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Office of Professional Responsibility
Inspections and Detention Oversight
Washington, DC 20536-5501

Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations
Washington Field Office
Immigration Centers of America-Farmville
Farmville, Virginia

January 3 - 5, 2012

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**COMPLIANCE INSPECTION
IMMIGRATION CENTERS OF AMERICA-FARMVILLE
WASHINGTON FIELD OFFICE**

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EXECUTIVE SUMMARY

The Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducted a Compliance Inspection (CI) of the Immigration Centers of America-Farmville (ICAF), Farmville, Virginia, from January 3 to 5, 2012. The facility is owned and operated by ICAF, LLC. ICAF accommodates ICE detainees of classification levels one and two for periods in excess of 72 hours. The facility began housing ICE male and female detainees in August 2010, under an intergovernmental service agreement (IGSA). ICAF is accredited by the American Correctional Association (ACA).

ICAF has a total capacity of 584 (504 males and 80 females). At the time of the CI, ICE housed 306 detainees at ICAF, 264 males and 42 females. Compass Group USA, Inc. provides food services through its Canteen Correctional Services Division. Armor Correctional Health Services, Inc provides medical care at ICAF. The total number of facility staff (non-ICE) is (b)(7)e of whom (b)(7)e are Correction Officers (CO) assigned to operational areas and another (b)(7)e are assigned to transportation. All others are in support and specialized positions.

The Enforcement and Removal Operations (ERO), Field Office Director in Fairfax, Virginia (FOD/DC) is responsible for ensuring ICAF complies with ICE policies and the ICE Performance Based National Detention Standards (PBNDS). An Assistant Field Office Director (AFOD) oversees ICAF. FOD/DC has (b)(7)e Immigration Enforcement Agents (IEA) from the sub-office in Richmond, Virginia permanently assigned to ICAF; they report directly to a Supervisory Detention and Deportation Officer (SDDO) at FOD/DC. (b)(7)e case-management Deportation Officers (DO) are assigned all detained docket cases for FOD/DC. The ERO Detention Management Division (DMD) has a Detention Service Manager (DSM) assigned to the facility to monitor PBNDS issues.

In March 2011, ODO conducted a Quality Assurance Review (QAR) of ICAF. A total of 25 PBNDS were reviewed; 8 areas were found to be fully compliant, while 17 had a total of 42 deficiencies. On October 2, 2011, a detainee death occurred at the facility; the death is currently being reviewed by ODO. Immediately after the death of the detainee, from October 12 to 14, 2011, DMD contractors, MGT of America, Inc., conducted an annual review of the ICE PBNDS at ICAF. The facility received an overall rating of “does not meet standards.”

On January 3, 2012, ODO conducted a CI and reviewed a total of 26 PBNDS; 18 areas were found to be fully compliant, while 12 deficiencies were found in the following 8 standards: Disciplinary System (1 deficiency), Emergency Plans (1), Food Service (1), Staff-Detainee Communication (2), Staff Training (1), Transfer of Detainees (2), Transportation (By Land) (2), and Visitation (2). Three of the twelve identified deficiencies were repeated from the March 2011 ODO QAR. The three repeat deficiencies occurred in the following two standards: Emergency Plans (1) and Staff-Detainee Communication (2).

This report includes descriptions of all deficiencies and refers to the specific, relevant ICE PBNDS. The report will be provided to ERO to develop corrective actions to resolve the 12 identified deficiencies.

Overall, ODO found the facility to be well-managed. ODO found no deficiencies in many priority standards, such as Law Libraries and Legal Material, Grievance System, Medical Care, Special Management Unit, Telephone Access, and Use of Force. A majority of the 12 deficiencies identified were administrative in nature (paperwork, logs, postings, etc.), rather than shortcomings with respect to practices and procedures.

ODO identified a deficiency that is significant to the well-being of ICE detainees. ICAF staff is conducting strip searches of detainees after contact visits. ICAF provides a “Detainee Visiting Waiver” form to all detainees who are requesting visitation. The form states detainees can have contact visits if they consent to a full strip search upon completion of the contact visit. Detainees who do not give consent to a strip search are only allowed non-contact visitation.

