



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

**Office of Detention Oversight
Compliance Inspection**

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

**Lexington County Detention Center
Lexington, South Carolina**

August 16-18, 2022

COMPLIANCE INSPECTION
of the
LEXINGTON COUNTY DETENTION CENTER
Lexington, South Carolina

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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 a compliance inspection of the Lexington County Detention Center (LCDC) in Lexington, South Carolina, from August 16 to 18, 2022.¹ The facility opened in 2010 and is owned and operated by the Lexington County Sheriff's Department. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at LCDC in 2017 under the oversight of ERO's Field Office Director in Atlanta (ERO Atlanta). The facility operates under the National Detention Standards (NDS) 2000.

ERO has assigned a detention services manager to the facility. An LCDC warden handles daily facility operations and manages [REDACTED] support personnel. Aramark provides food services, WellPath provides medical care, and McDaniel Supply Company provides commissary services at the facility. The National Commission on Correctional Health Care accredited LCDC in January 2021.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of August 16, 2022)	[REDACTED]
Adult Female Population (as of August 16, 2022)	[REDACTED]

This was ODO's first compliance inspection of LCDC.

¹ This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods less than 72 hours. Additionally, the ERO Facility List has this facility as the Lexington County Jail but the facility's contract with the United States Marshals Service states Lexington County Detention Center.

² Data Source: ERO Facility List as of August 1, 2022.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) greater than 10, 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.

Beginning fiscal year (FY) 2022, ODO will conduct focused reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1-9 detainees. Additionally, ODO will conduct unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating. ODO will conduct a complete review of several core standards, in accordance with the facility’s new contractually required ICE National Detention Standards, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (FRS only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

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 NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ⁵	Deficiencies
Part 1 - Detainee Services	
Food Service	16
Sub-Total	16
Part 2 - Security and Control	
Detention Files	2
Environmental Health and Safety	8
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	0
Sub-Total	10
Part 3 - Health Services	
Hunger Strikes	0
Medical Care	0
Suicide Prevention and Intervention	0
Sub-Total	0
Other Standards Reviewed	
NDS 2019 Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	26

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

DETAINEE RELATIONS

ODO interviewed one detainee, who voluntarily agreed to participate. Despite a zero population count for the remainder of the week, the facility has an active contract to house ICE detainees and an ADP of two ICE detainees for FY 2021, meeting ODO’s inspection criteria to conduct focused reviews of over 72-hour ICE detention facilities with an ADP of 1-to-9 detainees.

Admission and Release: One detainee stated he did not receive the ICE National Detainee Handbook nor the facility site-specific handbook upon admission to the facility.

- Action Taken: ODO reviewed the detainee’s detention file and found no signed acknowledgement forms indicating the facility provided the detainee with both handbooks. On August 16, 2022, a facility staff sergeant issued copies of the ICE National Detainee Handbook and the facility site-specific handbook to the detainee.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

FOOD SERVICE (FS)

ODO observed the food preparation line and found food temperatures did not comply with the 140 Fahrenheit (F) degree standard. Specifically, the rice was at 113 F degrees and the meat at 137 F degrees for the noon meal on August 18, 2022 (**Deficiency FS-74⁶**).

ODO inspected the food stored in the walk-in cooler and found the facility staff did not label leftover food with product, preparation date, and time. Specifically, facility staff did not label two serving pans of leftover steamed white rice with product, preparation date, and time (**Deficiency FS-177⁷**).

ODO observed the food preparation line and found food temperatures did not comply with the 140 F degree standard to prevent bacterial growth. Specifically, the rice was at 113 F degrees and the meat at 137 F degrees for the noon meal on August 18, 2022 (**Deficiency FS-263⁸**).

⁶ “Before and during the meal, the CS in charge shall inspect the line to ensure:

1. All menu items are fit for consumption;
2. Food is appropriately presented;
3. Sanitary guidelines are observed, with hot foods maintained at a temperature of at least 140 degrees F and foods that require refrigeration maintained at 41 degrees F or below.”

See ICE NDS 2000, Standard, Food Service, Section (III)(C)(2)(a)(1-3).

⁷ “All leftovers shall be labeled to identify the product, preparation date, and time.” See ICE NDS 2000, Standard, Food Service, Section (III)(D)(8).

⁸ “To prevent bacteria growth, food must be prepared and held at the proper temperatures until plated.” See ICE NDS 2000, Standard, Food Service, Section (III)(G)(1).

