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Office of Professional Responsibility
ICE Inspections
Washington, DC 20536-5501

**Office of Detention Oversight
Follow-Up Compliance Inspection
2023-002-164**

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

**Strafford County Corrections
Dover, New Hampshire**

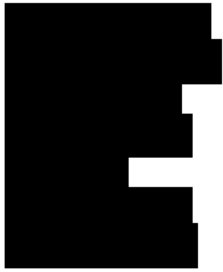
September 19-21, 2023

FOLLOW-UP COMPLIANCE INSPECTION
of the
STRAFFORD COUNTY CORRECTIONS
Dover, New Hampshire

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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 follow-up compliance inspection of the Strafford County Corrections (SCC) in Dover, New Hampshire, from September 19 to 21, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of SCC from March 21 to 23, 2023. The facility opened in 2004 and is owned by Strafford County and operated by the Strafford County Board of County Commissioners. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at SCC in 2004 under the oversight of ERO’s Field Office Director in Boston (ERO Boston). The facility operates under the National Detention Standards (NDS) 2019.

[REDACTED] An SCC superintendent handles daily facility operations and manages [REDACTED] support personnel. SCC provides food services and medical care, and Keefe Commissary provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of September 19, 2023)	[REDACTED]
Adult Female Population (as of September 19, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found nine deficiencies in the following areas: Medical Care (3); Searches of Detainees (3); Special Management Unit (2); and Visitation (1).

¹ This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List as of September 18, 2023.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.⁴

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which may include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniform corrective action plan (UCAP), and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

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

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5,6}	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	1
Sub-Total	1
Part 2 – Security	
Admission and Release	2
Custody Classification System	0
Funds and Personal Property	0
Searches of Detainees	1
Use of Force and Restraints	2
Special Management Units	1
Staff-Detainee Communication	0
Sub-Total	6
Part 4 – Care	
Food Service	0
Medical Care	5
Significant Self-Harm and Suicide Prevention and Intervention	1
Terminal Illness and Death	0
Sub-Total	6
Part 5 – Activities	
Visitation	1
Sub-Total	1
Part 6 – Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	14

⁵ For greater detail on ODO’s findings, see the *Follow-up 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 RELATIONS

ODO interviewed 20 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 concern listed below.

Medical Care: One detainee stated the facility is not treating his constipation and bloody stools.

- Action Taken: ODO interviewed the acting head nurse, reviewed the detainee's medical file, and confirmed the detainee submitted 7 sick call requests for constipation and blood in the stool from May 22 to September 9, 2023. During each sick call visit, a registered nurse (RN) evaluated the detainee, prescribed Miralax for 2 days, educated the detainee to adjust his diet to prevent constipation, and advised him to return if the constipation persisted. A nurse practitioner prescribed Colace (100 mg) for 7 days in addition to Miralax and a hemorrhoid cream when the detainee returned after the RN's examination of him on May 24 and again on September 9, 2023. According to the detainee's medical file, he refused treatment on June 25 and 28, 2023.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed facility medical staff, reviewed the medical department's inventory records, and found the facility did not consistently keep a perpetual and running inventory of items that pose a security risk for sharp instruments, such as syringes, needles, and scissors. Specifically, ODO observed facility staff did not list four needles on the perpetual and running sharps inventory for the dental office (**Deficiency EHS-51**⁷).

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed ■ detainee files, interviewed facility staff, and found in all ■ files, the facility did not document strip searches conducted on all new arrivals (**Deficiency AR-7**⁸).

⁷ "A perpetual/running inventory will be kept of those items that pose a security risk, such as sharp instruments, syringes, needles, and scissors. This inventory will be reconciled weekly by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(2)(a).

⁸ "Facilities may conduct strip searches as a matter of course when a detainee is entering or reentering the facility. All strip searches will be documented." See ICE NDS 2019, Standard, Admission and Release, Section (II)(B).

ODO reviewed █ released detainee files and found in █ out of █ files, staff did not fingerprint detainees prior to their release (**Deficiency AR-28⁹**).

SEARCHES OF DETAINEES (SD)

ODO interviewed facility staff, reviewed █ detainee files, and found in all █ files, the facility did not document strip searches conducted during the intake process (**Deficiency SD-20¹⁰**). **This is a repeat deficiency.**

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed four immediate use of force (UOF) files and found in three out of four files, each staff member who used force or observed the UOF did not document his/her actions nor observations in a written report before leaving the shift. Specifically, in one file, four staff members did not document their actions or observations and in two files, one staff member did not document his actions or observations (**Deficiency UOFR-78¹¹**).

ODO reviewed four immediate UOF files and found in three out of four files, each staff member who witnessed a UOF incident did not complete a memorandum for the file, to attach to the report. Specifically, in one file, four staff members did not submit memorandums, and in two files, one staff member did not submit memorandums (**Deficiency UOFR-81¹²**).

SPECIAL MANAGEMENT UNIT (SMU)

ODO reviewed 19 special management unit files and found in 19 out of 19 files, the special housing unit officer did not document whether detainees ate 203 out of 423 meals served (**Deficiency SMU-65¹³**). **This is a repeat deficiency.**

CARE

MEDICAL CARE (MC)

ODO reviewed █ detainee medical files and found in █ out of █ files, the facility's medical staff conducted the medical and dental screening 17 hours after the detainee's arrival at the facility (**Deficiency MC-12¹⁴**). **This is a priority component.**

⁹ "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include fingerprinting." See ICE NDS 2019, Standard, Admission and Release, Section (II)(J).