The Visitation standard states all strip searches must be performed in compliance with the Searches of Detainees standard, which requires reasonable suspicion. Form G-1025 Record of Search is not completed in conjunction with detainee strip searches. An ICAF local form is completed; however, the form fails to document the reasonable suspicion required for justifying the search. Upon being notified by ODO of this violation of the PBNDS, ICAF management stated they would immediately cease conducting strip searches of detainees after contact visitation when there is no reasonable suspicion. Additionally, ICAF management stated they would implement the use of the Form G-1025 and ensure reasonable suspicion is annotated on the form.

DOs manage immigration removal cases for detainees housed at ICAF. The DOs do not perform in-person interviews with detainees as required in the PBNDS Staff-Detainee Communication standard. Rather, DOs communicate with ICAF detainees via video teleconferencing (VTC). Based on ODO interviews of both ICE staff and detainees, the current VTC process is ineffective. A review of the VTC schedule revealed that it is used only on Mondays for one hour from 10:00 am to 11:00 am. Based on detainee interviews, it has taken up to six days before they are able to speak with their DO. This was also noted as a deficiency in the OPR ODO March 2011 QAR.

ODO notes ICAF implemented several improvements to its grievance process since the ERO annual inspection in October 2011. The facility has instituted a standard form used exclusively for grievances, installed grievance mailboxes in each unit and in the Medical Services area, and designated a full-time Grievance Coordinator. Grievances of an emergency nature are routed for appropriate action, and all medical grievances are forwarded to the medical unit. An additional improvement is the recent implementation of an electronic grievance log, which affords the generation of statistics and superior tracking of grievances, and is cited as a best practice.

ODO found no deficiencies in the Classification System standard. The inspection revealed ICE officers forward the needed documentation to ICAF for appropriate classification. Detainees are classified by trained classification officers at ICAF based upon information provided by ERO. ODO’s March 2011 inspection cited three deficiencies in the Classification System; these deficiencies have now been corrected by the facility.

A review of the Transfer of Detainee and Transportation standards resulted in a few significant deficiencies. FOD/DC does not furnish the required Form G-391 "Official Detail" to ICAF, authorizing removal of detainees from the facility. Additionally, the Detainee Transfer Checklist is not completed by ERO for detainees being transferred to another ICE facility. The checklist provides information about each detainee and ensures all procedures for transfers have been completed. ICAF staff informed ODO [REDACTED] (b)(7)e as required by the PBNDS.

Healthcare at Farmville is provided under contract by Armor Correctional Health Care Inc., which employs over [REDACTED] (b)(7)e employees. In addition to nursing, administrative, and clerical staff, Armor has a full-time medical director on site and a dentist on site three days a week. The new medical director has extensive emergency room experience. The detainee population at the time of this review was approximately 300 detainees. As a result of a detainee death in October 2011, all detainees with chronic health care issues (diabetes, cardiac, etc.) were transferred to other facilities. Consequently there were no detainee chronic care health records to review. A review of Armor's special needs and chronic care policy shows it does meet the American Correctional Association (ACA) standards for such care. ICAF is ACA accredited. Available data showed there were 217 chronic care visits at ICAF during the period of January-October 2011.

The Medical Department is adequate in size and sufficiently equipped to provide basic medical services to the detainee population. The clinic itself is 10,545 square feet and includes several examination rooms, offices, a medication room, a laboratory, a dental clinic, an X-ray suite with digital radiographic equipment, an urgent care room, and housing space for up to 11 detainees. Two of the rooms are suicide watch rooms and two other rooms are negative air pressure isolation rooms.

Based on a review of medical care policies, interviews with health care staff and detainees, and a review of detainee health records, ICAF and Armor Correctional Health Care, Inc. are providing adequate primary correctional health care to ICE detainees. ICAF provides intake screenings, tuberculosis testing, and initial assessments in accordance with PBNDS requirements. They are capable of providing episodic care for routine illness through sick call and emergencies, and should be able to provide care for stable chronic care patients based on policy review.

Detainees are thoroughly screened by medical staff at intake and each screening is reviewed by a physician. Tuberculosis testing is done at intake by purified protein derivative (PPD) or chest radiograph. Results of the digital chest X-ray are available within 2-4 hours after the X-ray is submitted. The initial health assessments are completed within 10 days of arrival by a registered nurse and each assessment is reviewed and signed by a physician. Detainees are provided access to health services by submission of sick call requests or by correctional officer notification to health services. A review of records for the past year indicates the vast majority of detainee health care requests are triaged by a nurse within 12 hours of submission and those needing further medical examination are evaluated within 24 to 48 hours.

