



**U.S. Department of Homeland Security**

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight Division

Washington, DC 20536-5501

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**Office of Detention Oversight  
Compliance Inspection**

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

**July 7–9, 2015**

**COMPLIANCE INSPECTION  
for the  
Immigration Centers of America Farmville  
FARMVILLE, VIRGINIA**

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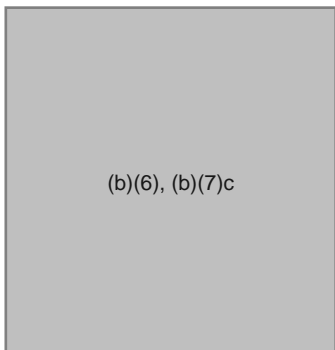
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**INSPECTION TEAM MEMBERS**



Lead 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
Contractor	Creative Corrections
Contractor	Creative Corrections

## EXECUTIVE SUMMARY

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Immigration Centers of America-Farmville (ICAF), also known as the Farmville Detention Center, in Farmville, Virginia, from July 7 to 9, 2015.<sup>1</sup> ICAF opened in 2010 and is owned and operated by the Immigration Centers of America, LLC (ICA). Enforcement and Removal Operations (ERO) began housing detainees at ICAF in 2010 pursuant to an Intergovernmental Service Agreement (IGSA), under the oversight of ERO’s Field Office Director (FOD) in Fairfax, VA.

ERO staff members are assigned to the facility. A Detention Services Manager provides part-time coverage at the facility. An ICAF Director (ICA employee) is responsible for oversight of daily facility operations and is supported by (b)(7)e personnel. Trinity Food Service provides food services, and the Armor Correctional Health Services, Inc. provides medical services. The facility is accredited by the American Correctional Association and the National Commission on Correctional Health Care.

Capacity and Population Statistics	Quantity
Total Bed Capacity	1,752
ICE Detainee Bed Capacity	1,752
Average Daily Population	734
Average ICE Detainee Population	734
Average Length of Stay (Days)	43
Male Detainee Population (as of 07/07/2015)	1,483
Female Detainee Population	N/A

### OVERALL FINDINGS

In January 2012, ODO conducted an inspection of the ICAF under the Performance-Based National Detention Standards (PBNS) 2008, reviewing the facility’s compliance with 26 standards and finding the facility compliant with 18 standards. There were a total of 12 deficiencies in the remaining eight standards.

Inspection Results Compared	FY 2012 (PBNS 2008)	FY2015 (PBNS 2011)
Standards Reviewed	26	16
Deficient Standards	8	3
Overall Number of Deficiencies	12	4
Deficient Priority Components	0	1
Corrective Actions Initiated	0	1

In FY2015, ODO conducted an inspection of ICAF under the PBNS 2011, reviewing the facility’s compliance with 16 standards and finding the facility compliant with 13 standards. ODO found four deficiencies in the remaining three standards; one of the deficiencies relates to a priority component.<sup>2</sup> Finally, ODO identified one opportunity where the facility initiated corrective action during the course of the inspection.<sup>3</sup>

<sup>1</sup> Male detainees with low, medium and high security classification levels are detained at the facility for longer than 72 hours.

<sup>2</sup> A deficient priority component was found in the following standard: Detainee Handbook (1).

<sup>3</sup> Corrective actions, where immediately implemented, best practices and ODO recommendations, as applicable, have been identified in the *Inspection Findings* section and annotated with a “C”, “BP” or “R”, respectively.

## FINDINGS BY PBNDS 2011 MAJOR CATEGORIES

<b>PBNDS 2011 STANDARDS INSPECTED<sup>4</sup></b>	<b>DEFICIENCIES</b>
<b>Part 1 - Safety</b>	
1.2 - Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
2.1 - Admission and Release	0
2.2 - Custody Classification System	0
2.5 - Funds and Personal Property	0
2.11 - Sexual Abuse and Assault Prevention and Intervention	0
2.12 - Special Management Units	2
2.13 - Staff-Detainee Communication	0
2.15 - Use of Force and Restraints	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 4 - Care</b>	
4.1 - Food Service	0
4.3 - Medical Care	0
4.4 - Medical Care (Women)	0
4.6 - Significant Self-Harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 5 - Activities</b>	
5.6 - Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
6.1 - Detainee Handbook	1
6.2 - Grievance System	0
6.3 - Law Libraries and Legal Materials	1
<b>Sub-Total</b>	<b>2</b>
<b>Total Deficiencies</b>	<b>4</b>

<sup>4</sup> For greater detail on ODO's findings, see the *Inspection Findings* section of this report.

## INSPECTION PROCESS

Every fiscal year, the Office of Detention Oversight (ODO), a unit within U.S. Immigration and Customs Enforcement's (ICE) Office of Professional Responsibility (OPR), conducts compliance inspections at detention facilities in which detainees are accommodated for periods in excess of 72 hours and with an average daily population greater than ten to determine compliance with the applicable ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable.

