registered dietitian approved the special diet menu developed by the food service department for the detainee. Additionally, ODO and the FSD interviewed the detainee during the noon meal on Wednesday, March 20, 2022, and watched him eat his restricted meal.

Medical Care: One detainee stated his concern over the staff's lack of action on medical treatment for a growth on his left cheek that required surgery in 2021.

- Action Taken: ODO interviewed the health services administrator (HSA) and the MD and confirmed the detainee submitted a sick call request on February 1, 2021, due to a growth on his left cheek. On the same day, a registered nurse examined the detainee and referred him to the MD who diagnosed the growth as a benign cyst. On February 23, 2021, the MD cut and drained the cyst. The MD saw the detainee for follow-up appointments on the following dates: February 23, 2021; March 4, 2021; March 8, 2021; and March 9, 2021. The MD found no signs of infection during the healing of the incision. On October 14, 2021, the detainee returned to the medical unit and complained about his swollen left cheek. The MD examined him on the same day and referred him to an off-site specialist for evaluation and further treatment. On November 29, 2021, facility medical staff scheduled the detainee to see an off-site specialist, but the detainee refused the appointment due to mandatory quarantine upon his return to the facility and signed the medical treatment refusal form, which the facility filed in his medical record. On March 29, 2022, the MD met with the detainee due to the ODO interview and reviewed comments from the previous refusal form. The detainee said he would submit a sick call request if his left cheek bothered him again. The medical staff checked and monitored the detainee's cyst during his chronic care clinic visits, which occur every 3 months.

Medical Care: One detainee stated his dissatisfaction with a replacement pair of eyeglasses that he indicated still had the wrong prescription. He further stated that the previous pair of eyeglasses he received had an incorrect prescription and he had waited over a year to receive the replacement pair of eyeglasses.

- Action Taken: ODO interviewed the HSA and confirmed the optometrist's eye exam and the detainee's receipt of eyeglasses on June 30, 2021. The detainee met with the MD on July 15, 2021, and acknowledged receiving his glasses with no other problems. On February 11, 2022, the detainee submitted a sick call request about a change in his vision and a possible new prescription, and the medical staff followed up by scheduling him to see the MD. On February 16, 2022, the MD examined the detainee and ordered an eye exam by an off-site optometrist, which the facility's medical staff scheduled for March 29, 2022. After receiving paperwork updating the detainee on his case status, he declined the off-site appointment and signed a medical treatment refusal form. The medical staff told him to report to sick call if he needed another eye evaluation.

Special Management Units: One detainee stated his concern about his release in May 2021 after 10 months of confinement to a special management unit (SMU) due to "gang activity."

- Action Taken: ODO interviewed the chief of security and confirmed the detainee arrived at the facility on August 15, 2017. On July 23, 2021, the facility placed the detainee in administrative segregation in the SMU for a pending investigation into his gang activity. The investigation confirmed his affiliation and leadership rank within the gang. After completing the investigation and finding him no longer a security risk, facility staff released the detainee from the SMU and returned him to the general population on May 14, 2018. The staff completed all required notifications to ERO and conducted all segregation reviews as per the standard.

Telephone Access: One detainee stated his frustration with 1-week of inoperable telephones around February 14, 2022.

- Action Taken: ODO interviewed the information technology manager and confirmed detainees told facility staff about the inoperable telephones at approximately 2 p.m. on March 1, 2022. The facility contractor, ICSolutions, told ICAF staff that the internet service provider did not install a new fiber circuit in time to maintain connectivity. The contractor repaired telephones on Wednesday, March 2, 2022, but the facility still had to wait for the circuit to be reconfigured. On Thursday, March 3, 2022, ICSolutions restored detainee telephone service by approximately 8 p.m., and staff notified all detainees.

COMPLIANCE INSPECTION FINDINGS

CARE

PERSONAL HYGIENE (PH)

ODO observed and found the facility housed eight detainees during the inspection, and was under a court injunction from June 2020, which prohibits the facility from receiving additional detainees. Additionally, ODO found the facility detainee housing units did not provide washbasins at a 1:12 washbasin to detainee ratio when the facility houses the maximum capacity of [REDACTED] detainees. ODO noted this as an **Area of Concern**.

ODO observed and found the facility housed eight detainees during the inspection, and was under a court injunction from June 2020, which prohibits the facility from receiving additional detainees. Additionally, ODO found the facility detainee housing units did not provide showers at a 1:12 shower to detainee ratio when the facility houses the maximum capacity of [REDACTED] detainees. ODO noted this as an **Area of Concern**.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 23 standards under PBNDS 2011 (2013 Errata) and found the facility in compliance with all 23 standards. ODO found no deficiencies during this inspection. ODO commends ICAF staff for its responsiveness during this inspection. ODO has not received the uniform corrective action plan for ODO's last inspection of ICAF in August 2021.

Compliance Inspection Results Compared	FY 2021 PBNDS 2011 (2013 Errata)	FY 2022 PBNDS 2011 (2013 Errata)
Standards Reviewed	15	23
Deficient Standards	1	0
Overall Number of Deficiencies	2	0
Repeat Deficiencies	0	0
Areas Of Concern	5	2
Corrective Actions	1	0
Facility Rating	N/A	Superior