Data obtained for a ten-month period in 2011 (January-October) indicate Armor Correctional Health Services, Inc and ICAF are responsive to detainee health care needs. They completed:

- 2,042 intake health screenings
- 2,130 initial health assessments
- 3,445 sick call visits
- 2,330 X-rays
- 147 dental clinic visits (dentist position was vacant for an extended period of time)
- 217 chronic care visits
- 809 mental health practitioner encounters
- 41 detainee referrals to local emergency room for emergency care
- 9 detainee referrals to an off-site hospital
- 318 off-site out-patient health care encounters (the majority for dental care)

One area of concern identified by ODO is that the closest medical tertiary care center (specialized consultative care) is approximately 45 miles away in Lynchburg, VA. Tertiary care is not available in Farmville, VA, which makes the housing of unstable chronic care patients at ICAF problematic should specialized care be required. Chronic care patients who are not under control or considered stable should not be sent to ICAF. As a result of a detainee death in October 2011, all detainees with chronic health care issues (diabetes, cardiac, etc.) were transferred to other facilities. In addition, detainees with acute illness, should not be sent to ICAF

ODO conducted a Detainee Death Review (DDR) at ICAF in November 2011 following the death of an ICE detainee. While the DDR has not yet been finalized, the DDR found ICAF did not provide health care or 24-hour emergency care as needed by the detainee, in violation of the PBNDS. The DDR additionally found the ICAF registered nurse on duty failed to take the appropriate action to ensure detainee Ramirez-Ramirez received immediate care. The Registered Nurse claimed the correctional staff at ICAF prevented her from getting the detainee the required medical care. The ICAF Medical Director and Registered Nurse were terminated by ICAF.

In 2011, ICAF placed 23 detainees on suicide watch. ODO verified the facility followed the correct procedures when addressing all suicide issues, to include: recognizing signs of suicidal thinking; facility referral procedures; suicide-prevention techniques; responding to an in-progress suicide attempt; identification of suicide risk factors; and the psychological profile of a suicidal detainee. In addition, a review of training records revealed that all medical and detention facility staff received training on suicide prevention and intervention within the past year.

ICAF management staff expressed concerns about communications with ERO and a general lack of ERO oversight at the facility. Specifically, responses from ERO are often delayed or non-existent. Additionally, an incident was noted in which an IEA was openly critical of the facility and its correctional officers, in the presence of ICE detainees and ICAF staff. ICAF staff also expressed concerns with the same IEA wearing improper ICE attire in the facility and spending an excessive amount of time in the female housing unit. Additionally, the hours worked by the IEA were raised as a concern by personnel. When confronted by ICAF staff about not being in proper professional attire, the IEA allegedly used profanity and threatened to shut down the facility. The SDDO overseeing the IEAs assigned to ICAF stated the IEA was verbally reprimanded, removed from ICAF, and assigned other duties. It should be noted that the IEA was recently reassigned back to ICAF.

After the completion of the ODO CI, a Preliminary Findings report was completed and provided to ERO personnel, including executive staff. ERO met with ICAF personnel and has conveyed the significance and importance of adherence to the ICE detention standards. Additionally, ODO was informed by ERO Headquarters that FOD/DC was in the process of addressing the need for adequate oversight of ICAF through bolstered supervisory involvement.

INSPECTION PROCESS

ODO inspections evaluate the welfare, safety, and living conditions of detainees. ODO primarily focuses on areas of noncompliance with the ICE National Detention Standards (NDS) or the ICE PBNDS, as applicable. The PBNDS apply to ICAF. In addition, ODO may focus its inspection based on detention management information provided by ERO Headquarters (HQ) and ERO field offices, and on issues of high priority or interest to ICE executive management. Inspection objectives are to evaluate the welfare, safety, and living conditions of detainees.

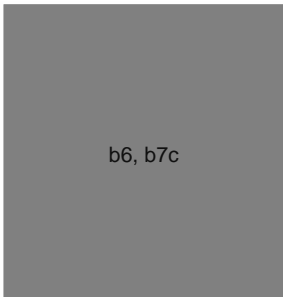
ODO reviewed the processes employed at ICAF to determine compliance with current policies and detention standards. Prior to the inspection, ODO collected and analyzed relevant allegations and detainee information from multiple ICE databases, including the Joint Integrity Case Management System (JICMS) and the ENFORCE Alien Booking Module (EABM) and Alien Removal Module (EARM). ODO also gathered facility facts and inspection-related information from ERO HQ staff to prepare for the site visit at ICAF.

