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**Office of Detention Oversight
Special Review**

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

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

February 7-9, 2023

**SPECIAL REVIEW
of the
LEXINGTON COUNTY DETENTION CENTER
Lexington, South Carolina**

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SPECIAL REVIEW TEAM MEMBERS



Team Lead
Senior Inspections and Compliance Specialist
Contractor
Contractor

ODO
ODO
Creative Corrections
Creative Corrections

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a special review of the Lexington County Detention Center (LCDC) in Lexington, South Carolina, from February 7 to 9, 2023.¹ The facility opened in 1975, is owned by Lexington County, and operated by Lexington County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at LCDC in 2010 under the oversight of ERO's Field Office Director in Atlanta (ERO Atlanta). ICE is an authorized user of LCDC under a United States Marshals Service intergovernmental agreement contract, which does not specify an ICE NDS, and ODO inspected to the NDS listed on the ERO Facility List as of February 6, 2023. LCDC was inspected against the NDS 2000, and ODO's assigned rating is for ERO's informational purposes only.

ERO has no staff assigned to LCDC. A captain handles daily facility operations and manages support personnel. Aramark provides food services, WellPath provides medical care, and McDaniel Supply Company provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in May 2021. In March 2020, LCDC was audited for the Department of Justice (DOJ) Prison Rape Elimination Act (PREA) and was DOJ PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	
Average ICE Population ³	
Adult Male Population (as of February 7, 2023)	
Adult Female Population (as of February 7, 2023)	

During its last special review, in Fiscal Year (FY) 2022, ODO found 26 deficiencies in the following areas: Detention Files (2); Environmental Health and Safety (8); and Food Service (16).

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.

² Data Source: ERO Facility List as of February 6, 2022.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for over 72 hours, to assess compliance with ICE NDS. These inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and well-being.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO 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 *Special Review Findings* section of this report.

In fiscal year (FY) 2022, ODO began conducting special 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 to 9 detainees. Additionally, ODO began conducting 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; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO’s informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility’s contractually required ICE NDS or in accordance with the ICE NDS listed in the current ERO Facility List Report for facilities that are not contractually obligated to an ICE NDS, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Suicide Prevention and Intervention, Hunger Strikes, Food Service, Environmental Health and Safety, Special Management Units (SMU) or Hold Rooms if the facility does not have an SMU, Use of Force and Restraints/Use of Physical Control Measures and Restraints, and Sexual Abuse and Assault Prevention and Intervention.

Upon completion of each special review or unannounced 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	10
Sub-Total	10
Part 2 - Security and Control	
Detention Files	2
Environmental Health and Safety	21
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	0
Sub-Total	23
Part 3 - Health Services	
Hunger Strikes	0
Medical Care	1
Suicide Prevention and Intervention	0
Sub-Total	1
Other Standards Reviewed	
NDS 2019 Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	34

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

DETAINEE RELATIONS

ODO conducted no interviews due to a facility ICE detainee population count of zero during this inspection. Despite the facility housing no detainees during the inspection, the facility maintains an active contract to house ICE detainees and had an FY 2022 ADP of two, meeting the ODO requirement for special reviews.

SPECIAL REVIEW FINDINGS

DETAINEE SERVICES

FOOD SERVICE (FS)

ODO toured the facility FS department and found the following deficiencies:

- Food particles and debris soiled FS equipment, to include a steam kettle, mixer, double ovens, the main line food warmers, and tilt skillets (**Deficiency FS-309⁶**). **This is a repeat deficiency;**
- Significant amounts of dirt, food debris, rust, and stains accumulated on the floors, corners, baseboards, and walls of the FS department (**Deficiency FS-311⁷**);
- Stacked boxes reached the ceiling in two FS dry goods storerooms (**Deficiency FS-314⁸**);
- Significant amounts of dirt and food debris accumulated on the equipment, floors, corners, baseboards, and walls of the FS department (**Deficiency FS-322⁹**); and
- FS kitchen equipment, to include a heavy-duty floor mixer, steam kettle, tilt skillets, and stacked ovens had dried food debris located in areas of the equipment not meant for contact with food, i.e., the top, sides, backs, and legs of the equipment (**Deficiency FS-338¹⁰**).

