



**U.S. Department of Homeland Security**  
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 Boston Field Office**

**Strafford County Corrections  
Dover, New Hampshire**

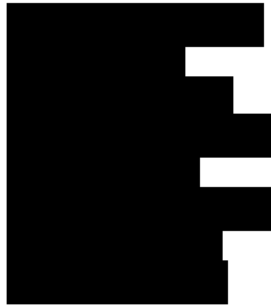
**March 29-31, 2022**

**COMPLIANCE INSPECTION**  
**of the**  
**STRAFFORD COUNTY CORRECTIONS**  
Dover, New Hampshire

**TABLE OF CONTENTS**

<b>FACILITY OVERVIEW .....</b>	<b>4</b>
<b>COMPLIANCE INSPECTION PROCESS .....</b>	<b>5</b>
<b>FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES.....</b>	<b>6</b>
<b>DETAINEE RELATIONS.....</b>	<b>7</b>
<b>COMPLIANCE INSPECTION FINDINGS .....</b>	<b>8</b>
<b>SAFETY.....</b>	<b>8</b>
Environmental Health and Safety .....	8
<b>SECURITY .....</b>	<b>9</b>
Custody Classification System .....	9
Funds and Personal Property .....	9
Post Orders.....	9
Searches Of Detainees .....	9
Use Of Force and Restraints .....	10
Special Management Units .....	10
<b>CARE .....</b>	<b>11</b>
Food Service .....	11
<b>ADMINISTRATION AND MANAGEMENT .....</b>	<b>11</b>
Detention Files .....	11
Detainee Transfers .....	11
<b>CONCLUSION .....</b>	<b>11</b>

## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
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 Strafford County Corrections (SCC) in Dover, New Hampshire, from March 29 to 31, 2022.<sup>1</sup> The facility opened in 2004 and is owned and operated by Strafford County. 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.<sup>2</sup>

ERO has assigned deportation officers and a detention services manager to the facility. An SCC superintendent handles daily facility operations and manages [REDACTED] support personnel. SCC staff provides food services and medical care, and Oasis Commissary provides commissary services at the facility. The facility does not hold any accreditations from outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>3</sup>	[REDACTED]
Average ICE Population <sup>4</sup>	[REDACTED]
Adult Male Population (as of March 29, 2022)	[REDACTED]
Adult Female Population (as of March 29, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2021, ODO found 37 deficiencies in the following areas: Admission and Release (4); Classification System (6); Environmental Health and Safety (6); Facility Security and Control (3); Food Service (3); Funds and Personal Property (2); Grievance System (1); Medical Care (1); Special Management Units (2); Staff-Detainee Communication (3); and Use of Force and Restraints (6).

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

<sup>2</sup> In February 2022, the facility executed a contract modification in which they changed from the Performance-Based NDS 2008 to the NDS 2019.

<sup>3</sup> Data Source: ERO Facility List as of March 28, 2022.

<sup>4</sup> *Ibid.*

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10 and where detainees are housed for over 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.<sup>5</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 its decision-making to better allocate resources across the agency’s entire detention inventory.

---

<sup>5</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>6,7</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Environmental Health and Safety	3
<b>Sub-Total</b>	<b>3</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	1
Funds and Personal Property	1
Post Orders	1
Searches of Detainees	2
Use of Force and Restraints	2
Special Management Units	3
Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>10</b>
<b>Part 4 - Care</b>	
Food Service	1
Hunger Strikes	0
Medical Care	0
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Voluntary Work Program	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Legal Rights Group Presentations	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 7 - Administration and Management</b>	
Detention Files	2
Detainee Transfers	1
<b>Sub-Total</b>	<b>3</b>
<b>Total Deficiencies</b>	<b>17</b>

<sup>6</sup> For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

<sup>7</sup> 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 17 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.

*Food Service:* One detainee stated the facility had not granted his religious diet request he made upon arrival at the facility.

- Action Taken: ODO interviewed the chaplain and found the detainee submitted religious diet request and religious diet agreement forms to chaplaincy services on March 25, 2022. On March 26, 2022, the chaplain approved the religious diet, and the detainee started the diet on the same day.