REPORT ORGANIZATION

This report documents inspection results, serves as an official record, and is intended to provide ICE and detention facility management with a comprehensive evaluation of compliance with policies and detention standards. It summarizes those PBNDS that ODO found deficient in at least one aspect of the standard. ODO reports convey information to best enable prompt corrective actions and to assist in the on-going process of incorporating best practices in nationwide detention facility operations.

OPR classifies program issues into one of two categories: deficiencies and areas of concern. Specific deficiencies and areas of concern are identified in bold with sequential numbers in this report. OPR defines a deficiency as a violation of written policy that can be specifically linked to the PBNDS, or to ICE policy or operational procedure. OPR defines an area of concern as something that may lead to or risk a violation of the PBNDS or ICE policy or operational procedure. When possible, the report includes contextual and quantitative information relevant to the cited standard. Comments and questions regarding the report findings should be forwarded to the Deputy Division Director, OPR, Office of Detention Oversight.

INSPECTION TEAM



| | |
|---|----------------------|
| Detention and Deportation Officer (Team Lead) | ODO, Headquarters |
| Detention and Deportation Officer | ODO, Headquarters |
| Special Agent | ODO, Headquarters |
| Special Agent | ODO, Headquarters |
| Contract Inspector | Creative Corrections |
| Contract Inspector | Creative Corrections |
| Contract Inspector | Creative Corrections |

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed ICAF's Director of Detention, Chief of Security, Operations Officer, Training Officer, medical staff, support staff, transportation officers, and COs. ODO interviewed the ERO Deputy Field Office Director (DFOD), AFOD, SDDO, DSM, and IEAs.

ICAF staff and FOD/DC staff stated the facility operates efficiently; however, certain internal issues need to be addressed. FOD/DC management stated the staffing level of (b)(7)e full-time DO positions at ICAF is adequate to support facility case management. The SDDO assigned to oversee the (b)(7)e IEAs at ICAF admits it is difficult to directly supervise the IEAs, especially since the SDDO is located at FOD/DC, more than three hours away.

ICAF management staff expressed concerns regarding communications with ERO staff. Specifically, responses from ERO are often delayed or ignored. ICAF stated four AFODs have been assigned to work with ICAF since the ODO March 2011 inspection. All of the AFODs had different methods on how to address concerns with ICAF.

HQ ERO assigned a DSM to monitor PBNDS compliance at the facility. The DSM is not assigned to the FOD/DC staff, but reports PBNDS deficiencies to HQ ERO and collaborates with the FOD. There have been two assigned DSMs to ICAF since ODO's March 2011 inspection. An interview with the new DSM revealed difficulty trying to get FOD/DC operational staff to correct PBNDS deficiencies. In contrast, the DSM claims there are no issues with the ICAF correcting PBNDS deficiencies.

DETAINEE RELATIONS

ODO interviewed 18 detainees (15 males and 3 females), randomly selected from classification levels one and two to assess detention conditions at ICAF. Overall, detainees stated both ICE and ICAF staff were professional and treated them with respect.

All stated they participate in outdoor recreation a minimum of one hour each day. Detainees may send and receive mail, use telephones, and have access to a law library. All had received both facility and ICE detainee handbooks. All stated they were issued free personal hygiene supplies upon admission, which can be replenished upon consumption without any fee. All detainees stated medical care was reasonable.

All detainees claimed they are strip-searched after contact visits if they choose to have such a visit. A waiver of consent must be signed to be strip-searched. As noted previously, searches without reasonable suspicion and failure to document the searches properly violate the PBNDS.

All detainees stated they are not able to speak to their respective DOs via telephone. Detainees stated that VTC method of communication was very limited and ineffective. Additionally, they stated the IEAs do not answer questions, but rather tell detainees to complete an ICE Detainee Request form.

ICE PERFORMANCE BASED NATIONAL DETENTION STANDARDS

ODO reviewed a total of 26 ICE PBNDS and found ICAF fully compliant with the following 18 standards:

- Admission and Release
- Classification System
- Correspondence and Other Mail
- Detainee Handbook
- Environmental Health and Safety
- Funds and Personal Property
- Grievance System
- Hunger Strikes
- Law Libraries and Legal Materials
- Medical Care
- Population Counts
- Recreation
- Special Management Units
- Suicide Prevention and Intervention
- Telephone Access
- Terminal Illness, Advance Directives, and Death
- Tool Control
- Use of Force and Restraints

As these standards were compliant at the time of the review, a synopsis for these areas was not prepared for this report.

