



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
Compliance Inspection

Enforcement and Removal Operations
ERO Washington Field Office

Immigration Centers of America (Farmville)
Farmville, Virginia

January 4-8, 2021

COMPLIANCE INSPECTION
of the
FACILITY NAME
Farmville, Virginia

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COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Team Lead	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	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 Contingency Compliance Inspection of the Immigration Centers of America-Farmville (ICAF) in Farmville, Virginia, from January 4-8, 2021¹. The facility opened in 2010 and is owned and operated by Immigration Centers of America-Farmville. 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 (ERO Washington). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011.

ERO has assigned a detention services manager and deportation officers to the facility. An ICAF director of detention handles daily facility operations and is supported by █████ 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 December 2016, the American Correctional Association in August 2018, and in April 2018, the facility 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 Detainee Bed Capacity ²	690
Average ICE Detainee Population ³	████
Male Detainee Population (as of 1/4/2021)	████
Female Detainee Population (as of 1/4/2021)	N/A

During its last inspection, in Fiscal Year (FY) 2020, ODO found 16 deficiencies in the following standards: Food Service (1), Admissions and Release (3), Staff-Detainee Communication (2), Disability Identification, Assessment, and Accommodation (2), Telephone Access (1), Medical Care (4) and Grievance Systems (3).

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 December 28, 2020.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, 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.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which 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.

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 2011 MAJOR CATEGORIES

PBNDS 2011 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	2
Custody Classification System	0
Facility Security and Control	1
Funds and Personal Property	1
Population Counts	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	2
Sub-Total	6
Part 4 – Care	
Food Service	0
Disability, Identification, Accommodation and Assessment	0
Medical Care	1
Hunger Strikes	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	1
Part 5 – Activities	
Religious Practices	2
Telephone Access	1
Sub-Total	3
Part 6 – Justice	
Grievance Systems	2
Law Libraries and Legal Material	0
Sub-Total	2
Total Deficiencies	12

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

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 concerns listed below. ODO conducted detainee interviews via telephone. ODO attempted to conduct detainee interviews via video teleconference; however, ODO was not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

Food Service: 12 out of 12 detainees alleged the food was not good, the portions were small, and two detainees reported the vegetables served looked black and slimy. One of the 12 detainees also reported receiving expired milk with a meal.

Action Taken: ODO discussed the detainee complaints with the food service administrator (FSA) who stated during each meal the shift commander selects a tray from the general population food line and evaluates the tray for portion size and quality. There had been positive comments and no concerns noted from the shift commander for all evaluated meals. The FSA was not aware of any complaints of black/slimy vegetables being served but did note collard greens were served for lunch on January 1, 2021, and this may have been the subject of the complaint. The collard greens were cooked appropriately but did become dark in color.

ODO reviewed photographs of the facility's food trays for seven meals and the food appeared appetizing, portions appeared adequate, and the served items coincided with the approved menus. Per the FSA, at the beginning of the COVID-19 restrictions, the milk was provided in cartons with the dates stamped on the top of the carton. The milk provider returned to packaging milk in plastic pouches and the pouches were not dated, which may be the reason detainees thought the milk was expired. The expiration date was stamped on the bag of milk pouches and the expiration dates were inspected prior to each meal by food service staff and the shift commander during the daily inspection of the kitchen. The FSA was not aware of any incident in which expired milk was served to the detainee population.

Medical Care: One detainee reported he had lesions on his liver prior to arriving to the facility and he believes the condition had become worse since being housed in the facility. The detainee was sent to the hospital in November 2020, for liver hemangioma. He further indicated he had not been scheduled to have a biopsy of his liver as of yet. The detainee was waiting to receive an appointment for a liver biopsy and stated he believed his health concerns were not being properly addressed by the facility's medical staff.

Action Taken: ODO requested information from the health services administrator (HSA) who conducted a medical record review, which indicated there were two community specialists involved in the case, a gastroenterologist (GI) and a surgeon. The detainee had a scheduled appointment on January 5, 2021, to have a computed tomography (CT) scan, but that was not completed since the surgeon was waiting to review the treatment plan of the GI doctor for the detainee's chronic diarrhea, which was currently being treated with medication. The CT scan was rescheduled for the week of January 11, 2021. On January 5, 2021, the clinical medical authority (CMA) spoke to the detainee about his condition, what the facility was doing to treat his medical issues, and the detainee had no other concerns or complaints.