*Medical Care:* One detainee stated the facility had not granted him a bottom bunk due to the pain, blistering, and infection in his foot caused by surgery prior to arrival at the facility.

- Action Taken: ODO reviewed the detainee's medical file, interviewed the medical administrator (MA), and found on March 22, 2022, a physician and registered nurse examined the detainee for his 14-day physical, noted an infected plantar wart on his right foot, and treated the infection with dressing changes and antibiotics. On March 30, 2022, the physician examined the detainee, continued his antibiotic prescription and dressing changes, and recommended the detainee be moved to a bottom bunk, which occurred the same day. On April 15, 2022, the facility medical staff noted the detainee's wart and subsequent symptoms had resolved.

*Medical Care:* One detainee stated the facility had not provided her with a COVID-19 vaccination.

- Action Taken: ODO reviewed the detainee's medical record, interviewed the MA, and found on February 27, 2022, the detainee requested a COVID-19 vaccination and medical staff scheduled her for the next vaccine clinic. On April 7, 2022, the detainee received her first dose of the Pfizer COVID-19 vaccine.

*Medical Care:* One detainee stated medical staff did not provide her with an eye exam nor a Papanicolaou (Pap) test she had requested.

- Action Taken: ODO reviewed the detainee's medical file, interviewed the MA, and found on September 13, 2021, the detainee received an eye exam as part of her 14-day physical exam, which determined 20/30 vision in both eyes. The facility medical staff informed her she could request reading glasses but there was no indication she needed to see a specialist. Additionally, the review of her medical record found the detainee had not requested a Pap smear since her arrival at the facility. Per the MA, the facility does not routinely offer Pap smears, unless requested or medically indicated. On March 30, 2022, the MA met with the detainee and informed her how to request a Pap smear. On March 31, 2022, the detainee submitted a sick call request for a follow up Pap smear as she did not see an obstetrician/gynecologist (OB/GYN) after the birth of her last

child from 6 months ago, prior to her detainment. Also on March 31, 2022, a facility physician ordered a consultation visit with an OB/GYN to determine the detainee's need of a Pap smear. The detainee was examined by an OB/GYN on April 6, 2022, who administered a Pap smear exam and treated the detainee with medication for an abnormal Pap smear. The detainee refused her scheduled follow-up appointment that was scheduled for May 18, 2022.

*Medical Care:* One detainee stated medical staff did not place him on a required medical diet.

- Action Taken: ODO reviewed the detainee's medical record, interviewed the MA, and found no documentation for a medical diet. On March 1, 2022, the physician examined the detainee during a chronic care visit, noted the detainee's remark about frequent headaches from a previous head injury, and prescribed pain medication as needed. On March 30, 2022, a physician examined the detainee, diagnosed an ear infection, and prescribed medication as treatment. Also on the same date, the medical staff advised the detainee there was no documentation in his medical record indicating a need for a medical diet nor that one had previously been ordered.

## COMPLIANCE INSPECTION FINDINGS

### SAFETY

#### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO toured the facility and found environmental health conditions did not meet recognized levels of hygiene. Specifically, ODO observed unclean toilets and showers, dust-covered air vents, paper-covered light fixtures and windows, and laundry items draped over stair railings (**Deficiency EHS-58<sup>8</sup>**).

ODO reviewed the facility housekeeping plan and found the facility did not ensure a high level of environmental sanitation. Specifically, ODO observed unclean toilets and showers, dust-covered air vents, paper-covered light fixtures and windows, and laundry items draped over stair railings (**Deficiency EHS-59<sup>9</sup>**).

ODO toured the facility and found SCC did not maintain cleanliness and sanitation, nor maintain all surfaces, fixtures, and equipment clean and in good repair. Specifically, ODO observed unclean toilets and showers, dust-covered air vents, paper-covered light fixtures and windows, and laundry items draped over stair railings (**Deficiency EHS-64<sup>10</sup>**).

---

<sup>8</sup> "Environmental health conditions will be maintained at a level that meets recognized standards of hygiene." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I).