ODO found deficiencies in the following eight standards:

- Disciplinary System
- Emergency Plans
- Food Service
- Staff-Detainee Communication
- Staff Training
- Transfers of Detainees
- Transportation (By Land)
- Visitation

Findings for each of these standards are presented in the remainder of this report.

DISCIPLINARY SYSTEM (DS)

ODO reviewed the Disciplinary System PBNDS at ICAF to determine if sanctions imposed on detainees who violate facility rules are appropriate, and if the discipline process includes due process requirements. ODO interviewed detainees and staff, reviewed the disciplinary policy and detainee handbooks, and examined disciplinary files.

ICAF's disciplinary system includes progressive levels of review, appeals, and documentation procedures. Prohibited acts are divided into four severity categories: Greatest, High, High Moderate, and Low Moderate. The disciplinary policy and detainee handbooks clearly define detainee rights and responsibilities.

ODO reviewed 35 randomly-selected disciplinary packets on Low Moderate and High Moderate offenses dated between January 1 and December 31, 2011. All incidents were investigated within 24 hours of the incident. All incidents were appropriately sanctioned by the Unit Disciplinary Committee (UDC), which consists of one supervisory staff member.

ODO reviewed 16 randomly-selected packets on offenses in the "High" and "Greatest" severity categories dated between [add info]. All were investigated within 24 hours of the incident; however, the cases were directly assigned to the Institutional Disciplinary Panel (IDP), without intermediate review or referral by the UDC (**Deficiency DS-1**). The UDC provides an additional level of review of the case, and ensures the IDP only receives cases that require formal hearings.

ODO notes the staff member who serves as the UDC chairperson is also chairperson of the IDP. To assure objectivity and support due process, ODO recommends assignment of an alternative staff person to the IDP.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DP-1

In accordance with the ICE PBNDS, Disciplinary System, sections (II)(8-9), the FOD must ensure a Unit Disciplinary Committee (UDC) further investigates and adjudicates the incident and may impose minor sanctions or refer the matter to a higher level disciplinary panel. An Institutional Disciplinary Panel (IDP) will conduct formal hearings on Incident Reports referred from UDCs and may impose higher level sanctions for "Greatest" and "High" level prohibited acts.

EMERGENCY PLANS (EP)

ODO reviewed the Emergency Plans PBNDS at ICAF to determine if a contingency plan has been developed to quickly and effectively respond to any emergency situations and minimize their severity. ODO interviewed staff, reviewed emergency plans, and inspected command post equipment.

Overall, ODO found compliance with the standard. The facility has designated staff members responsible for developing and implementing emergency contingency plans. Individual, contingency-specific plans have been compiled and all staff received training in emergency preparedness.

ODO's review of the facility's emergency plans revealed they do not include procedures for rendering emergency assistance to another ICE facility (**Deficiency EP-1**). This deficiency was cited by ODO in its March 2011 Quality Assurance Review. In a report to ERO dated April 15, 2011, ICAF responded to this deficiency as follows: "The facility considers this standard to be not applicable. There is no other ICE facility within any reasonable proximity to the Farmville Detention Center. Being an IGSA, Farmville Detention Center would not be called upon to render emergency assistance to another ICE facility. As a result, no corrective action for the listed deficiency can be taken by the facility." During an interview with the Chief Security Officer, ODO was informed ICAF awaits ERO's determination on whether this section of the standard is applicable to the facility. The Chief Security Officer stated ICAF is willing to provide whatever assistance it can to other facilities, subject to guidance and direction by ERO.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY EP-1

In accordance with the ICE PBNDS, Emergency Plans, section (V)(C)(1)(a), the FOD must ensure each plan includes procedures for rendering emergency assistance to another ICE/ERO facility, for example, supplies, transportation, and temporary housing for detainees, personnel, and/or TDY staff.

FOOD SERVICE (FS)

ODO reviewed the Food Service PBNDS at ICAF to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner. ODO interviewed food service staff, reviewed documentation and detainee handbooks, and inspected food and chemical storage areas, and food preparation and serving areas.