¹⁰ "All strip searches will be documented." See ICE NDS 2019, Standard, Searches of Detainees, Section (II)(C)(2)(c).

¹¹ "All personnel who either use force or observe the use of force shall document their actions and observations in a written report before leaving shift." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(J).

¹² "Each staff member who witnesses the use of force shall complete a memorandum for the record, to be attached to the use of force report." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(J)(1).

¹³ "The special housing unit officer shall immediately record:

1) Whether the detainee ate, showered, recreated and took any medication; ..."

See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(a)(1-2).

¹⁴ "As soon as possible, but no later than 12 hours after arrival, all detainees shall receive, by a health care practitioner

ODO reviewed █ detainee medical files and found in █ out of █ files, staff completed comprehensive health assessments between 21 and 26 days after the detainees' arrival at the facility (**Deficiency MC-27¹⁵**). **This is a repeat deficiency and a priority component.**

ODO reviewed █ detainee medical files and found in █ out of █ files, staff completed the initial dental screening exams between 21 and 26 days after the detainees' arrival at the facility (**Deficiency MC-43¹⁶**). **This is a repeat deficiency.**

ODO reviewed █ detainee medical files with documented administration of psychotropic medications and found in █ out of █ files, no documented informed consent to include a description of the medication's side effects (**Deficiency MC-93¹⁷**). **This is a repeat deficiency and a priority component.**

ODO interviewed facility staff, reviewed one pregnant female detainee's medical file, and found the facility was unable to provide ODO with any form of documentation demonstrating they notified ERO Boston of a pregnant detainee within 72 hours after confirmation the detainee was pregnant (**Deficiency MC-143¹⁸**).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHPI)

ODO reviewed █ detainee medical files and found in █ out of █ files, facility medical staff conducted the mental health screening 46 hours after the detainee's arrival (**Deficiency SSHPI-5¹⁹**). **This is a priority component.**

ACTIVITIES

VISITATION (V)

ODO interviewed the facility's superintendent, reviewed the facility's visitation policies, and found the facility did not have written procedures to allow legal service providers and legal

or a specially trained detention officer, an initial medical, dental and mental health screening and be asked for information regarding any known acute, emergent, or pertinent past or chronic medical conditions, including history of mental illness, particularly prior suicide attempts or current suicidal/homicidal ideation or intent, and any disabilities or impairments affecting major life activities." See ICE NDS 2019, Standard, Medical Care, Section (II)(D).

¹⁵ "The facility will conduct and document a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival at the facility." See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

¹⁶ "An initial dental screening exam shall be performed within 14 days of the detainee's arrival." See ICE NDS 2019, Standard, Medical Care, Section (II)(H).

¹⁷ "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medications side effects, shall be obtained." See ICE NDS 2019, Standard, Medical Care, Section (II)(O).

¹⁸ "The facility administrator shall ensure that ICE/ERO is notified as soon as practicable of any pregnant detainee, but no later than 72 hours after such determination." See ICE NDS 2019, Standard, Medical Care, Section (II)(U)(3).

¹⁹ "All detainees shall receive an initial mental health screening within 12 hours of admission by a health care practitioner or a specially trained detention officer." See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(C).

assistants to telephone the facility in advance of a visit to confirm the detention of a particular individual at that facility (**Deficiency V-50**²⁰).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 14 standards under NDS 2019 and found the facility in compliance with 6 of those standards. ODO found 14 deficiencies in the remaining 8 standards. Since SCC’s last full inspection in March 2023, the facility’s overall compliance with the ICE NDS 2019 has trended down. SCC went from 4 deficient standards and 9 deficiencies in March 2023 to 8 deficient standards and 14 deficiencies during this most recent full inspection, which includes 4 priority component deficiencies and 5 repeat deficiencies for: not documenting strip searches of detainees during intake; special housing unit officers not documenting whether the detainee ate meals; staff not completing the comprehensive health and dental assessments within 14 days of the detainees’ arrival; and not obtaining a documented informed consent to include a description of the medication’s side effects from detainees prior to the administration of psychotropic medications. The facility’s total number of deficiencies increased during this follow-up inspection, but repeat deficiencies decreased, with ODO citing repeat deficiencies in the Searches of Detainees, Special Management Unit and Medical Care standards. ODO notes the facility initiated corrective action efforts during the inspection to address the strip search deficiency and expects this deficiency will be resolved prior to ODO’s next inspection. ODO received the UCAP for ODO’s last inspection in March 2023, which likely contributed to resolving some of the previously cited deficiencies; however, additional corrective action is still needed. ODO recommends ERO Boston continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (NDS 2019)	FY 2023 Follow-Up (NDS 2019)
Standards Reviewed	20	14
Deficient Standards	4	8
Overall Number of Deficiencies	9	14
Priority Component Deficiencies	2	4
Repeat Deficiencies	6	5
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Good	N/A

²⁰ “Each facility shall establish a written procedure to allow legal service providers and legal assistants to telephone the facility in advance of a visit to determine whether a particular individual is detained in that facility.” See ICE NDS 2019, Standard, Visitation, Section (II)(G)(6).