ODO observed the FS chemical storage area, interviewed FS staff, and found staff members did not know the location and on-hand quantities of toxic, flammable, or caustic materials nor the requirements for controlled use and daily accountability. Specifically, the FS staff did not maintain

⁶ “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).

⁷ “All facilities shall meet the following environmental standards: ...

c. Routinely cleaned walls, floors, and ceilings in all areas.”

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

⁸ “All facilities shall meet the following environmental standards: ...

e. Eighteen-inch clearance (minimum) underneath sprinkler deflectors.”

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

⁹ “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.”

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

¹⁰ “Equipment surfaces not intended for contact with food, but located in places exposed to splatters, spills, etc., require frequent cleaning.” See ICE NDS 2000, Standard, Food Service, Section (III)(H)(7)(c)(2).

any chemical inventories (**Deficiency FS-388**¹¹).

ODO reviewed the fire suppression inspection records and found a qualified contractor did not inspect the system every 6 months. Specifically, ODO found last contractor inspection of the system was on April 21, 2022 (**Deficiency FS-409**¹²).

ODO reviewed facility policy and found the facility did not implement written procedures for administrative, medical, and dietary personnel to conduct weekly inspections of all FS areas, including dining, storage, equipment, and food preparation (**Deficiency FS-413**¹³).

ODO reviewed the FS inspection records and found the FS administrator or cook supervisor did not inspect their operation areas weekly. Specifically, the facility did not conduct weekly inspections of FS areas (**Deficiency FS-415**¹⁴).

ODO toured the facility and found the facility did not store food products at least 6 inches from the floor and sufficiently far from walls to facilitate pest-control measures. Specifically, ODO observed two flat trays of bread stored directly on the floor of the FS department (**Deficiency FS-435**¹⁵).

SECURITY AND CONTROL

DETENTION FILES (DF)

ODO reviewed [REDACTED] archived detainee detention files and found in [REDACTED] out of [REDACTED] files, no classification level and in [REDACTED] out of [REDACTED] files, no receipts for items issued to the detainee (**Deficiency DF-1**¹⁶).

ODO reviewed [REDACTED] archived detainee detention files and found in [REDACTED] out of [REDACTED] files, no completed release documents and in [REDACTED] out of [REDACTED] files, no closed-out receipts for personal property (**Deficiency DF-22**¹⁷).

¹¹ “All staff members shall know where and how much toxic, flammable, or caustic material is on hand, aware that their use must be controlled and accounted-for daily.” See ICE NDS 2000, Standard, Food Service, Section (III)(H)(11)(b).

¹² “A qualified contractor shall inspect the system every six months.” See ICE NDS 2000, Standard, Food Service, Section (III)(H)(12)(f).

¹³ “The facility shall implement written procedures for the administrative, medical, and/or dietary personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas.” See ICE NDS 2000, Standard, Food Service, Section (III)(H)(13)(a).

¹⁴ “The FSA or CS of food service shall inspect food service areas weekly.” See ICE NDS 2000, Standard, Food Service, Section (III)(H)(13)(a).

¹⁵ “The following procedures apply when receiving or storing food: ...

d. Store all products at least six inches from the floor and sufficiently far from walls to facilitate pest-control measures. A painted line may guide pallet placement.”

See ICE NDS 2000, Standard, Food Service, Section (III)(J)(3)(d).

¹⁶ “The file will contain the classification level and any copies of receipts for items issued to/surrendered by the detainee.” See ICE NDS 2000, Standard, Detention Files, Section (III).

¹⁷ “Staff will insert into the released detainee’s detention file copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 and other documentation.” See ICE NDS 2000, Standard, Detention Files, Section (III)(E)(2).

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO observed the FS chemical storage area, and found the FS department did not maintain:

- Hazardous substance chemical inventories (**Deficiency EHS-2¹⁸**);
- Inventory records separately for each substance (**Deficiency EHS-3¹⁹**); and
- Chemical inventory records, alphabetically, by substance (**Deficiency EHS-4²⁰**).

