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

**Office of Detention Oversight
Special Review
2024-003-232**

**Enforcement and Removal Operations
ERO New Orleans Field Office**

**Washington County Detention Center
Fayetteville, Arkansas**

October 31-November 2, 2023

**SPECIAL REVIEW
of the
WASHINGTON COUNTY DETENTION CENTER
Fayetteville, Arkansas**

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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 special review of the Washington County Detention Center (WCDC) in Fayetteville, Arkansas, from October 31 to November 2, 2023.¹ The facility opened in 1997 and is owned and operated by the Washington County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at WCDC in 1997 under the oversight of ERO's Field Office Director in New Orleans (ERO New Orleans). ICE is an authorized user of this facility under a United States Marshals Service intergovernmental agreement contract, which does not specify an ICE National Detention Standard (NDS), and ODO inspected to the NDS listed on the ERO Custody Management Division Authorized Facility List as of October 30, 2023. WCDC was inspected against the NDS 2019, and ODO's assigned rating is for ERO's informational purposes only.

[REDACTED] A chief deputy handles daily facility operations and manages [REDACTED] support personnel. Summit Correction Services provides food and commissary services, and Karas Correctional provides medical care 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 October 31, 2023)	[REDACTED]
Adult Female Population (as of October 31, 2023)	[REDACTED]

This was ODO's first compliance inspection of WCDC.

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 Custody Management Division Authorized Facility List as of October 30, 2023.

³ *Ibid.*

SPECIAL REVIEW 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.⁴

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 *Special Review Findings* section of this report.

In 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 Custody Management Division Authorized Facility List for facilities that are not contractually obligated to an ICE NDS, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Significant Self-harm and 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 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 uniform corrective action plans (UCAPs); 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.

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	11
Sub-Total	11
Part 2 - Security	
Use of Force and Restraints	0
Special Management Units	2
Staff-Detainee Communication	2
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	4
Part 4 – Care	
Food Service	2
Hunger Strikes	1
Medical Care	1
Significant Self-Harm and Suicide Prevention and Intervention	1
Sub-Total	5
Part 6 – Justice	
Grievance System	1
Sub-Total	1
Total Deficiencies	21

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

⁶ During a special review, ODO will review a facility’s compliance with at least 10 individual standards.

DETAINEE RELATIONS

The facility's ICE detainee population count was zero during the entire inspection; therefore, ODO did not conduct any detainee interviews. Despite the facility housing no detainees during the inspection, the facility maintains an active contract to house ICE detainees and had an FY 2023 ADP of 1, meeting the ODO requirement for special reviews.

SPECIAL REVIEW INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the facility's EHS program, observed hazardous chemicals inside the facility, and found no written hazardous communication program, outlining the proper labeling of chemicals, providing safety data sheets, nor training for employees (**Deficiency EHS-1⁷**). **This is a priority component.**

ODO reviewed the facility's EHS program, interviewed facility staff, observed the chemical storage areas in the maintenance shop, kitchen, janitor's closet, and sallyport, and found the following deficiencies in the sallyport:

- No inventory record to account for three out of three hazardous materials: Novel Wash Bleach, Maine Mold and Mildew Remover, and Clean All Spray Lubricant (**Deficiency EHS-2⁸**);
- No perpetual inventory of the three hazardous materials (**Deficiency EHS-3⁹**);
- No inventory of the three hazardous materials (**Deficiency EHS-4¹⁰**); and
- No Safety Data Sheets (SDS) for the three hazardous materials (**Deficiency EHS-5¹¹**).

Since the facility did not maintain SDS files and chemical inventories in the sallyport, ODO identified the following deficiencies:

- No ready and continuous access to SDSs for the hazardous substances in current use

⁷ "In accordance with OSHA 29 CFR 1910.1200, Hazard Communication, each facility utilizing hazardous chemicals shall create a written hazardous communication program that outlines proper chemical labeling, providing Safety Data Sheets (SDS), and training for employees." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

⁸ "The facility will establish a system for storing, issuing, and maintaining inventories of, and accountability for, hazardous materials." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

⁹ "Every area will have a perpetual inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

¹⁰ "Inventory records will be maintained for each substance." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

¹¹ "In accordance with OSHA requirements, every area using hazardous substances will maintain a file of the corresponding Safety Data Sheets (SDS)." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(1).

(Deficiency EHS-6¹²);

- No review of SDS files by facility staff nor review of records by facility maintenance supervisor as necessary **(Deficiency EHS-7¹³);**
- No documentation of reviews maintained in an SDS master file **(Deficiency EHS-9¹⁴);** and
- No comprehensive and up-to-date list of emergency phone numbers **(Deficiency EHS-10¹⁵).**

ODO observed Novel Wash Bleach, Maine Mold and Mildew Remover, and Clean All Spray Lubricant in the sallyport chemical storage area; however, the facility did not have inventory records for those chemicals **(Deficiency EHS-16¹⁶).**

ODO inspected the facility's sallyport chemical storage area, which the facility used for storing flammable and/or combustible liquids, and found the storage room was not in accordance with the Federal Hazardous Substances Labeling Act, to protect both life and property. Specifically, the room was overly stocked, and the facility did not store the hazardous substances in a self-closing non-flammable cabinet **(Deficiency EHS-17¹⁷).**

SECURITY

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the facility's SDC program and policies and detainee handbook and found the facility did not have written procedures to route detainee requests to the appropriate ERO New Orleans officials **(Deficiency SDC-11¹⁸).** **This is a priority component.**

ODO observed four housing units and found in four out of four units, no ICE/ERO posters **(Deficiency SDC-21¹⁹).**

¹² "The SDSs provide vital information on individual hazardous substances, including instructions on safe handling, storage, and disposal, prohibited interactions, etc. Staff and detainees will have ready and continuous access to SDSs for the substances with which they are working while in the work area." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(1).