<sup>9</sup> "The facility, in consultation with the HSA and the Environmental Health and Safety officer or equivalent, shall establish a housekeeping plan to ensure a high level of environmental sanitation and shall consult with the HSA or equivalent in designing this program." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I).

<sup>10</sup> "General: Facility cleanliness and sanitation shall be maintained. All surfaces, fixtures, and equipment shall be kept clean and in good repair." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(2).



## **SECURITY**

### **CUSTODY CLASSIFICATION SYSTEM (CCS)**

ODO reviewed █ detainee files and found in █ out of █ files, the facility did not reassess nor reclassify detainees at regular intervals. Specifically, facility staff stated ERO Boston performed all classification actions, but the files contained no documentation verifying reassessments for detainees with 9 to 29 months of continuous detention (**Deficiency CCS-23**<sup>11</sup>).

### **FUNDS AND PERSONAL PROPERTY (FPP)**

ODO reviewed quarterly inventory logs and found the facility did not record the date, time, nor name of the officer(s) who conducted the inventory (**Deficiency FPP-20**<sup>12</sup>).

### **POST ORDERS (PO)**

ODO reviewed nine POs and found the facility did not update the POs at least annually. Specifically, the facility last reviewed five POs in 2018 and four POs in 2020 (**Deficiency PO-9**<sup>13</sup>).

### **SEARCHES OF DETAINEES (SD)**

ODO reviewed the facility training records log and found all staff members did not receive the required annual training in authorized and effective search techniques (**Deficiency SD-2**<sup>14</sup>).

ODO reviewed all nine facility POs and found the facility did not have POs for closely observing a detainee in dry cell status (**Deficiency SD-52**<sup>15</sup>).

ODO reviewed the facility's search policy and found the facility requires facility staff to complete unclothed searches (strip searches) "on every 'inmate,' regardless of charges once it is determined that they will be housed in general population." The policy does not specifically exclude ICE detainees, nor does it require facility staff to document reasonable suspicion and obtain supervisory approval prior to conducting unclothed searches on ICE detainees, which ODO cites as an **Area of Concern**.

---

<sup>11</sup> "All facility classification systems shall ensure that a detainee is reassessed and/or reclassified at regular intervals and upon the occurrence of relevant events." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(F).

<sup>12</sup> "The facility's logs will indicate the date, time, and name of the officer(s) conducting the inventory." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(D).

<sup>13</sup> "Post orders will be reviewed and updated at least annually." See ICE NDS 2019, Standard, Post Orders, Section (II)(C).

<sup>14</sup> "All staff who conduct searches of housing, work areas, or of a detainee's body shall receive initial training regarding search procedures prior to entering on duty and shall receive annual, updated training in authorized and effective techniques thereafter." See ICE NDS 2019, Standard, Searches of Detainees, Section (II)(B).

<sup>15</sup> "The facility shall have post orders for closely observing a detainee in dry cell status." See ICE NDS 2019, Standard, Searches of Detainees, Section (II)(D)(5).

## USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed one immediate use of force incident and found facility staff did not immediately obtain and record the incident with a video camera (**Deficiency UOFR-84**<sup>16</sup>).

ODO reviewed one immediate use of force incident and found the after-action review did not reference the medical professional's prompt examination of the detainee and documented findings. Specifically, the facility did not record the use of force incident when practicable nor the medical examination thereafter (**Deficiency UOFR-100**<sup>17</sup>).

## SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed the facility SMU policy and found:

- No written procedures for a detainee to appeal the conclusions and recommendations of any review conducted by the facility administrator after 7 consecutive days in administrative segregation (**Deficiency SMU-29**<sup>18</sup>);
- No written procedures for the regular review of all disciplinary segregation cases (**Deficiency SMU-44**<sup>19</sup>); nor
- No written procedures for a security supervisor, or equivalent, to interview the detainee and review his or her status in disciplinary segregation every 7 days (**Deficiency SMU-45**<sup>20</sup>).

---

<sup>16</sup> “Staff shall immediately obtain and record with a video camera any use-of-force incident, unless such a delay in bringing the situation under control would constitute a serious hazard to the detainee, staff, or others, or would result in a major disturbance or serious property damage.” *See* ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(J)(3).