ODO reviewed the safety data sheets (SDS) master file and found the facility did not document nor maintain semi-annual reviews in the SDS master file (**Deficiency EHS-12²¹**). **This is a repeat deficiency.**

ODO attempted to review the facility's chemical inventory records and found the facility did not maintain current inventory records for chemicals before, during, nor after each use (**Deficiency EHS-18²²**).

ODO reviewed maintenance records and found the maintenance staff did not:

- Conduct monthly inspections during this review period, August 19, 2022 through the start of this special review (**Deficiency EHS-61²³**);
- Forward monthly inspections to the officer in charge for review (**Deficiency EHS-62²⁴**); and
- Update inspection reports or records of corrective action (**Deficiency EHS-63²⁵**).

¹⁸ "Every area will maintain a running inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area. Inventory records will be maintained separately for each substance, with entries for each logged on a separate card (or equivalent). That is, the account keeping will not be chronological, but filed alphabetically, by substance (dates, quantities, etc.)." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

¹⁹ "Inventory records will be maintained separately for each substance, with entries for each logged on a separate card (or equivalent). That is, the account keeping will not be chronological, but filed alphabetically, by substance (dates, quantities, etc.)." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

²⁰ "That is, the account keeping will not be chronological, but filed alphabetically, by substance (dates, quantities, etc.)." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

²¹ "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).

²² "Accountability: Inventory records for a hazardous substance must be kept current before, during, and after each use." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(E)(4).

²³ "A qualified departmental staff member will conduct weekly fire and safety inspections; the maintenance (safety) staff will conduct monthly inspections." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(2).

²⁴ "Written reports of the inspections will be forwarded to the OIC for review and, if necessary, corrective action determinations." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(2).

²⁵ "The Maintenance Supervisor or designate will maintain inspection reports and records of corrective action in the safety office." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(2).

ODO reviewed fire drill records and found the facility did not:

- Conduct fire drills by department during this review period, August 19, 2022 through the start of this special review (**Deficiency EHS-65²⁶**). **This is a repeat deficiency;**
- Conduct nor time fire drills in housing units, medical clinics, and other areas occupied or staffed during non-working hours so that employees on each shift participate in a fire drill annually (**Deficiency EHS-66²⁷**). **This is a repeat deficiency;**
- Evacuate detainees during fire drills (**Deficiency EHS-67²⁸**);
- Conduct staff-simulated drills in areas where detainees are not evacuated, i.e., SHU and medical section (**Deficiency EHS-68²⁹**);
- Include nor time emergency-key drills in each fire drill (**Deficiency EHS-69³⁰**). **This is a repeat deficiency;** and
- Draw emergency keys nor did appropriate staff use the keys to unlock one set of emergency exit doors not in daily use (**Deficiency EHS-70³¹**). **This is a repeat deficiency.**

ODO reviewed the generator service record and found the facility did not:

- Provide ODO with documentation verifying quarterly emergency equipment and systems testing (**Deficiency EHS-77³²**);
- Conduct biweekly tests of the emergency power generators (**Deficiency EHS-78³³**); and
- Conduct biweekly inspections of the oil, water, hoses, and belts for mechanical readiness to perform during an emergency (**Deficiency EHS-79³⁴**).

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 “Detainees will be evacuated during fire drills, except in areas where security would be jeopardized or in medical areas where patient health could be jeopardized or, in individual cases when evacuation of patients is logistically not feasible.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(b).

²⁹ “Staff-simulated drills will take place instead in the areas where detainees are not evacuated.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(b).

³⁰ “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).

³¹ “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).

³² “Other emergency equipment and systems will undergo quarterly testing, with follow-up repairs or replacement as necessary.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(O).

³³ “Power generators will be tested at least every two weeks. Other emergency equipment and systems will undergo quarterly testing, with follow-up repairs or replacement as necessary. The biweekly test of the emergency electrical generator will last one hour.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(O).

³⁴ “During that time, the oil, water, hoses and belts will be inspected for mechanical readiness to perform in an emergency situation.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(O).