ODO observed the facility's FS areas and found the following deficiencies:

- The food service director (FSD) did not post signs for staff and detainees to wash hands with soap or detergent after using the toilet. Specifically, one out of three hand-wash stations and one out of three restrooms in FS did not have posted signs directing personnel to wash hands after using the toilet (**Deficiency FS-292⁹**);
- The work and storage areas did not meet the environmental standard for cleanliness, lighting, and orderliness. Specifically, ODO found the steam kettle, double ovens, food warmers, and tilt skillets soiled with food stains and debris (**Deficiency FS-309¹⁰**);
- An inoperable air curtain. Specifically, ODO found an inoperable, overhead roll-up door air curtain in the rear dock area (**Deficiency FS-323¹¹**);
- The final dishwasher rinse cycle did not comply with the 15-25 psi standard. Specifically, ODO observed the final stage of the dishwasher rinse cycle at 11 psi (**Deficiency FS-363¹²**);
- The FSD did not post signs near the hand-wash stations directing food service workers to wash hands after using the toilet. Specifically, one-of-three hand-wash stations and one-of-three restrooms in FS did not have posted signs directing personnel to wash hands after using the toilet (**Deficiency FS-381¹³**);
- Inoperable air curtains or comparable devices resulting in no protection over food preparation and storage areas. Specifically, ODO found an inoperable, over-head roll-up door air curtain in the rear dock area (**Deficiency FS-386¹⁴**);
- No available Material Safety Data Sheets (MSDSs) for flammable and toxic items. Specifically, ODO found no MSDSs for Reliance Bleach and Keystone Oven Cleaner (**Deficiency FS-395¹⁵**);
- The FSD did not forward MSDSs for chemicals to the health services department. Specifically, ODO found the FSD did not forward MSDSs for Reliance Bleach and

⁹ “Staff and detainees shall not resume work after visiting the toilet facility without first washing their hands with soap or detergent. The FSA shall post signs to this effect.” See ICE NDS 2000, Standard, Food Service, Section (III)(H)(2)(a).

¹⁰ “All facilities shall meet the following environmental standards:

a. Clean, well-lit, and orderly work and storage areas.”

See ICE NDS 2000, Standard, Food Service, Section (III)(H)(5)(a).

¹¹ “All facilities shall meet the following environmental standards: ...

k. The premises shall be maintained in a condition that precludes the harboring or feeding of insects and rodents. Outside openings will be protected by tight-fitting screens, windows, and doors that are self-closing, controlled air curtains, etc.”

See ICE NDS 2000, Standard, Food Service, Section (III)(H)(5)(k).

¹² “Procedures for cleaning and sanitizing follow:

1. The pressure of the final-rinse water must be between 15 and 25 pounds per square inch (psi) in the water line immediately adjacent to the final-rinse control valve.”

See ICE NDS 2000, Standard, Food Service, Section (III)(H)(7)(g)(1).

¹³ “Signs shall be prominently displayed directing all personnel to wash hands after using the toilet.” See ICE NDS 2000, Standard, Food Service, Section (III)(H)(9)(a).

¹⁴ “Air curtains or comparable devices shall be used on outside doors where food is prepared, stored, or served to protect against insects and other rodents.” See ICE NDS 2000, Standard, Food Service, Section (III)(H)(10).

¹⁵ “The FSA shall obtain and file for reference Material Safety Data Sheets (MSDSs) on all flammable, toxic, and caustic substances used in the facility.” See ICE NDS 2000, Standard, Food Service, Section (III)(H)(11)(c)(4).

- Keystone Oven Cleaner to the health services department (**Deficiency FS-397¹⁶**);
- The facility staff did not equip the overhead lights with protective shielding. Specifically, the overhead lights in Dry Storage Room #2 lacked the protective shielding (**Deficiency FS-407¹⁷**);
- The FSD did not check refrigerator nor water temperatures daily (**Deficiency FS-414¹⁸**);
- Facility staff did not record dishwasher water temperatures daily. Specifically, ODO found no record of daily dishwasher temperature data maintained by FS (**Deficiency FS-419¹⁹**);
- Staff did not record nor maintain daily record of water temperatures for the dishwasher machine. Specifically, ODO found no documentation to show staff recorded water maintenance (**Deficiency FS-420²⁰**); and
- The facility staff used items without implementing the written stock rotation schedule. Specifically, ODO found facility staff did not use the first-in-first-out rotation schedule for items such as yellow cake mix, flour, cookies, and corn flakes located in the Dry Storage Room #1 (**Deficiency FS-445²¹**).

SECURITY AND CONTROL

DETENTION FILES (DF)

ODO reviewed █ inactive detainee detention files and found in █ out of █ files, no classification work sheets (**Deficiency DF-9²²**).

ODO reviewed █ inactive detainee detention files and found in █ out of █ files, no acknowledgment forms documenting receipt of ICE National Detainee Handbook nor the facility site-specific handbook (**Deficiency DF-10²³**).

¹⁶ “The FSA shall forward copies of all MSDSs to the health services department, with a set available in each food service work area.” *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(11)(c)(4).

¹⁷ “Lights in food-production areas, utensil- and equipment-washing areas, and other areas displaying or storing food, equipment, or utensils shall be equipped with protective shielding.” *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(12)(e).

¹⁸ “Staff shall check refrigerator and water temperatures daily, recording the results.” *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(13)(a).

¹⁹ “Daily checks of equipment temperatures shall follow this schedule: ...

- Dishwashers: every meal;”

See ICE NDS 2000, Standard, Food Service, Section (III)(H)(13)(c).

²⁰ “All temperature-check documentation shall be filed and accessible.” *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(13)(c).