¹³ "Staff must review SDS files and the Maintenance Supervisor will review the records as necessary." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(1).

¹⁴ "Documentation of reviews will be maintained in the SDS master file." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

¹⁵ "The master index will also include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.)." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

¹⁶ "Inventory records for a hazardous substance must be kept current before, during, and after each use." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(4)(c).

¹⁷ "Any liquid or aerosol labeled "Flammable" or "Combustible" must be stored and used as prescribed on the label, in accordance with the Federal Hazardous Substances Labeling Act, to protect both life and property." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(4)(d).

¹⁸ "The facility shall have written procedures to route detainee requests to the appropriate ICE/ERO official(s)." *See* ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C).

¹⁹ "The facility administrator shall ensure that all ICE/ERO posters or other information are provided in every housing unit and in appropriate common areas (e.g., recreation areas, dining areas, processing areas)." *See* ICE NDS 2019,

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed the facility's SMU program and detainee handbook and found no written procedures requiring a security supervisor, or equivalent, to interview detainees in disciplinary segregation every 7 days (**Deficiency SMU-45**²⁰).

ODO reviewed the facility's SMU program and detainee handbook and found no written procedures requiring the facility administrator to review detainees in disciplinary segregation every 30 days (**Deficiency SMU-52**²¹).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's SAAPI program and noted the following observations as **Areas of Concern**:²²

- No procedures for preventing sexual abuse and assault;
- No immediate reporting procedures for sexual abuse allegations;
- No procedures for prompt and effective intervention for the safety and treatment needs of detainee victims if an allegation is made or an assault occurs;
- No procedures for victim advocate services;
- No procedures for coordinating with ERO New Orleans and other investigative agencies to ensure administrative and/or criminal investigations for all allegations of sexual abuse and assault;
- No procedures for following uniform evidence protocol;
- No procedures for investigation nor discipline of assailants, coordination of internal administrative investigations with the assigned criminal investigative entity to ensure non-interference with criminal investigations, as well as coordination with the ICE OPR;
- No procedures for disciplinary sanctions for staff, up to and including termination, when there is a substantiated allegation of sexual abuse and assault, or when staff has violated agency sexual abuse and assault policies;
- No procedures for data collection, reporting, and facility requirements to cooperate

Standard, Staff-Detainee Communication, Section (II)(C)(3).

²⁰ "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 basic necessities, as required by this detention standard."

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

²¹ "All facilities shall implement written procedures for the regular review of all disciplinary segregation cases, consistent with the following procedures: ...

- b. The facility administrator shall review the status of a detainee in disciplinary segregation after the first 30 days of segregation, and each 30 days thereafter, to determine whether continued detention in disciplinary segregation is warranted." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(3)(b).

²² ERO Custody Management requested ODO inspect all USMS IGA facilities under NDS 2019, effective October 1, 2023. As such, the facility was not under NDS 2019 for at least 90 days and per the SAAPI standard, facilities have 90 days to be in compliance with all SAAPI requirements.

- with ERO New Orleans audits;
- No review nor approval of the facility’s written policy and procedures by ERO New Orleans.
 - No prevention and intervention strategies nor definitions and examples of detainee-on-detainee nor staff-on-detainee sexual abuse, assault, and coercive sexual activity;
 - No explanation of various reporting methods for sexual abuse and assault nor information regarding self-protection, indicators of sexual abuse and assault, prohibition against retaliation, nor detainees’ rights to receive treatment and counseling;
 - No Documentation of detainee participation in the instruction session;
 - No contact information of the program coordinator nor designated staff member;
 - No instruction to report any sexual abuse and assault incident or situation to any staff member, the Department of Homeland Security (DHS) Office of Inspector General (OIG), or the DHS Joint Intake Center;
 - No instruction for contacting consular officials, DHS OIG, nor confidential, anonymous reporting;
 - ODO toured four housing units and found in four out of four units, no posted ICE/ERO-provided sexual abuse and assault awareness notices nor any distribution of the ICE/ERO-provided “Sexual Assault Awareness Information” pamphlet;
 - ODO toured four housing units and found in four out of four units, no posted ICE/ERO sexual abuse and assault awareness notices in English nor Spanish;
 - No assessment of detainees on intake to identify those likely to be sexual aggressors or victims and house them appropriately to mitigate danger;
 - No use of intake assessments to inform recreation and other activity assignments;
 - No use of elements per the standard when assessing detainee risk of sexual victimization;
 - No administrative investigations per the standard;
 - No credibility assessments of an alleged victim, suspect, or witness, despite the individual’s status as detainee, staff, or employee, and without requiring a polygraph of any detainee who alleges sexual abuse and assault and no effort to determine whether actions or failures of the facility contributed to the abuse;
 - No investigation documentation nor report retention;
 - No management of administrative and criminal investigations;
 - ODO interviewed the facility’s PREA coordinator and found the facility did not prepare a negative report to document no reports of sexual abuse and assault during the annual reporting period; and
 - ODO interviewed the facility’s PREA coordinator and found the facility did not provide the results and findings of the annual review to the facility administrator and ERO New Orleans for transmission to the ICE prevention of sexual assault coordinator.