ODO observed the recreation room used for barbershop operations and found the facility did not provide a separate room used only as a barbershop (**Deficiency EHS-84**³⁵). **This is a repeat deficiency.**

ODO observed the recreation room used for barbershop operations and found the room lacked:

- A smooth, nonabsorbent, and easily cleaned floor. Specifically, the facility installed carpeting on the recreation room floor (**Deficiency EHS-85**³⁶);
- No lavatory (**Deficiency EHS-89**³⁷); and
- No available hot and cold water (**Deficiency EHS-90**³⁸).

SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION) (SMUAS)

ODO observed the facility's special management unit (SMU) and identified concerns with the conditions and general cleanliness of the cells and dayroom. Specifically, ODO observed a mold-like substance on the dayroom ceiling as well as chipped and peeling paint on the walls and ceiling. Additionally, ODO observed three unoccupied cells and found graffiti on the walls in all three cells and dried toilet paper plastered to the ceiling light in two out of three units. ODO noted no detainees assigned to the SMU during the inspection. ODO noted this as an **Area of Concern**.

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed █ transferred detainee medical records and found in █ out of █ files, the facility did not transfer the detainee medical records nor record copies. Specifically, █ out of █ records did not include the transfer summary portion of the records, documenting pertinent medical information pertaining to the transferring of detainees (**Deficiency MC-121**³⁹).

ODO reviewed 11 detainee transfer summaries and found in 11 out of 11 summaries, no documentation of tuberculosis (TB) clearances. Specifically, staff conducted a TB symptom screening during the intake process but did not annotate the findings of the screening on the detainees' transfer summaries. Under the last TB screen field on the transfer summary, staff wrote the word "Unknown" or entered nothing in the field. ODO noted this as an **Area of Concern**.

³⁵ "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).

³⁶ "The floor will be smooth, nonabsorbent and easily cleaned." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(1).

³⁷ "At least one lavatory will be provided." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(1).

³⁸ "Both hot and cold water will be available, and the hot water will be capable of maintaining a constant flow of water between 105 degrees and 120 degrees." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(1).

³⁹ "When a detainee is transferred to another detention facility, the detainee's medical records, or copies, will be transferred with the detainee." See ICE NDS 2000, Standard, Medical Care, Section (III)(N).

OTHER STANDARDS REVIEWED

NDS 2019 SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility SAAPI program and found no posting of the sexual abuse and assault awareness notices from ERO in the housing areas and no forwarding of the annual review results to the ICE prevention of sexual assault coordinator via ERO. ODO noted these two issues as **Areas of Concern**.⁴⁰

CONCLUSION

During this special review, ODO assessed the facility's compliance with 9 standards under NDS 2000 and 1 standard under NDS 2019 and found the facility in compliance with 6 of those standards. ODO found 34 deficiencies in the remaining 4 standards. Since LCDC's last special review in August 2022, the facility's overall compliance with ICE NDS 2000 has trended down. LCDC went from 3 deficient standards and 26 deficiencies in August 2022 to 4 deficient standards and 34 deficiencies during this most recent special review. These deficiencies include seven repeat deficiencies for: soiled FS equipment; the SDS master file had no documented semi-annual reviews; no monthly fire drills conducted in housing units, medical clinics, and other areas occupied or staffed during non-working hours; appropriate staff not pulling and using emergency keys to unlock one set of emergency doors during fire drills; and no separate room for barbershop operations. ODO has not received a completed uniform corrective action plan for the special review in August 2022, which likely contributed to the repeat deficiency identified in the EHS and FS standards. ODO recommends ERO Atlanta work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2022 Special Review NDS 2000/NDS 2019	FY 2023 Special Review NDS 2000/NDS2019
Standards Reviewed	9/1	9/1
Deficient Standards	3	4
Overall Number of Deficiencies	26	34
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	7
Areas Of Concern	3	4
Corrective Actions	1	0
Facility Rating	Good	Failure

⁴⁰ The two SAAPI **Areas of Concern** identified would be deficiencies if LCDC was required to comply with the NDS 2019 SAAPI standard.