²¹ “Each facility shall establish a written stock-rotation schedule.” *See* ICE NDS 2000, Standard, Food Service, Section (III)(J)(5).

²² “The file will, at a minimum, contain the following: ...

- b. Classification Work Sheet;”

See ICE NDS 2000, Standard, Detention Files, Section (III)(B)(1)(b).

²³ “The file will also contain the following original documents, if used in the facility: ...

- g. Acknowledgment form, documenting receipt of handbook.”

See ICE NDS 2000, Standard, Detention Files, Section (III)(B)(1)(g).

Corrective Action: Prior to completion of the inspection, ERO Atlanta initiated corrective action by updating a document to include signatures of booking officer and detainee, acknowledging receipt of the ICE National Handbook during intake procedures, effective August 18, 2022 (C-1).

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the facility Environmental Health and Safety (EHS) program and found the facility staff did not identify bleach and oven cleaner MSDSs in a self-contained file. Specifically, the facility did not maintain MSDSs for Reliance Bleach and Keystone Oven Cleaner (**Deficiency EHS-5²⁴**).

ODO reviewed the facility EHS program and found the MSDS master file did not contain documentation of the semi-annual reviews (**Deficiency EHS-12²⁵**).

ODO reviewed 30 monthly fire drill reports and found in 27 out of 30 reports, each department did not conduct fire drills (**Deficiency EHS-65²⁶**).

ODO reviewed fire drill reports dated July 2021 through September 2022 and found the facility staff did not conduct monthly fire drills in each department during non-working hours. Specifically, the facility staff did not conduct fire drills during the non-working hours of the medical department (**Deficiency EHS-66²⁷**).

ODO reviewed the facility EHS program and found the facility did not conduct timed fire drills to include emergency-key drills (**Deficiency EHS-69²⁸**).

ODO reviewed fire drill reports dated July 2021 through September 2021 and found facility staff did not consistently draw emergency keys to unlock and test emergency exit doors not in daily use. Specifically, on July 3, 2022, facility staff did not draw emergency keys to unlock and test emergency exit doors not in daily use (**Deficiency EHS-70²⁹**).

²⁴ “Every area using hazardous substances will maintain a self-contained file of the corresponding Material Safety Data Sheets (MSDSs). The MSDSs provide vital information on individual hazardous substances, including instructions on safe handling, storage, and disposal, prohibited interactions, etc.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(B).

²⁵ “Documentation of the semi-annual reviews will be maintained in the MSDS master file.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C).

²⁶ “Monthly fire drills will be conducted and documented separately in each department.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4).

²⁷ “Fire drills in housing units, medical clinics, and other areas occupied or staffed during non-working hours will be timed so that employees on each shift participate in an annual drill.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(a).

²⁸ “Emergency-key drills will be included in each fire drill, and timed.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

²⁹ “Emergency-key drills will be included in each fire drill, and timed. Emergency keys will be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

ODO reviewed four fire exit diagrams and found the diagrams did not include “You are Here” markers and emergency equipment locations. Specifically, the exit diagrams in housing units A, E, and G and the medical section did not have the “You are Here” markers and emergency equipment locations (**Deficiency EHS-71**³⁰).

ODO reviewed the facility EHS program and found the barbershop located in a room used for other purposes. Specifically, facility staff used the game/recreation room for barbershop services (**Deficiency EHS-84**³¹).

OTHER STANDARDS REVIEWED

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility SAAPI program and noted the following observations as **Areas of Concern**:

- The LCDC site-specific detainee handbook and orientation documentation had no instruction for detainees to contact consular officials or the Department of Homeland Security (DHS) Office of the Inspector General (OIG);
- The facility had no instruction for detainees on how to report allegations of sexual abuse or assault to the ICE Detention and Reporting Information Line, the DHS OIG, nor ICE OPR; and
- The LCDC PREA policy did not discuss nor address the facility’s requirement to cooperate with all ICE/ERO audits.

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with nine standards under NDS 2000 and one standard under NDS 2019 and found the facility in compliance with seven of those standards. ODO found 26 deficiencies in the remaining 3 standards. ODO commends facility staff members for their responsiveness during this inspection and notes one instance where staff initiated immediate corrective action during the inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. A uniform corrective action plan was not required for LCDC as this was ODO’s first inspection of LCDC.

³⁰ “In addition to a general area diagram, the following information must be provided on existing signs:

- a. English and Spanish instructions;
- b. ‘You Are Here’ markers;
- c. Emergency equipment locations.”

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(5)(a-c).

³¹ “The operation will be located in a separate room not used for any other purpose.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(1).

Compliance Inspection Results Compared	FY 2021 (NDS 2000)	FY 2022 (NDS 2000)/ (NDS 2019)
Standards Reviewed	N/A	9/1
Deficient Standards	N/A	3
Overall Number of Deficiencies	N/A	26
Repeat Deficiencies	N/A	N/A
Areas Of Concern	N/A	3
Corrective Actions	N/A	1
Facility Rating	N/A	Good