All work associated with preparing meals is performed by contractor Canteen, supported by a crew of ICE detainees. ODO verified all staff and detainees working in food service received medical clearance. The facility has a satellite system of meal service involving preparation of meals in a central location and delivery to housing units. ODO observed Canteen staff actively involved overseeing the preparation and service of meals to ensure the food items were correctly prepared, served at the appropriate temperatures, and properly presented. The food service department at ICAF does not use knives. Other large tools such as dough cutters are cabled to preparation tables during use. Review of required inspections and temperature logs supported compliance with the standard. Sanitation in the food service department was excellent.

ODO observed the facility has a no-pork menu. ICAF policy reflects no pork is served; however, this information is not included in the detainee handbook or facility orientation (**Deficiency FS-1**). Providing this information in the handbook and orientation assures detainees whose religions do not allow consumption of pork are aware the menu is pork-free, alleviating any uncertainty.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with the ICE PBNDS, Food Service, section (V)(G)(5), Religious Requirements, the FOD must ensure, if a facility has a no-pork menu, in order to alleviate any confusion for those who observe diets for religious reasons, this information should be included in the facility's handbook and orientation.

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the Staff-Detainee Communication PBNDS at ICAF to determine if procedures are in place to allow formal and informal contact between detainees and key ICE and facility staff, and if ICE detainees are able to submit written requests to ICE staff and receive responses in a timely manner. ODO reviewed policies and documentation, and interviewed detainees and staff.

Two IEAs are permanently assigned to the facility to monitor PBNDS issues. ODO visited eight housing units and the Special Management Unit (SMU) and confirmed each had a logbook to document ICE visits. A review of the logbooks and complaints from interviewed detainees revealed IEAs visit the housing areas solely to collect completed ICE Detainee Request forms. Detainees with case management issues must either call their DO, submit a Detainee Request form, or sign up to see their DOs via VTC. Based on ODO interviews of ICE staff and detainees, the communication methods are all ineffective. This was also noted as a deficiency in the ODO Quality Assurance Review of March 2011. Based on ODO interviews of ICE personnel and detainees, the current VTC process is ineffective. ODO recommends ERO develop a system to have DOs communicate in-person with detainees regarding their immigration proceedings.

Facility reports of ICE management visits since the last ODO review in March 2011 indicate an increase in the number of unscheduled visits by ERO. ODO found the following visits from FOD/DC management: one visit by the FOD for approximately two hours in December 2011, one visit by the DFOD for approximately two hours in October 2011, and three visits by the AFOD for approximately three hours each, in August, September and December of 2011.

ODO further reviewed the staff-detainee communication electronic logbook maintained by ERO and found two required columns are still missing: the detainee's nationality and the staff member who logged the request (**Deficiency SDC-1**). This is a repeat deficiency from the ODO March 2011 inspection. For purposes of accuracy of records and personnel accountability, these datasets are important inclusions.

ODO requested that ERO produce the Facility Liaison Visit Checklist. ERO personnel stated they could not produce the checklist because they do not use the form. ERO stated they use a different format but the format does not address all key areas within the Facility Liaison Visit Checklist as mandated by ERO policy and procedures (**Deficiency SDC-2**). Based on the ERO model protocol, the Facility Liaison Visit Checklist is designed to fulfill staff-detainee communication pre-requisites and to ensure the effectiveness and efficiency of the staff-detainee communication process. This is a repeat deficiency from the ODO March 2011 inspection.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SDC-1

In accordance with the ICE PBNDS, Staff-Detainee Communication, section (V)(B)(2), the FOD must ensure, during record keeping and file maintenance, all requests shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose. At a minimum, the log

shall record: date of receipt; detainee's name; detainee's A-number; detainee's nationality; name of the staff member who logged the request; date the request, with staff response and action, was returned to the detainee; and any other pertinent site-specific information.

DEFICIENCY SDC-2

In accordance with the ICE PBNDS, Staff-Detainee Communication, section (V)(E), the FOD must ensure the Model Protocol for ERO Officer Facility Liaison Visits, along with associated documentation forms, are accessible via the website of the Headquarters Detention Standards Compliance Unit. The Model Protocol is designed to standardize an approach to conducting and documenting facility liaison visits, observing living and working conditions, and engaging in staff-detainee communications. In accordance with the required frequency of liaison visits described above in the section on Scheduled Contact with Detainees, Model Program forms shall be: (1) completed weekly for SPCs, CDFs, and regularly used IGSA facilities, and for each visit to intermittently used IGSA facilities; and (2) submitted annually with the required Annual Detention Reviews.

