

Office of Professional Responsibility

Alamance County Detention Facility Inspection 2024-002-397

September 17–19, 2024



U.S. Immigration
and Customs
Enforcement



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

**Office of Detention Oversight
Follow-Up Compliance Inspection
2024-002-397**

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

**Alamance County Detention Facility
Graham, North Carolina**


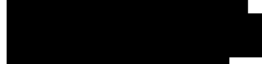
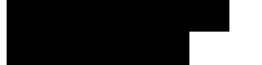




September 17-19, 2024

FOLLOW-UP COMPLIANCE INSPECTION
of the
ALAMANCE COUNTY DETENTION FACILITY
Graham, North Carolina

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior 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 follow-up compliance inspection of the Alamance County Detention Facility (ACDF) in Graham, North Carolina, from September 17 to 19, 2024.¹ This inspection focused on the standards found deficient during ODO’s last inspection of ACDF from April 2 to 4, 2024. The facility opened in 2007 and is owned by Alamance County and operated by the Alamance County Sheriff. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at ACDF in 2019 under the oversight of ERO’s Field Office Director in Atlanta (ERO Atlanta). The facility operates under the National Detention Standards (NDS) 2019.

[REDACTED] A sheriff handles daily facility operations and manages [REDACTED] support personnel. Skillet provides food services, Southern Health Partners provides medical care, and Oasis Commissary provides commissary services at the facility. The facility does not hold accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of September 17, 2024)	[REDACTED]
Adult Female Population (as of September 17, 2024)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 3 deficiencies in Facility Security and Control (1) and Significant Self-harm and Suicide Prevention and Intervention (2).

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 September 16, 2024.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts biannual oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for longer than 72-hours, to assess compliance with ICE National Detention Standards. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all over-72-hour ICE detention facilities with an ADP of 10 or more detainees that ODO conducted a full inspection of earlier in the FY. Follow-up inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, and other standards ODO found deficient during the previous rated inspection to assess the facility's corrective actions taken to address those previously cited deficiencies.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 *Compliance Inspection Findings* section of this report.

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

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

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Use of Force and Restraints	0
Staff-Detainee Communication	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	1
Sub-Total	1
Part 5 - Activities	
Recreation	0
Telephone Access	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	1

⁵ For greater detail on ODO's findings, see the *Follow-up Compliance Inspection Findings* section of this report.

⁶ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

DETAINEE RELATIONS

ODO interviewed two detainees, who each voluntarily agreed to participate. The remaining 19 detainees declined ODO’s request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. Both detainees reported satisfaction with facility services.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

CARE

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

ODO reviewed the medical files of 5 detainees placed on suicide watch during the inspection period, and found in 3 out of 5 files, facility staff did not document monitoring at least every 15 minutes or more. Specifically, ODO found 10 instances where staff documented monitoring of detainees between 16 and 27 minutes (**Deficiency SSHSPI-21⁷**). **This is a repeat deficiency and a priority component.**

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 16 standards under NDS 2019 and found the facility in compliance with 15 of those standards. ODO found one deficiency in the remaining standard. Since ACDF’s last rated inspection in April 2024, the facility has trended upward. ACDF went from 2 deficient standards and 3 deficiencies in April 2024 to 1 deficient standard and 1 deficiency in SSHSPI during this most recent inspection, which was also a repeat deficiency. ACDF completed its UCAP for its last inspection in April 2024, but ACDF’s corrective action may not have been sufficient to prevent the repeat deficiency during this follow-up inspection. ODO recommends ERO Atlanta continue to work with the facility to resolve the deficiency that remains outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (NDS 2019)	FY 2024 Follow-Up Inspection (NDS 2019)
Standards Reviewed	24	16
Deficient Standards	2	1
Overall Number of Deficiencies	3	1
Priority Component Deficiencies	1	1
Repeat Deficiencies	1	1
Areas Of Concern	1	0
Corrective Actions	0	0
Facility Rating	Good	N/A

⁷ “The monitoring must be documented every 15 minutes or more frequently if necessary.” See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(F).



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