<sup>17</sup> “The After-Action Review shall examine all relevant materials for facility staff’s compliance with facility policy and these standards. For calculated use of force incidents, and incidents where video is available, recordings will be reviewed to examine among other things: ...

d. A medical professional promptly examines the detainee, with the findings reported on the recording.”

*See* ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(K)(1)(d).

<sup>18</sup> “After seven consecutive days in administrative segregation, the detainee may exercise the right to appeal the conclusions and recommendations of any review conducted to the facility administrator. The detainee may use any standard form of written communication, to include a detainee request, to file the appeal.” *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(A)(3)(d).

<sup>19</sup> “All facilities shall implement written procedures for the regular review of all disciplinary segregation cases, consistent with the following procedures:

a. A security supervisor, or equivalent, shall interview the detainee and review his or her status in disciplinary segregation every seven days. The review will confirm the detainee is being provided showers, meals, recreation, and other necessities, as required by this detention standard.”

*See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(3).

<sup>20</sup> “All facilities shall implement written procedures for the regular review of all disciplinary segregation cases, consistent with the following procedures:

a. A security supervisor, or equivalent, shall interview the detainee and review his or her status in disciplinary segregation every seven days. The review will confirm the detainee is being provided showers, meals, recreation, and other necessities, as required by this detention standard.”

*See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(3)(a).

## CARE

### **FOOD SERVICE (FS)**

ODO toured the food services department and found the facility did not provide rubber soled safety shoes to detainees who worked in food service (**Deficiency FS-85**<sup>21</sup>).

## ADMINISTRATION AND MANAGEMENT

### **DETENTION FILES (DF)**

ODO reviewed █ detention files and found █ out of █ files did not contain an acknowledgment form, documenting receipt of handbook and orientation (**Deficiency DF-5**<sup>22</sup>).

ODO reviewed detention files and found the facility did not have procedures that addressed the circumstances under which a detention file may be requested and accessed by both facility staff and outside officials, nor the recording of the file's removal from storage in a logbook or retrievable electronic record (**Deficiency DF-15**<sup>23</sup>).

### **DETAINEE TRANSFERS (DT)**

ODO reviewed █ files of transferred detainees and found in █ out of █ files, no signed property release receipts. Specifically, two files did not contain property receipts and three files did not have the detainees' signatures (**Deficiency DT-25**<sup>24</sup>).

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 19 standards under NDS 2019 and found the facility in compliance with 9 of those standards. ODO found 17 deficiencies in the remaining 10 standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the uniform corrective action plan for ODO's last inspection of SCC in September 2021.

---

<sup>21</sup> "Rubber soled safety shoes shall be provided and used by all detainees working in food service." *See* ICE NDS 2019, Standard, Food Service, Section (II)(I)(2)(e).

<sup>22</sup> "The detention file will generally include the following information unless the information is maintained in a retrievable, electronic format: ...

h. Acknowledgment form, documenting receipt of handbook, orientation, etc.;" *See* ICE NDS 2019, Standard, Detention Files, Section (II)(C)(2)(a-k).

<sup>23</sup> "The facility shall have procedures addressing the circumstances under which a detention file may be requested and accessed by both facility staff and outside officials, and the recording of the file's removal from storage in a logbook or retrievable electronic record." *See* ICE NDS 2019, Standard, Detention Files, Section (II)(G)(1).

<sup>24</sup> "All funds and valuable receipts shall be closed in accordance with Standard 2.4, Funds and Personal Property." *See* ICE NDS 2019, Standard, Detainee Transfers, Section (II)(B)(1).

<b>Compliance Inspection Results Compared</b>	<b>FY 2021 (PBNDS 2008)</b>	<b>FY 2022 (NDS 2019)</b>
Standards Reviewed	15	19
Deficient Standards	11	10
Overall Number of Deficiencies	37	17
Repeat Deficiencies	28	0
Areas Of Concern	0	1
Corrected Deficiencies	N/A	N/A
Facility Rating	N/A	Good