STAFF TRAINING (ST)

ODO reviewed the Staff Training PBNDS at ICAF to determine if facility staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing training. ODO reviewed policies and training records, and interviewed facility staff and the Training Officer.

There are a total of (b)(7)e (non-ICE) facility employees, with (b)(7)e OOs assigned to the detainee housing units and (b)(7)e assigned to perform transportation for detainees. Various positions within the facility include: Recreations Specialist, Grievance Officer, Remote Officers, and Processing Officers. ODO reviewed the initial and annual training outline for support staff, professional staff (medical), contractors, security personnel, facility management and supervisors, and personnel authorized to use firearms and chemical agents.

The facility provides continuing education and professional development courses as incentives to progress to other duties, or to become supervisors. The facility is accredited by the ACA and meets their strict accreditation guidelines for training. The facility's next ACA inspection is in August 2014.

The initial orientation and training contained all training required by the PBNDS for new hires. All records indicate staff has received required training; however, ODO found the facility training personnel have not completed a 40 hour training-for-trainers course (**Deficiency ST-1**). The Director stated they are in the process of negotiating this training with a company and are awaiting implementation pending legal vetting with local authorities.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY ST-1

In accordance with the ICE PBNDS, Staff Training, section (V)(D), the FOD must ensure the facility administrator shall assign at least one qualified individual, with specialized training for the position, to coordinate and oversee the staff development and training program. At a minimum, training personnel shall complete a 40-hour training-for-trainers course.

TRANSFER OF DETAINEES (TD)

ODO reviewed the Transfer of Detainees PBNDS at ICAF to determine if transfers of detainees from one facility to another are responsibly managed in regard to notification, detention records, safety and security, and protection of detainee funds and property. ODO reviewed policies and procedures, and interviewed staff regarding the transfer of detainees from one facility to another.

According to ICE staff, detainees are transferred for operational reasons, which include transfers from ICAF to the Hampton Road Regional Jail for medical reasons; while detainees classified at level three are transferred to the Rappahannock Regional Jail. ODO observed the medical transfer summary and detainee notification forms were completed and maintained in the respective detainee medical and detention files.

The PBNDS requires a Detainee Transfer Checklist be completed for every detainee processed for transfer. A properly executed Checklist provides comprehensive information including reasons for transfer, and alerts officers to any pertinent concerns including safety or security issues. ERO staff is responsible for generating the Checklist and providing a copy to the facility. ICAF has its own local transfer checklist, but the PBNDS still requires ERO to initiate and implement an ERO Detainee Transfer Checklist. ODO reviewed fifteen detention files belonging to detainees who were transferred from ICAF to other ICE facilities. All fifteen files reviewed contained a copy of the local ICAF detainee transfer checklist, but none contained the required ERO Detainee Transfer Checklist. A properly executed copy of the ERO Detainee Transfer Checklist is required to be placed in each detainee's A-File (**Deficiency TD-1**).

ICAF transportation details staff stated they were unaware of the requirement for a Form G-391 authorizing the transportation detail to be completed prior to removing detainees from any ICE facility. Both ICE and ICAF staff did not complete or maintain copies of the Form G-391 (**Deficiency TD-2**). ODO reiterated that the PBNDS prohibits removing detainees from a facility or transferring to another without a properly executed Form G-391. ICAF informed ODO that an equivalent travel log form was completed for transportation purposes, but copies of the travel log form were not maintained in the detention files.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY TD-1

In accordance with the ICE PBNDS, Transfer of Detainees, section (V)(D), the FOD must ensure the sending facility staff shall complete the attached Detainee Transfer Checklist to ensure all procedures are completed. The sending facility staff shall place a copy of the Checklist in the detainee's A-file or work folder. The records must accompany the detainee to the receiving facility. If any procedure cannot be completed prior to transfer, the detainee may be transferred only if the authorized receiving Field Office official has expressly waived that procedure and sending facility staff shall note any such waivers on the Checklist.

DEFICIENCY TD-2

In accordance with the ICE PBNDS, Transportation, section (V)(D)(8), the FOD must ensure a detainee may not be removed from any facility, including Field Office detention areas, without a

Form G-391 that authorizes the detail. The G-391 must be properly signed and shall clearly indicate the name of the detainee(s), the place or places to be escorted, the purpose of the trip and other information necessary to efficiently carry out the detail. IGSA facilities may use a local form as long as the form provides the required information.