Medical Care: One detainee stated he submitted a medical request for a lump on his left testicle on November 11, 2020, and claimed he went to the hospital the next day. The detainee further stated he received medication and had some diagnostic testing completed the same day he went to the hospital. The detainee is currently waiting to see a specialist and expressed that he thinks the facility is not effectively handling how to obtain the medical attention he believed was critical for him to receive with this condition.

Action Taken: ODO requested information from the HSA who conducted a medical record review, which indicated the detainee was seen by a urinary tract specialist in the local community on November 23, 2020. The detainee was recommended to have a 4-6-week follow-up appointment, which was the week of January 11, 2021. The director of nursing (DON) spoke with the detainee on January 6, 2021, about his medical concerns and being scheduled for a possible follow-up appointment so the detainee had no further questions or complaints.

Medical Care: One detainee stated he requested to see an eye doctor multiple times since June 2020. The detainee claims he needed new glasses but alleges his requests had gone unanswered.

Action Taken: ODO requested information from the HSA who conducted a medical record review, which indicated the facility had been unable to get an appointment scheduled for the detainee's eye exam due to the COVID-19 pandemic. On December 2, 2020, the facility medical department's administrative assistant spoke to the detainee and explained the scheduling issues with his appointment. Due to COVID-19, the eye doctor's office would not see the facility's detainees. On December 3, 2020, the detainee provided staff a personal copy of an eyeglass prescription written in July 2019, which was no longer valid and did not match the detainee's name. The CMA was aware of the detainee's concerns and last met with him on December 29, 2020. The facility recently informed the eye doctor's office that the facility had rapid COVID-19 testing capability and asked if the eye doctor would begin seeing the detainees from the facility. The facility still had not received a response from the eye doctor's office prior to the DON speaking to the detainee on January 6, 2021, about his concerns. After the discussion between the two, the detainee had no further questions or complaints.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed 12 detainee files and found Form I-203 (Order to Detain or Release) for 2 out of 12 files did not bear the appropriate ICE/ERO Washington authorizing official signature (**Deficiency A&R-54⁶**).

ODO reviewed five detainee files for detainees released during the inspection period and found one file did not have an authorizing official's signature on Form I-203 (**Deficiency A&R-79⁷**).

FACILITY SECURITY AND CONTROL (FS&C)

ODO interviewed the facility's chief of security and found food carts were not securely locked before leaving the food service area for delivery to the Special Management Unit (**Deficiency FS&C-91⁸**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the facility's inventory audit log and found no documentation for when the facility staff conducted the inventory audits (**Deficiency F&PP-124⁹**).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed one immediate UOF incident in which facility staff deployed oleoresin capsicum spray at a group of detainees in a secured housing unit, who refused to return to their assigned bunks for an official count. There was no evidence found indicating the detainees' actions and/or behaviors at the time of the incident constituted a serious and immediate threat to themselves, staff, other detainees, property, or the security and orderly operation of the facility, which would necessitate an immediate UOF response (**Deficiency UOF&R-65¹⁰**).

ODO reviewed the facility's policy, interviewed the chief of security, and ICE/ERO Washington and found the facility maintained prohibited restraint equipment and did not have approval from

⁶ "An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee." *See* ICE PBNDS 2011, Standard, Admission and Release, Section (V)(E).

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, Standard, Admission and Release, Section (V)(H)(1).

⁸ "Food carts are not securely locked before leaving the food service area for delivery to the SMU." *See* ICE PBNDS 2011, Standard, Facility Security and Control, Section (V)(E)(3).

⁹ "The facility's inventory audit shall indicate the inventory's date and time, and the name of the officer(s) conducting the inventory." *See* ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(J).

¹⁰ "If a detainee is in a location where there is no immediate threat to the detainee or others (for example, a locked cell or range), staff shall take the time to assess the possibility of resolving the situation without resorting to force." *See* ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I).

