



**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  
2024-001-257**

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

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

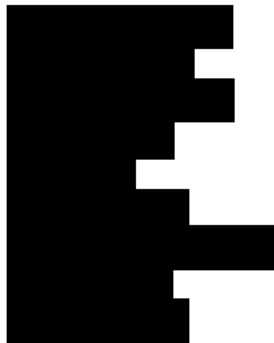
**December 19-21, 2023**

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

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## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Senior Inspections and Compliance Specialist	ODO
Senior Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
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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 Immigration Centers of America (Farmville) (ICAF) in Farmville, Virginia, from December 19 to 21, 2023.<sup>1</sup> 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 (ERO Washington). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (2013 Errata).

[REDACTED] A director of detention handles daily facility operations and manages [REDACTED] support personnel. Trinity Services provides food services, Sozo Healthcare 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 DHS PREA in June 2021. In January 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 <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of December 19, 2023)	[REDACTED]
Adult Female Population (as of December 19, 2023)	[REDACTED]

During its last special review, in Fiscal Year (FY) 2023, ODO found 1 deficiency in the following area: Medical Care (1).

<sup>1</sup> This facility holds male 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 December 18, 2023.

<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 (2013 ERRATA) MAJOR CATEGORIES

PBNDs 2011 (2013 Errata) 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	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff Detainee Communications	2
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	2
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Religious Practices	0
Telephone Access	2
Voluntary Work Program	0
<b>Sub-Total</b>	<b>4</b>

<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>Part 6 - Justice</b>	
Grievance System	0
Law Libraries and Legal Materials	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 7 - Administration and Management</b>	
Detention Files	3
Detainee Transfers	2
<b>Sub-Total</b>	<b>5</b>
<b>Total Deficiencies</b>	<b>11</b>

## DETAINEE RELATIONS

ODO interviewed only 2 detainees due to ICAF issuing a COVID-19 quarantine for 3 of the 4 general housing units. The unaffected housing unit had 55 detainees at the time of the inspection and the remaining 53 detainees declined ODO’s request for an interview. Neither of the detainees made any allegations of discrimination, mistreatment, or abuse. Both detainees reported satisfaction with facility services.

## COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed █ detainee detention files and found in █ out of █ detention files, no recorded copies of submitted ICE requests (**Deficiency SDC-20**<sup>7</sup>).

ODO observed one housing unit and seven common areas located throughout the facility and found no posted current version of the DHS OIG poster in the following common areas: law library; multimedia room; indoor recreation room; and chapel (**Deficiency SDC-29**<sup>8</sup>).

### ACTIVITIES

#### CORRESPONDENCE AND OTHER MAIL (COM)

ODO reviewed COM policy in the detainee handbook and local supplement and found no guidance for detainees in obtaining approval from the facility administrator to send or receive packages

<sup>7</sup> “A copy of each completed detainee request shall be filed in the detainee’s detention file and be retained there for three years at minimum.” See ICE PBNDS 2011 (2013 Errata), Standard, Staff-Detainee Communication, Section (V)(B)(2).

<sup>8</sup> “The facility administrator shall ensure that posters are mounted in every housing unit and in appropriate common areas (e.g., recreation areas, dining areas, processing areas).” See ICE PBNDS 2011 (2013 Errata), Standard, Staff-Detainee Communication, Section (V)(D)(3).

(Deficiency COM-20<sup>9</sup>).

ODO reviewed COM policy in the detainee handbook and local supplement and found no reference stating identifying documents found in a detainee's possession are considered contraband and may be used by ERO Washington as evidence against the detainee or for other purposes authorized by law (Deficiency COM-22<sup>10</sup>).

### TELEPHONE ACCESS (TA)

ODO reviewed one detainee housing unit for TA postings and rules and found no TA rules posted within easy view of detainees (Deficiency TA-23<sup>11</sup>).

ODO reviewed one detainee housing unit for TA postings and rules and found no TA hours posted near the telephones (Deficiency TA-30<sup>12</sup>).

## ADMINISTRATION AND MANAGEMENT

### DETENTION FILES (DF)

ODO reviewed [REDACTED] detainee detention files for documents issued during a detainee's time in the facility and found the following deficiencies:

- No recorded copies of submitted ICE requests in [REDACTED] out of [REDACTED] detention files (Deficiency DF-11<sup>13</sup>);
- No fully completed detainee transfer notification forms in [REDACTED] out of [REDACTED] detention files (Deficiency DF-13<sup>14</sup>); and

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<sup>9</sup> "The facility shall notify detainees of its rules on correspondence and other mail through the detainee handbook, or supplement, provided to each detainee upon admittance. At a minimum, the notification shall specify: ...