During the compliance inspection, ODO reviews each facility's compliance with those detention standards that directly affect detainee health, safety, and/or well-being.<sup>5</sup> Any violation of written policy specifically linked to ICE detention standards, ICE policies, or operational procedures that ODO identifies is noted as a deficiency. ODO will highlight any deficiencies found involving those standards that ICE has designated with either the PBNDS 2008 or 2011 to be "priority components."<sup>6</sup> Priority components have been selected from across a range of detention standards based on critical importance, given their impact on facility security and/or the health and safety, legal rights, and quality of life of detainees in ICE custody.

Immediately following an inspection, ODO hosts a closeout briefing in person with both facility and ERO field office management to discuss their preliminary findings, which are summarized and provided to ERO in a preliminary findings report. Thereafter, ODO provides ERO with a final compliance inspection report to: (i) assist ERO in working with the facility to develop a corrective action plan to resolve identified deficiencies; and (ii) provide senior ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. The reports enable senior agency leadership to make decisions on the most appropriate actions for individual detention facilities nationwide.

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

<sup>6</sup> Priority components have not been identified for the NDS.

## DETAINEE RELATIONS

ODO interviewed 40 detainees, who volunteered to participate. None of the detainees made allegations of mistreatment, abuse, or discrimination. The majority of detainees reported being satisfied with facility services, with the exception of the complaints below:

- *Food Service:* Ten detainees alleged they receive small portions when served and they observed worms in their food several times in February 2015 and two weeks prior to the inspection.
  - Action Taken: ODO notified food service about the alleged issues. ODO observed and measured the serving sizes during the lunch meal and determined the current serving sizes met the requirements of the standard. Food service advised Boll Weevils were found in the flour in February 2015. The flour was replaced and the facility now inspects each batch of flour prior to use to ensure no insects are present. Food service notified ODO, there were no new reports of worms.
  
- *Medical Care:* Three detainees alleged they were not receiving adequate medical attention. One detainee alleged he was not properly treated for acne. One detainee alleged he was not provided eyeglasses for vision correction. One detainee alleged he was not properly treated for sensitive skin.
  - Action Taken: ODO consulted with medical staff about the aforementioned allegations.

Medical services notified ODO, the detainee with acne allegations was seen on January 12, 2014, and the detainee was provided a prescription cream and instructed by facility medical staff on the application.

Medical services notified ODO; the detainee with vision correction allegations received a vision check, which determined his vision was 20/40. Medical staff notified ODO, this does not meet the requirements for eyeglasses.

Medical services notified ODO, the detainee with sensitive skin allegation, was seen by the doctor on May 11, 2015. The doctor provided the detainee with medication and the medical staff instructed the detainee on its use.

# INSPECTION FINDINGS

## SECURITY

### SPECIAL MANAGEMENT UNIT (SMU)

ODO reviewed the SMU files and determined detainees placed in administrative segregation were not given a copy of the reviewing officer's decision. This finding was confirmed in an interview with the facility Operations Chief (**Deficiency SMU-1**<sup>7</sup>).

ODO reviewed the SMU files and determined detainees placed in disciplinary segregation were not provided with copies of the reviewing officer's decision. This finding was confirmed in an interview with the facility Operations Chief (**Deficiency SMU-2**<sup>8</sup>).

## JUSTICE

### DETAINEE HANDBOOK (DH)

A review of the facility handbook revealed, the handbook lacked contact information for the ERO Field Office and the scheduled hours and days that ERO staff is available to be contacted by detainees at the facility (**Deficiency DH-1**<sup>9</sup>).

*Corrective Action:* The facility initiated corrective action by issuing and posting a memo in detainee housing units of the contact information and scheduled hours (**C-1**).

### LAW LIBRARIES AND LEGAL MATERIALS (LL&LM)

ODO reviewed the detainee handbook and determined it does not include procedures for reporting missing, out of date, or damaged materials to a designated facility employee (**Deficiency LL&LM-1**<sup>10</sup>).

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<sup>7</sup> "A copy of the decision and justification for each review shall be given to the detainee unless, in exceptional circumstances, this provision would jeopardize the facility's safety, security, or orderly operations. The detainee shall also be given an opportunity to appeal a review decision to the facility administrator." See ICE PBNDS 2011, Standard 2.12, Special Management Units, Section (V)(A)(3)(e).

<sup>8</sup> After each formal review, the detainee shall be given a written copy of the reviewing officer's decision and the basis for his/her finding, unless such a copy may result in a compromise of institutional security. If a written copy cannot be delivered, the detainee shall be advised of the decision orally, and the detention file shall so note, identifying the reasons why the notice was not provided in writing." See ICE PBNDS 2011, Standard 2.12, Special Management Units, Section (V)(B)(3)(b)(5).

<sup>9</sup> "While all applicable topics from the handbook must be addressed, it is especially important that each local supplement notify each detainee of: contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility." See ICE PBNDS 2011, Standard 6.1, Detainee Handbook, Section (V)(B)(14). **This is a priority component.**

<sup>10</sup> "The detainee handbook shall also provide detainees with information regarding the procedure for notifying a designated employee that library material is missing, out of date, or damaged." See ICE PBNDS 2011, Standard 6.3, Law Libraries and Legal Materials, Section (V)(E)(2).