TRANSPORTATION (By Land) (T)

ODO reviewed the Transportation PBNDS at ICAF to determine if vehicles are properly equipped, maintained, and operated, and if detainees are transported in a safe, secure and humane manner under the supervision of trained and experienced staff. ODO reviewed policies, procedures and guidelines regarding the transportation of detainees.

According to both ICE and ICAF staff, the ICE has a contract with ICAF for transportation of detainees managed by FOD/DC. ODO noted that ICAF transporting officers are conducting vehicle inspections, and completed reports are filed. All of the vehicles are in operable conditions.

According to the PBNDS, transporting officers are required to complete ERO or equivalent drivers' training. A current physical examination is required for officers who are in possession of Commercial Driver's Licenses (CDL). Interviews of staff and review of transporting officers' files showed the current physical examination reports are not maintained for two out of the four operators with CDLs (**Deficiency T-1**).

ICAF staff informed ODO that their transporting vehicles (b)(7)e (b)(7)e (b)(7)e (**Deficiency T-2**). During convoy transportations of detainees, (b)(7)e (b)(7)e

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Officers assigned transportation duties must be well-versed on policies and procedures regarding the removal of detainees from detention facilities, as well as knowledgeable of forms or documents required for transportation details. Knowledge of ERO procedures ensures transporting officers are verifying individual identities and checking documents when transferring or receiving detainees. ODO cited the following two issues as deficiencies under the Transfer of Detainees standard (**Deficiencies TD-1 and TD-2**), so they are not cited again for Transportation. First, ICAF transporting officers stated they are unaware of the requirement to receive Forms G-391 from ICE before transporting detainees, and ERO is not furnishing Forms G-391 to ICAF officers authorizing the removal of detainees from the facility. Second, FOD/DC does not provide the completed Detainee Transfer Checklist as required by PBNDS. The checklist provides information about each individual detainee and ensures all transfer procedures have been completed.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY T-1

In accordance with the ICE PBNDS, Transportation, section (V)(D), the FOD must ensure, for each vehicle operator and other employees assigned to bus transportation duties, supervisors shall maintain at the official duty station a file containing, among other things: Copy of the most current physical examination used to obtain the CDL.

DEFICIENCY T-2

In accordance with the ICE PBNDS, Transportation, section (V)(M), the FOD must ensure every vehicle [REDACTED]

(b)(7)e

[REDACTED]
(b)(7)e

VISITATION (V)

ODO reviewed the Visitation PBNDS at ICAF to determine if authorized persons, including legal and media representatives, are able to visit detainees within security and operational constraints. ODO reviewed the local policy and detainee handbook, inspected the visiting area, and interviewed staff and detainees.

The facility has written visiting procedures, including a schedule and hours of visitation. Detainees are notified of visitation hours through the detainee handbook, and visiting information is available to the public through telephone recordings, postings, and the facility's website.

The ICAF visitation telephone recording provides the directions to the ICAF, along with a schedule of the hours of visitation. However, the recording does not include the rules of visitation (**Deficiency V-1**). ICAF advised the deficiency would be corrected.

ODO found ICAF Visitation policy is to conduct strip searches of detainees after contact visits, without providing appropriate justifications of reasonable suspicion on the facility's form, which does not meet the standard of the required Form G-1025, Record of Search (**Deficiency V-2**). The facility must have reasonable suspicion before conducting a strip search on a detainee after a contact visit. Upon being notified by ODO of this violation of the PBNDS, ICAF management stated they would immediately cease strip searches of detainees after contact visitation when there is no reasonable suspicion. Additionally, ICAF management stated they would implement the use of the Form G-1025 and ensure reasonable suspicion is annotated on the form.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY V-1

In accordance with the ICE PBNDS, Visitation, section (V)(C), the FOD must ensure each facility shall make the schedule and procedures available to the public, both in the written form and telephonically. A live voice or recording shall provide telephone callers the rules and hours of all categories of visitation.

DEFICIENCY V-2

In accordance with the ICE PBNDS, Visitation, section (V)(I)(4), the FOD must ensure searches of detainees will be in accordance with the ICE/[ERO] Detention Standard on Detainee Searches.

In accordance with the ICE PBNDS, Searches of Detainees, section (D)(2)(a), the FOD must ensure the articulable facts supporting the conclusion that reasonable suspicion exists should be documented.