ICE/ERO Washington for the prohibited equipment (**Deficiency UOF&R-101¹¹**).

CARE

MEDICAL CARE (MC)

The facility did not provide peer review documentation for the facility's physician, psychiatrist, and dentist (**Deficiency MC-292¹²**).

Medical staff at the facility strived to improve the response to the COVID-19 pandemic to ensure the safety and well-being of detainees and staff. Medical staff visited each detainees' housing unit twice a day to offer COVID-19 symptom screening, which included vital signs and temperature checks. The detainees did not need an appointment, and medical staff offered every detainee symptom screening while they were in detention status. The same procedure was followed during routine screening and testing of each detainee upon arrival to the facility. The facility medical staff screen all staff members twice a day at the start and mid-point of their shift. Additionally, the facility recently initiated use of the rapid testing method for COVID-19, and medical staff informed the detainees of the results of their test immediately, instead of the detainee waiting several days for results from an outside resource. Armor Correctional Health Services updated their training material as of December 2020, to include the most recent developments in prevention, monitoring, and treatment of COVID-19. ODO notes this as a **Best Practice**.

ACTIVITIES

RELIGIOUS PRACTICES (RP)

In 3 out of the 12 detainee files reviewed, ODO found three religious preference entries were left blank when the detainees in-processed to the facility (**Deficiency RP-14¹³**).

In 2 out of the 12 detainee files reviewed, ODO found the detainees' religious preference on file did not correspond to the religious preference noted on subsequent religious meal requests (**Deficiency RP-18¹⁴**).

TELEPHONE ACCESS (TA)

ICE/ERO Washington did not review and follow-up on telephone problems reported by the detainees and the facility staff (**Deficiency TA-16¹⁵**).

¹¹ "Deviations from this list of restraint equipment are strictly prohibited." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(L).

¹² "Reviews shall be conducted at least annually." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(EE)(3).

¹³ "Each detainee shall designate any religious preference, or none, during in processing." See ICE PBNDS 2011, Religious Practices, Section (V)(B).

¹⁴ "In determining whether to allow a detainee to participate in specific religious activities, staff may refer to the initial religious preference information and any subsequent changes in the detainee's religious designation." See ICE PBNDS 2011, Standard, Religious Practices, Section (V)(B).

¹⁵ "ICE/ERO staff shall review and follow up on problems reported by detainees and others." See ICE PBNDS 2011, Standard, Telephone Access, Section (V)(A)(4)(a).

JUSTICE

GRIEVANCE SYSTEM (GS)

The facility's grievance log did not include the name of the grievance officer (GO) that conducted the initial adjudication for appeals (**Deficiency GS-63¹⁶**).

Corrective Action: On January 7, 2021, the facility added a GO section to the grievance log and put the log into immediate use.

The facility's grievance log did not include the basis of the Grievance Review Board's (GAB) decision for appellate reviews. (**Deficiency GS-70¹⁷**).

Corrective Action: On January 7, 2021, the facility added a GAB section to the grievance log and put the log into immediate use.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 20 standards under PBNDS 2011 and found the facility in compliance with 12 of those standards. ODO found 12 deficiencies in the remaining eight standards. ODO commends facility staff for their responsiveness during this inspection and notes there were two instances where the facility's staff initiated immediate corrective action during the inspection. ODO cited one Best Practice in the Medical Care section. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2010 (PBNDS 2011)	FY 2021 (PBNDS 2011)
Standards Reviewed	18	20
Deficient Standards	7	8
Overall Number of Deficiencies	16	12
Repeat Deficiencies	0	0
Areas of Concern	0	0
Corrective Actions	0	2

¹⁶ "The GAB shall note the grievance log with the following information: ... name of the GO that conducted the initial adjudication;" See ICE PBNDS 2011, Standard, Grievance System, Section (V)(C)(3)(b)(2)(d).

¹⁷ "The appellate reviewer shall note the grievance log with the following information: ... basis of the GAB decision;" See ICE PBNDS 2011, Standard, Grievance System, Section (V)(C)(3)(b)(3)(c).