CARE

FOOD SERVICE (FS)

ODO toured the FS area and found the facility did not maintain foods requiring refrigeration at 41 Fahrenheit (F) degrees or below. Specifically, the macaroni salad on the serving line measured 82 F degrees (**Deficiency FS-19²³**). **This is a priority component.**

ODO interviewed the FS director and found FS personnel did not receive preemployment medical examinations (**Deficiency FS-86²⁴**).

HUNGER STRIKES (HS)

ODO reviewed [REDACTED] staff training records and found in [REDACTED] non-medical staff and [REDACTED] medical staff records; facility staff received no annual hunger strike training (**Deficiency HS-1²⁵**).

MEDICAL CARE (MC)

ODO reviewed [REDACTED] detainee medical files and found in [REDACTED] out of [REDACTED] files, no initial medical, dental, nor mental health screenings completed by a health care practitioner (**Deficiency MC-12²⁶**). **This is a priority component.**

ODO reviewed [REDACTED] medical records of detainees transferred to another detention facility and found in [REDACTED] out of [REDACTED] records, no medical transfer summaries. Since ODO did not observe a detainee transfer during the inspection to verify the facility includes medical transfer summaries with each detainee transfer, that a detainee can understand and are useful to future medical providers, ODO noted medical transfer summaries as an **Area of Concern**.

²³ “The following procedures apply to the display, service, and transportation of food to mainline and satellite food service areas: ...

b. Sanitary guidelines are observed, with hot foods maintained at a temperature of at least 135 degrees F and foods that require refrigeration maintained at 41 degrees F or below.”

See ICE NDS 2019, Standard, Food Service, Section (II)(C)(2)(b).

²⁴ “All food service personnel (both staff and detainee) shall receive a documented preemployment medical examination.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(I)(3)(a).

²⁵ “All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike.” *See* ICE NDS 2019, Standard, Hunger Strikes, Section (II)(A).

²⁶ “As soon as possible, but no later than 12 hours after arrival, all detainees shall receive, by a health care practitioner 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).

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

ODO reviewed █ detainee medical files and found in █ out of █ files, no initial mental health screening (**Deficiency SSHSPI-5²⁷**). **This is a priority component.**

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility's detainee handbook and found the handbook did not inform detainees they may file an informal grievance, they may seek staff assistance in filing a grievance, nor that facility staff may not subject any detainee filing a grievance to harassment, discipline, punishment, or retaliation (**Deficiency GS-34²⁸**).

CONCLUSION

During this special review, ODO assessed the facility's compliance with 10 standards under NDS 2019 and found the facility in compliance with 2 of those standards. ODO found 21 deficiencies in the remaining 8 standards. ODO found mainly administrative deficiencies related to no current inventory of hazardous materials and no completed mandatory staff training. Five of the deficiencies were priority component deficiencies. This was ODO's first inspection of WCDC; therefore, ODO performed no trend analysis of this facility. Prior to this special review, the facility's last known oversight inspection was an ERO Operational Review Self-Assessment, which occurred on January 4, 2023.²⁹ Given the number of deficient standards, total number of deficiencies, and the number of priority component deficiencies ODO identified during this special review, ODO recommends ERO New Orleans increase oversight to improve compliance and work with the facility to resolve deficiencies in accordance with contractual obligations.

²⁷ "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).

²⁸ "The grievance section of the facility handbook will provide notice of the following: ...

1. The opportunity to file a grievance, both informal and formal.
2. The procedures for filing a grievance and appeal, including the availability of assistance in preparing a grievance.
3. The procedures for resolving a grievance or appeal, including the right to have the grievance referred to higher levels if the detainee is not satisfied that the grievance has been adequately resolved.
4. Notice that staff may not harass, discipline, punish, or otherwise retaliate against any detainee for filing a grievance."

See ICE NDS 2019, Standard, Grievance System, Section (II)(H)(1-4).

²⁹ Data Source: ERO Custody Management Division Authorized Facility List as of October 30, 2023.

Compliance Inspection Results Compared	No Previous ODO Inspection	FY 2024 Special Review NDS 2019
Standards Reviewed	N/A	10
Deficient Standards	N/A	8
Overall Number of Deficiencies	N/A	21
Priority Component Deficiencies	N/A	5
Repeat Deficiencies	N/A	N/A
Areas Of Concern	N/A	28
Corrective Actions	N/A	0
Facility Rating	N/A	Acceptable