6. That packages may neither be sent nor received without advance arrangements approved by the facility administrator, as well as information regarding how to obtain such approval."

See ICE PBNDS 2011 (2013 Errata), Standard, Correspondence and Other Mail, Section (V)(C)(6).

"The facility shall notify detainees of its rules on correspondence and other mail through the detainee handbook, or supplement, provided to each detainee upon admittance. At a minimum, the notification shall specify: ...

8. That identity documents, such as passports, birth certificates, etc., in a detainee's possession are contraband and may be used by ICE/ERO as evidence against the detainee or for other purposes authorized by law ..."

See ICE PBNDS 2011 (2013 Errata)1, Standard, Correspondence and Other Mail, Section (V)(C)(8).

<sup>11</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 (2013 Errata), Standard, Telephone Access, Section (V)(C).

<sup>12</sup> "Telephone access hours shall be posted near the telephones." See ICE PBNDS 2011 (2013 Errata), Standard, Telephone Access, Section (V)(D).

<sup>13</sup> "The detainee's detention file shall also contain documents generated during the detainee's time in the facility." See ICE PBNDS 2011 (2013 Errata), Standard, Detention Files, Section (V)(B)(2).

<sup>14</sup> "Such documentation may include, but is not limited to, the following:

1. Special requests;
2. Any G-589s or facility equivalent, or I-77s closed-out during the detainee's stay;
3. Disciplinary forms;



- No copy of a detainee transfer notification form inside one transferred detainee’s detention file (**Deficiency DF-23**<sup>15</sup>).

## DETAINEE TRANSFERS (DT)

ODO reviewed █ detainee detention files for detainee transfer notification forms and found in █ out of █ files, the transfer notification forms were not completed in full (**Deficiency DT-8**<sup>16</sup>).

ODO reviewed █ detainee detention files and found in █ out of █ files, the facility did not place a copy of the detainee transfer notification in the transferred detainee’s detention file (**Deficiency DT-10**<sup>17</sup>).

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 28 standards under PBNDS 2011 (2013 Errata) and found the facility in compliance with 23 of those standards. Since ICAF’s last rated inspection in April 2023, the facility has trended downward. ICAF went from 1 deficient standard and 1 deficiency during the April 2023 special review to 5 deficient standards and 11 deficiencies during this most recent full inspection.<sup>18</sup> Of the five standards ODO cited deficiencies during this full inspection, SDC was the only standard that ODO also reviewed during the last special review, which had zero deficiencies cited. ODO received a completed uniform corrective action plan for the special review in April 2023, with no repeat nor priority component deficiencies noted, and likely resolved that previous deficiency. ODO recommends ERO Washington continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

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4. Grievances, except medical grievances which are maintained in the medical file, complaints and their disposition.”

See ICE PBNDS 2011 (2013 Errata), Standard, Detention Files, Section (V)(C)(1)(1-4).

<sup>15</sup> “Upon the detainee’s release from the facility, staff shall add final documents to the file before closing and archiving the file and after inserting the following:

- a. Copies of completed release documents;
- b. The original closed-out receipts for property and valuables; and
- c. The original I-385 and other documentation.”

See ICE PBNDS 2011 (2013 Errata), Standard, Detention Files, Section (V)(E)(1)(a-c).

<sup>16</sup> “At the time of the transfer, the sending facility shall provide the detainee, in writing, the name, address, and telephone number of the facility to which he or she is being transferred, using the attached Detainee Transfer Notification Form.” See ICE PBNDS 2011 (2013 Errata), Standard, Detainee Transfers, Section (V)(B)(2)(b).

<sup>17</sup> “The sending facility will place a copy of the Detainee Transfer Notification Form in the detainee’s detention file.” See ICE PBNDS 2011 (2013 Errata), Standard, Detainee Transfers, Section (V)(B)(2)(d).

<sup>18</sup> In FY 2023, ODO conducted a special review of ICAF in lieu of biannual inspections due to their final FY 2022 ADP falling below 10. ICAF’s final FY 2023 ADP was above 10, which is why ODO scheduled ICAF for biannual inspections in FY 2024.

<b>Compliance Inspection Results Compared</b>	<b>FY 2023 Special Review (PBNDS 2011) (2013 Errata)</b>	<b>FY 2024 Full Inspection (PBNDS 2011) (2013 Errata)</b>
Standards Reviewed	11	28
Deficient Standards	1	5
Overall Number of Deficiencies	1	11
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Acceptable <sup>19</sup>

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<sup>19</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.